



Mission: To support and provide advocacy for providers to ensure the availability of high-quality programs, services, and funding adequate to support the individuals with intellectual and developmental disabilities they serve to achieve a life of increasing independence, productivity and integration.

# Annual Board Retreat

September 12th and 13th,  
2022



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### Safe Place Statement

We would like to thank you for attending this meeting. This meeting, like all of the OPRA Committee meetings, are designed to offer a safe place for OPRA Members to share thoughts, opinions and ideas. The OPRA Team and the OPRA Board relies on these discussions to inform our efforts to provide Advocacy, Information and Resources. We are respectfully asking you, as a participant, to assist us to make this a safe place for professionals to openly share without fear. It is important that when personal experiences are shared, there is an assurance that what is shared stays within this group. We are looking forward to an open and honest conversation and we would like to thank you for being a part of this important meeting.

# 2022 Board Retreat Agenda

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## *Day 1: Monday September 12<sup>th</sup>*

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### **10:00AM – Noon      Board Meeting**

- Governance Committee:
  - OPRA Districts and Elections
  - Board Member Survey Results and Review
  - Conflict of Interest
- Strategic Plan
- Budget Updates
- 14C legislation
- OPRA 2023
  - 2023 Board Schedule
  - Affiliations
  - Conferences

### **Noon                      Lunch**

### **1:00PM – 2:30PM      Project Session: Provider Quality and Oversight**

### **3:00PM – 4:30PM      Feedback and Planning Session: Budget and System Reform Topics**

- Reaction to current List
- Items missing?
- Next steps
  - Reaction Structure
  - Communication plan
  - Utilization of OPRA Board, Policy Committee, and Service Specific Committees

### **5:00PM – 6:00PM      Happy Hour at the Renaissance (dinner on your own)**

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## *Day 2: Tuesday September 13<sup>th</sup>*

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<b>8:30 AM – 9:30 AM</b>	<b>Breakfast</b>
<b>9:30 AM – 11:00 AM</b>	<b>County Board Relationships and Collaboration (Guests: Adam Herman, OACB and Ed Stark, Trumbull County Superintendent)</b>
<b>11:00 AM – 11:30 AM</b>	<b>Presentation Matt Carrier, Gallagher</b>
<b>11:30 AM – Noon</b>	<b>What it means to be an OPRA Board Member</b>
<b>Noon</b>	<b>Boxed Lunch</b>

# OPRA Board Retreat

Day 1, 10:00AM – 12:00PM

## Board Meeting

## Board Meeting Agenda

- Call to order/Welcome (Adam Guinther)
- Safe Place Statement (Adam Guinther)
- Retreat overview (Pete Moore)
- Approval of July Meeting Minutes (Adam Guinther)\*
- Financial Report (Liz Owens)\*
- Governance Committee Report (Bob Gaston)
  - District change discussion
    - Elimination of District 8\*
    - Board Elections Proposal\*
- Board and Policy Report (OPRA Team)
  - Strategic Plan
  - Budget/COLA Updates
  - Legislative/PAC activities and strategy
  - 14C legislation
  - Retention Bonus
- CEO Report (Pete Moore)
  - 2023 Board Schedule
  - Membership Update
  - Future OPRA Conferences
  - Partnerships and Affiliations
- Open Discussion
- Next Meeting in-person November adjusted date due to Thanksgiving (November 17<sup>th</sup>, 2022)

(\*) Board action/vote required for the agenda item

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## *OPRA Board Meeting Minutes*

*July 27<sup>th</sup>, 2022*

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### **Call to Order and “Safe Place” Statement:**

Adam Guinther, called the meeting to order at 10:01 a.m. and read the Safe Place Statement.

### **Board Minutes:**

May 2022 meeting minutes were reviewed. No revisions were suggested.

- A motion was made by Melissa Morelli to approve the minutes and Roy Cherry seconded the motion. All voted in favor. Motion passed.

### **Finance Report:**

The Finance Committee met on July 25, 2022. Roy Cherry presented the June 2022 Financial Statements.

- A motion was made by Phil Miller to approve the Financial Statements as presented. Jim Steffey seconded the motion. All voted in favor. Motion passed.
- Pete Moore reviewed the budget advocacy marketing contract that the budget coalition entered into with The Impact Group. OPRA’s obligation will be \$11,500 over the next year.
- OPRA received a \$90,000 grant to further workforce advocacy with videos for legislators and stakeholders.
- OPRA also received a \$50,000 grant from DD Council for vaccine advocacy for people served and DSPs.

### **Board and Policy Report:**

Pete Moore presented the board report with assistance from the OPRA staff.

- State Biennium Budget Discussion – Pete shared the presentation from the Policy Committee about the biennium budget.
  - The competition will be very strong for the surplus budget revenue.
  - The OPRA team and the coalition will be finalizing the budget financial requests within the next month.
  - Regulatory Reform- Pete sent out proposed regulatory reform and Board provided feedback.
- 6.5% HCBS retention program
  - Pete gave an overview of the retention program, the rule and feedback from members on the rule.
- 14C Update
  - Pete and Christine gave an update on the development of state legislation to eliminate subminimum wage.

**CEO Report:**

Presented by Pete Moore.

- Retreat Ideas – The Board was asked to send recommendations on topics to cover at the Board Retreat.
- Provider/Leadership Morale – An idea was presented for feedback about replacing a typical Spring Conference with a Leadership retreat.
- PAC Report – Discussed upcoming PAC fundraising events
  - Mud Hens baseball game in Toledo, Ohio.
  - Top Golf to kick off the Fall Conference.

**Open discussion:**

- OPRA Board Chair thanked the OPRA staff for their ongoing efforts regarding the upcoming budget.
- Roy Cherry expressed his pleasure to see a coalition of associations working together to address issues in the field.
- John Swanson expressed concerns regarding transportation, especially for ICFs.

Next Board meeting – Board Retreat, September 12<sup>th</sup> and 13<sup>th</sup>, 2022

John Swanson motioned to adjourn at 1:18pm.

Respectfully submitted,

Michelle Madden, OPRA Board Secretary

**Present Board Members by District:**

District 1 – Jamie Steele, Jim Steffey and Melissa Morelli

District 2 – Dennis Grant, Ashley Brocious and Michelle Herndon

District 3 – Lisa Reed, Edgar Barnett and Mary Thompson-Hufford

District 4 – Roy Cherry, Sarah Davies and Tim Menke

District 5 – Jeff Johnson, Michelle Madden and Phil Miller

District 6 – Adam Guinther and Bob Heinzerling (*absent – Liz Owens*)

District 7 – Diane Beastro and Tammy Honkala (*absent – Beth Lucas*)

District 8 – John Swanson and Felicia Hall (*absent – Scott DeLong*)

At-Large – Bob Gaston and Kurt Miller

**OPRA Staff Present:**

Pete Moore, Rachel Hayes, Christine Touvelle and Sonya Summers



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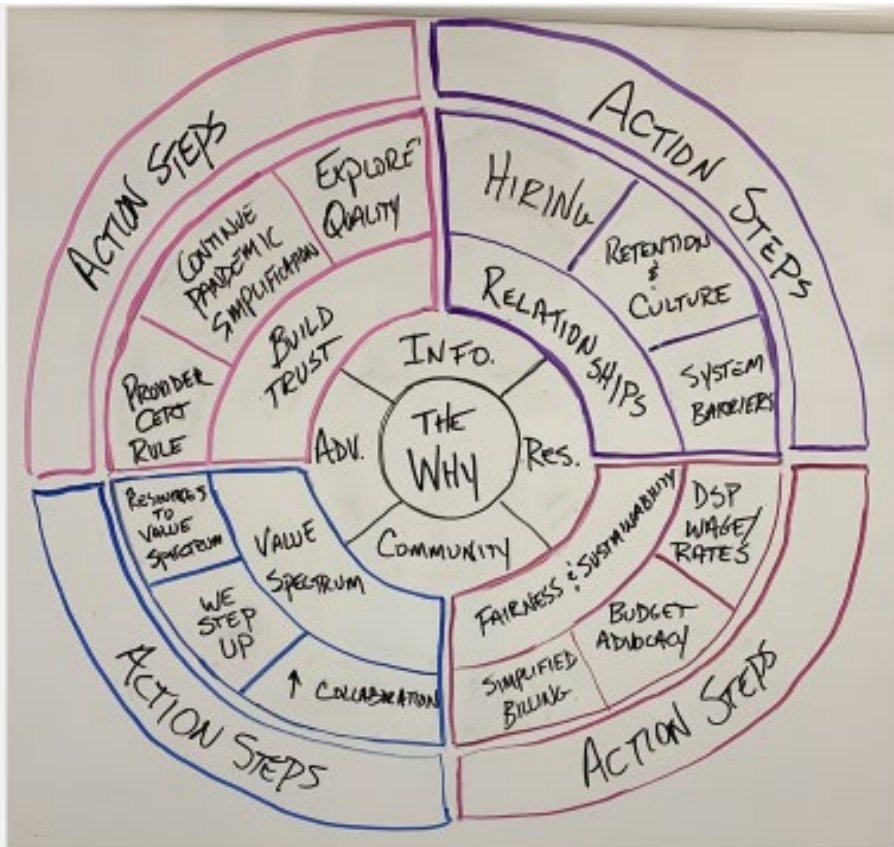
## *OPRA Board and Policy Report*

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### GUIDING PRINCIPLES AND STRATEGIC PLAN- 2022 AND BEYOND

## STRATEGIC PLAN FRAMEWORK

- Board voted to approve OPRA's 4 Guiding Principles as basis for strategic plan development in 2020.
- Used 'Golden Circle' framework to start with our 'why' and build the plan out from there.
- Established 'core values' of advocacy, information, resources and community.
- Following 2021 Board Retreat and Strategic plan review, the plan and action items were updated and modified for completed steps and new priorities.
- Development of internal OPRA plan and external/public plan.
- Strategic plan to be implemented through next budget cycle and implementation.



## Mission and Guiding Principles

**Mission:** To support and provide advocacy for providers to ensure the availability of high-quality programs, services, and funding adequate to support the individuals with intellectual and developmental disabilities they serve to achieve a life of increasing independence, productivity and integration.

**OPRA's Anchor Statement:** Ohio's providers are focused on supporting the success of the people we serve

**Principle #1:** We believe the primary focus of our work is the positive and supportive relationship between front-line professionals and the people they support.

**Principle #2:** We believe providers should be supported and trusted to support people with developmental disabilities and operate effective and successful organizations.

**Principle #3:** We believe providers must be sufficiently compensated to deliver essential services to meet the needs of the people they support in an ever evolving society and system.

**Principle #4:** We believe all services currently provided across the spectrum of services should be recognized as crucial to each and every person we serve.

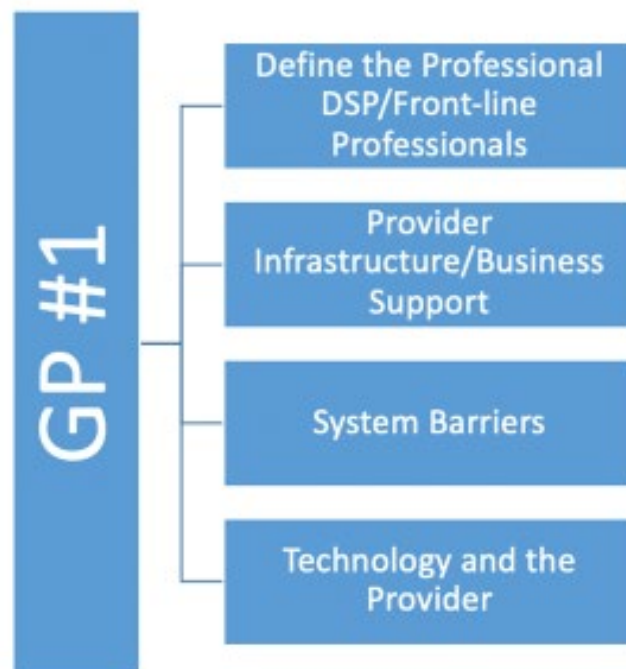
### THE WHY

**OPRA and its members are focused on supporting the success of Ohioans with intellectual and developmental disabilities.**

## PRINCIPLE #1

We believe the primary focus of our work is the positive and supportive relationship between front-line professionals and the people they support.

**Principle #1:** We believe the primary focus of our work is the positive and supportive relationship between front-line professionals and the people they support.





- Budget coalition regulatory proposal and preparation for DODD Medicaid and reimbursement study next year includes deep dive into expectations of HPC rule compared with national DSP job descriptions. Proposals being developed for DODD and potential consultant on simplification of HPC rule and role with additional compensation for higher level supports.
- Continued advocacy for 16/17 year old and GED for DSP or DSA positions. Waiver implemented last year and renewed this September; focus on survey for providers to continue this practice and widen the DSP hiring pool.
- Provided testimony to statewide Direct Care Workforce Workgroup regarding the use of technology and how it can support people with disabilities and help alleviate workforce shortages. Our advocacy includes statewide support for providers to integrate tech models while also continuing to address the need for more resources and support for DSPs.
- Work with our national partners at ANCOR on a bill to create a Standard Occupational Code for DSPs, creating a new data and analytical tool to be able to assess and determine appropriate wage levels for DSPs in an 'apples to apples' way.
- Collaboration with budget coalition on regulatory reform proposals, all intended to remove system-imposed barriers in compliance, training, on-boarding, documentation, and administration.
- Conference sessions and committee presentations focused on business practices and updates for CEOs and executives on current trends.

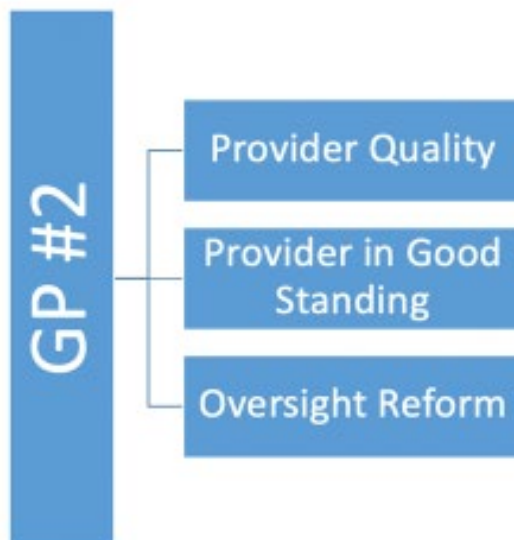


## PRINCIPLE #2

We believe providers should be supported and trusted to support people with developmental disabilities and operate effective and successful organizations.

## Strategic Plan 2022: GP#2

**Principle #2:** We believe providers should be supported and trusted to support people with developmental disabilities and operate effective and successful organizations.



- Quality initiatives overwhelmed by workforce shortages, but continues to be a focus of OPRA.
- Major focus in 2023, especially in preparation for and implementation of any budget increases next year as administration has continuously tied increases to 'accountability'. Board-led start of discussion this afternoon.
- Secured grant from DD council to promote vaccination among DSPs, which will be available at the end of the month. Support for providers who have vaccine education requirements.
- Outreach and communication with new OSSAS Deputy Director, Lyndsay Nash. Ongoing advocacy and discussion with Director Hauck on oversight reform and inclusion in coalition regulatory reform proposal.
- Intentional focus of national work, to connect with and understand other state quality, oversight to establish best and promising practices.

### PRINCIPLE #3

We believe providers must be sufficiently compensated to deliver essential services to meet the needs of the people they support in an ever evolving society and system.

**Principle #3:** We believe providers must be sufficiently compensated to deliver essential services to meet the needs of the people they support in an ever evolving society and system.



- Advocated and secured ARPA and HB 169 payments for providers following months-long advocacy with ODM and administration.
- Development and implementation of Advocacy Army curriculum and program, training 100 OPRA members in advocacy teams on how to advocate with elected officials including crafting and tailoring a narrative, building coalitions, working with legislators from different political parties and hearing from advocacy 'experts' from our field.
- Expansion of legislative meetings and activity, including more in-district meetings and legislative outreach.
- Continued, regular collaboration with budget coalition partners OACB, OHCA, OWN, VFA and the Arc of Ohio and expanded collaboration to additional stakeholder and advocacy groups. Work has included data dive into livable wages, comparable positions and job expectations to better align value, reimbursement and expectation of DSP role.
- Offered leadership training and expanded catalog of OPRA training workshops, looking to do more next year, including leadership conference after state budget.
- Worked with members, counties and state partners to secure funding for DSP retention program, hopefully to be implemented soon.



## PRINCIPLE #4

We believe all services currently provided across the spectrum of services should be recognized as crucial to each and every person we serve.

## Strategic Plan 2022: GP#4

**Principle #4:** We believe all services currently provided across the spectrum of services should be recognized as crucial to each and every person we serve.

GP #4

Highlite the Services  
Across the Spectrum

Promote Services

Celebrate the  
Choices Available

- Continued advocacy and direction-setting for Blueprint workgroup, which aims to redefine services across the day array service spectrum. Advocacy has secured commitment to rate increases to build capacity in employment and integration services, but still advocating for reprioritizing.
- Continued Advocacy on behalf of ICF providers through national work with ANCOR, including regular meetings with CMS reps and now, participation in nationwide QIDP focus group.
- Statewide work through individual meetings and Velcro coalition to support and authorize 'community' services that were brought into rule in October of 2021.
- Development and start of OPRA Marketing and Communications committee, where members learn best practices and share ideas on how to best promote their agencies and the services they offer.
- Focus on equity and parity across service areas, recognizing the varied methodologies and policy nuances between service areas.
- Stakeholder collaboration to focus on policy solutions to transportation barriers and access, especially for those with significant needs and behavioral challenges

## OPRA Plan 2022



## OPRA PLAN

- Membership recruitment program resulting in new members. Exploring new initiatives for next year.
- Expansion of OPRA training offerings including Leadership training, HIPAA, Cybersecurity and many other workshops provided by OPRA partners and SMEs.
- Return to and expansion of in-person member engagement including numerous training, in-services, board presentations, legislative meetings, district meetings and much more.
- Team skill and knowledge development through attendance at national conferences and policy workshops as well as education and credentialing in Kaizen/Lean facilitation.

## Budget Messaging/Marketing

As you know the Association Budget Coalition has entered into an agreement with the Impact Group to help the coalition with messaging and marketing. This has been a work in progress and we continue to refine the messaging. The following images show some of the proposals that have been presented to the coalition. We will discuss these images and next steps at our retreat.





The screenshot shows a web browser window displaying the 'Crisis For Individuals and Families' website. The browser's address bar shows 'Not Secure - dev.igpr.com'. The website has a red header with the 'CRISIS For INDIVIDUALS AND FAMILIES' logo on the left and a navigation menu on the right. The menu includes links for 'Mission', 'Partners', 'Crisis', 'Consequences', 'Solution', 'News', 'Get Involved', and a 'FAMILY CAREGIVER' button. Below the header is a large image of a person lying down with their mouth open, overlaid with the word 'Mission'. The main content area features the heading 'The TIME IS NOW...' followed by a paragraph in red text: 'to provide livable wages for critical, life-saving caregivers as hundreds of thousands of Ohioans are NOW experiencing or will soon be experiencing the devastating impact of this crisis.' Below this is a line of text: 'Join us as we fight for those with developmental disabilities and their families! Click here to get involved.' and a red button labeled 'LEARN HOW YOU CAN GET INVOLVED'. At the bottom, there is a grey section titled 'Ohio Families in Crisis' above a row of three small images showing children's faces.

CRISIS  
For  
INDIVIDUALS  
AND  
FAMILIES

Mission Partners Crisis Consequences Solution News Get Involved FAMILY CAREGIVER

Mission

## The TIME IS NOW...

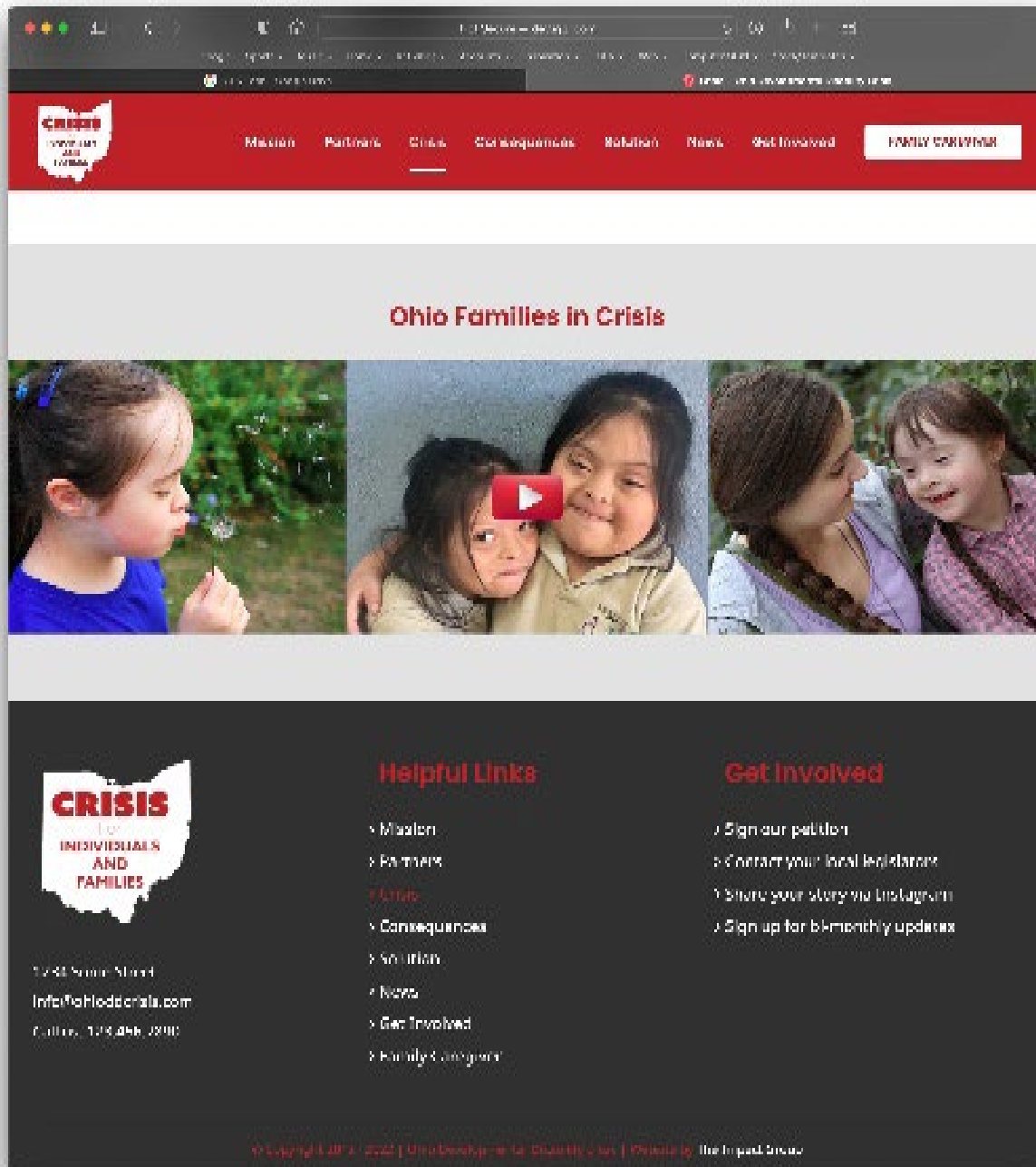
to provide livable wages for critical, life-saving caregivers as hundreds of thousands of Ohioans are NOW experiencing or will soon be experiencing the devastating impact of this crisis.

Join us as we fight for those with developmental disabilities and their families! Click here to get involved.

LEARN HOW YOU CAN GET INVOLVED

Ohio Families in Crisis





## Fall 2022 PAC Strategy



### OPRA PAC Strategy 2022

OPRA Recommendations:  
\$10,550

#### Senate

President Matt Huffman - \$1000 – have written \$500 – \$500 remains  
Steve Huffman - \$500 (Health Chair + JMOC) – have written \$350 – \$150 remains  
Niraj Antani - \$500 (Health Committee + JMOC) – have written \$500 – \$0 remain  
Mark Romanchuk - \$500 (Health Committee + JMOC) – have written \$500 – \$0 remain  
Bob Hackett - \$500 (Insurance Chair)  
George Lang - \$500 (Finance + Insurance)  
Matt Dolan - \$500 (Finance Chair)  
Nickie Antonio - \$500 (Health Committee + JMOC)

#### House

Cindy Abrams\* – \$350 (Leadership)  
Bill Seitz - \$350 (Leadership)  
Brian Baldridge\* – \$350 (Finance)  
Scott Lipps – \$350/500 (Finance + HHS Sub + Health Chair) – have written \$250 – \$100/250 remains  
Bill Roemer - \$350 (Finance + HHS Sub Chair) – have written \$250 – \$100 remains  
Scott Oelslager – \$350 (Finance) – have written \$250 – \$100 remains  
Jay Edwards – \$350 (Finance + HHS Sub) – have written \$250 – \$100 remains  
Mark Fraizer – \$350 (Insurance) – have written \$250 – \$100 remains  
Susan Manchester – \$350 (Families Chair + Health) – have written \$350 – \$0 remains  
Derek Merrin\* – \$500 (Speaker Prospects)  
Phil Plummer\* – \$500 (Finance Vice Chair + Health) – have written \$250 – \$100 remains  
Jason Stephens\* – \$500 (Finance) – have written \$350 – \$150 remains  
Adam Holmes - \$350 (Health + JMOC)  
Andrea White – \$350 (Health) – have written \$250 – \$100 remains  
Tom Patton – have written \$250  
Shane Wilkin - \$500 (Headed to Senate, family with lived experience)  
Thomas West – \$350 (Health + JMOC + Finance + HHS Sub)  
Allison Russo - \$350 (Minority Leader)

\* - Denotes potential candidate for House Speaker

#### Upcoming Events

President Huffman – 8/29  
Patton – 9/16  
Stephens – 9/21  
Wilkin – 9/22  
Dolan – 9/26  
Romanchuk – 9/30

# OPRA Committee Reports





# Policy Committee

The policy committee serves as the clearinghouse for most issues affecting any aspect of DD services, and makes recommendations for action to OPRA's board of directors. Every effort is made to allow sufficient time to discuss issues in detail in order to understand the impact on individuals and providers, and to consider what position OPRA should take on a given issue. OPRA Committees examine issues and may pass them on to the Policy Committee for review. Ad hoc workgroups may also be established from time to time to examine issues more fully. The policy committee is chaired by the vice chair of the board of directors with a representative provider group selected to serve as the core committee. This core committee is tasked with convening and commenting on policy issues as they arise, whether during a meeting or between meetings. Other committee work flows through policy committee to the board of directors, and vice versa.

**(Due to the Board Retreat the OPRA Policy Committee will meet in early October)**

# Day and Array

This committee provides a platform for information sharing, networking, deliberating, and problem-solving topics and issues unique to leaders in the day array. Topics covered in meetings may include, but are not limited to, updates from the field, national and state trends, policy and rule review, best practices in organizational leadership, operating fiscally sound organizations, and identifying and mitigating organizational risk as relates to the broad array of services and supports, including day programs, active treatment, vocational training, career development, and employment. Policy recommendations from this committee are taken to the policy committee for review and action.

**Committee Chair:** Anne Haning, (Belco Works)

**Policy Core Committee Representative:** Anne Haning

**OPRA Staff Lead:** Scott Marks

The day array committee has two standing subcommittees:

- **Day Services Committee:** This committee is designed for program directors, frontline supervisors, and direct support professionals who are providers of adult day support. Meetings include information sharing, networking, problem-solving and discussion of best practices and trends in day support for adults with DD. Training and updates from the state concerning adult day supports, vocational habilitation, career planning, and non-medical transportation is

provided. Policy recommendations from this committee are taken to the Day Array Committee for review and then forwarded to the policy committee.

**Committee Chairs:** Greg Ferrell (Auglaize Industries), Nicole Smith (RHDD)

**OPRA Staff Lead:** Scott Marks

- **Employment Services Committee:** The employment services committee is designed for program directors, frontline supervisors, certified employment support professionals, job developers, and job coaches. This committee is a platform for information sharing, networking, deliberating, and problem-solving topics and issues unique to providing integrated, competitive employment services. Topics covered may include, but are not limited to, policy and rule review, state trends, understanding and implementing DODD, OOD, and ODM rules, braiding funding, best practices service delivery, establishing relationships with employers, supervising remote employees, operating fiscally sound programs, and dual customer model, and identifying and mitigating individual and programmatic risk. Policy recommendations from this committee are taken to the Day Array committee for review.

**Committee Chairs:** Paul Soprano (UCP of Greater Cleveland), Justin Blumhorst (Capabilities)

**OPRA Staff Lead:** Scott Marks

### **OPRA Day Services & Employment Services Committee Report**

**Thursday, September 1, 2022**

**10am – 11:30am**

OPRA's Day & Employment Services committees met jointly on September 1, 2022. The committees, co-chaired by Paul Soprano, Justin Blumhorst and Nicole Smith hosted representatives from OOD, Capabilities and helped lead 'Hot Topic' discussions, as well as OPRA updates on the retention program, Blueprint workgroup and budget advocacy. Jay Burns and Stephanie Andrian from OOD joined the committee to discuss a planned provider workgroup to debrief from this year Summer Youth Work Experience, capacity challenges with Supported Employment Job Development and their updated Incident Tracking Forms. Next, Sean Sexton and Beth Barr from Capabilities joined the committee to discuss their Career Communities curriculum and program with a hope to have committee provider members join their pilot project.

# Health

The healthcare committee is comprised primarily of nursing staff but does include other members who are interested in health and healthcare related issues. The committee focuses on nursing and medical services in the waiver and ICF settings. Areas of focus include, but are not limited to: rules and regulations that affect the DD nursing community, training, education and best practices.

**Committee Chair:** Shelly Wharton (The Society)

**Policy Core Committee Representative:** Shelly Wharton (The Society)

**OPRA Staff Lead:** Christine Touvelle

## **OPRA Health Care Committee Report Thursday, August 18, 2022 10am-12pm**

- 1 Welcome and Introductions
- 2 Guest Speaker: Ted Mattis and Robin Amicon, Vorys
  - a Intro to medical malpractice, medical practice in nursing, and malpractice insurance
  - b Ted and Robin presented an introduction on medical malpractice insurance, the role of employer medical malpractice insurance and individual medical malpractice insurance, and what nurses need to look for in their employer's policies. The committee had the opportunity to ask questions to Ted and Robin.
- 3 OPRA Updates
  - a Conference
  - b Reviewed the sessions selected for the health care track at the conference.
  - c Salary Survey
  - d Reviewed the results from the salary survey for RNs and LPNs. Both job titles saw increases in the average wage; LPNs saw the highest average hourly rate increase compared to all other categories of employees the salary survey gathered data on.
- 4 Hot Topics
  - a COVID surges
  - b Monkeypox
  - c There remains public health emergencies for both COVID and monkeypox. Questions remain for how CMS is going to update the QSOs with the changing guidance from the CDC on both pandemic.

# Human Resources

The HR committee is comprised of HR professionals, or anyone responsible for the life cycle of employment for his/her agency. This group of professionals meets to discuss best practices in HR, from recruiting and hiring process, to keeping abreast of upcoming new regulations that affect employment law and/or training requirements.

**Committee Chair:** Michelle Madden (IOPC), Rachel Murphy (RHDD)

**Policy Core Committee Representative:** TBD

**OPRA Staff Lead:** Christine Touvelle

## OPRA Human Resources Committee Report Tuesday, August 9, 2022 10am-12pm

- 1 Introductions
- 2 OPRA Salary Survey Results- Overview
  - a Christine Touvelle presented on the results from the 2022 slimmed down salary survey, including changes in turn over, wages for DSPs, frontline supervisors, RNs and LPNs, and day hab specialist. For the first time, the average DSP wages at OPRA members exceeded \$14. Most other positions saw increases since the last salary survey which looked at wages and turn over from pre-pandemic times. The committee spent considerable time discussing the development in supervisor wages. The average frontline supervisor hourly wage dropped and was roughly the same as the average DSP hourly wage.
- 3 HR Committee Updates & Positive Events
  - a Conference
  - b Christine gave an update on the conference and the sessions planned for the HR track
  - c Other OPRA updates
  - d The OPRA team gave a brief update on the status of the 6.5% retention program for waiver providers. DODD hopes to roll out the program by October and additional information about how to opt-in is forthcoming pending the completion of the rule making process.
- 4 Hot Topics
  - a OSHA
  - b Michelle Madden and Natasha Floyd from IOPC shared an update on a recent OSHA investigation regarding a hospitalized employee. OSHA guidance was shared with the committee.

# ICF

The ICF Committee provides a platform for information sharing, networking, deliberating, and problem-solving topics and issues unique to leaders in ICF services. The committee examines issues which have a direct impact on the programs, services and funding necessary for the operation of Intermediate Care Facilities. The committee is used to disseminate information, provide updates, and elicit feedback on important issues related to ICF's.

**Committee Chair(s):** Bob Heinzerling (Heinzerling Community), Kurt Miller (Empowering People)

**Policy Core Committee Representative:** Kurt Miller (Empowering People)

**OPRA Staff Lead:** Rachel Hayes

## OPRA ICF Committee Report August 17, 2022 1pm-3pm

OPRA's ICF Committee held their meeting on Wednesday August 17<sup>th</sup>. The committee is chaired by Kurt Miller and Bob Heinzerling. Guests at today's meeting included Ann Weisent from the Department of Developmental Disabilities, and Gary Brown and Missy Behymer from Brady Ware.

- Pete Moore kicked off discussion regarding the upcoming budget and coalition updates. OPRA is currently in discussions with other coalition members regarding "the ask". This includes money, service areas, simplification, and sustainability.
- Ann Weisent provided updates from the department. Additionally, she discussed the R3AP program and how they have made some changes to the program. The changes will not affect providers and will actually make the process easier. Discussion also centered around what County Boards are presently doing to support providers.
- Gary Brown and Missy Behymer then provided information and analysis regarding the 2023 ICF rate packages. ODDP medians have dropped for the 2<sup>nd</sup> year in a row. This may be an area that requires more training.
- Group discussion topics included the Development Rule and the issue of a possible "blanket grandfather clause", the upcoming OISP transition, and recent surveys.

The next meeting of the ICF Committee will be on Wednesday October 19, 2022.

# Residential Waiver

The residential waiver committee provides a platform for information sharing, networking, deliberating, and problem-solving topics and issues unique to leaders in residential waiver services. The committee examines issues which have direct impact on the programs, services and funding necessary for the operation of and provision of services to individuals in waiver funded settings. This includes licensed and non-licensed settings and shared living. The committee is used to disseminate information, provide updates, and elicit feedback on important issues related to residential waivers.

**Committee Chair(s):** Jamie Steele (OVRs) and Susan Berneike (Help Foundation)

**Policy Core Committee Representative:** Jamie Steele

**OPRA Staff Lead:** Rachel Hayes

## OPRA Residential Waiver Committee Report

August 17, 2022

10am – 12pm

OPRA's Residential Waiver Committee held their meeting on Wednesday August 17<sup>th</sup>. The committee is chaired by Jamie Steele and Susan Berneike. Guests at today's meeting included Ann Weisent from the Department of Developmental Disabilities.

- Ann Weisent began discussion with members regarding ideas and suggestions for a good system of provider support at state and local level and what that looks like. Topics included regulatory relief and the current workforce emergency. Ann reviewed the R3AP system as well as DODD's Provider Resources and Support team.
- Ann also provided a detailed overview regarding Shared Living. Many providers expressed interest in this. Additionally, discussion centered around the ODDP and bringing scores down when a shared living situation occurs with a related caregiver. Jamie Steele then provided a video from OVRs regarding their Shared Living program.
- Group discussion included issues with On Site On Call rates. The OSOC tool has recently been redesigned. However, the redesign did not include anything in terms of rates. Many feel the service is underfunded and struggle finding employees to work during OSOC times. Discussion also included the issue regarding individuals who previously attended day programs choosing not to go back to day services. Scott Marks also provided a budget / coalition update for the group.

The next meeting of the Residential Waiver Committee will be on Wednesday October 19, 2022.

## OPRA CEO Report

### Proposed 2023 Board Meeting Schedule

In-person times will be 10AM to 2PM

Virtual will be 10AM to 12PM

Date	Type of Meeting
January 25 <sup>th</sup>	In-person
February 22 <sup>nd</sup>	Virtual
March 22 <sup>nd</sup>	In-Person
April 26 <sup>th</sup>	Virtual
May 24 <sup>th</sup>	In-person
June 28 <sup>th</sup>	Virtual
July 26 <sup>th</sup>	In-person?
August	Retreat
September	
October	
November	
December	

### Proposed 2023 Policy Committee Meeting Schedule

All meetings virtual from 10AM to 12PM

Date
January 11 <sup>th</sup>
March 8 <sup>th</sup>
May 10 <sup>th</sup>
July 12 <sup>th</sup>
September 13 <sup>th</sup>
November 8 <sup>th</sup>

## 2022 Membership Update

(As of 9/07/22)

### **Provider Members**

- 22 new members – (5 joined from the Member/Guest Project held back in March)
- 166 members renewed – (We had 10 members who did not renew)
- **Total of 188 OPRA Provider Members**

### **Public Entity Members**

- 4 new members – (2) are at a level 1 membership & (2) are at a level 2 membership
- 27 members renewed
- **Total of 31 OPRA Public Entity Members**

### **Associate Members**

- 28 new members
- 36 members renewed
- **Total of 64 OPRA Associate Members**



## OPRA Board Retreat

Day 1, 1:00PM – 2:30PM

### Project Session: Provider Quality and Oversight

## Introduction

It is no secret that we will be pursuing an historic investment for the services you provide in the coming months. Along with that investment we will be pursuing system reform initiatives. Also in our discussions with the Governor and his staff, Legislators, DODD, and County Boards there is an expectation/undertone of accountability and quality tied to the investment. We understand that simply achieving the investment will not result in an immediate improvement in the delivery of services and we make that point to our partners, but it will be crucial that we as the provider community drive the discussion about quality and oversight. If we are unable to drive that discussion we will be impacted by decisions that we have no control over.

Since the DODD's Provider Certification Rule was put into effect, we have been proposing the concept of a Provider in Good Standing. This concept was developed in reaction to the feedback we have received from the OPRA Community basically stating...

"Why are good providers treated the same as providers who are obviously struggling in some way."

It is true that not all providers are treated equally, but it begs the question what are the characteristics of a "good" provider and what are the characteristics of a "struggling" provider? What does oversight look like for a "good" provider vs. a "struggling" provider? Also how can OPRA play a key role in helping providers on the good to struggling spectrum?

We are going to attempt to begin to answer those questions today with the following project...

Scenario:

You're are part of a consulting Team who has been hired by the State of Ohio to develop a Quality Service Initiative for providers of developmental disability services. You will be putting together a framework that defines the core values and competencies of a quality provider and how the providers can work with their staff to achieve those core values and competencies. You will also be developing an oversight framework on how providers who meet your core values and competencies.

*Note: At the end of the development of your Project Quality Initiative planning session you will present your ideas to the other groups.*

- Task #1: Name your consulting firm
- Task #2: Name your "Provider Quality Initiative"
- Task #3: Develop 4-5 provider core values/competencies
- Task #4: Share some thoughts about how a provider can best pursue your core values/competencies
- Task #5: Develop a framework for how providers who meet your core values/competencies will be reviewed by the entities responsible for oversight
- Task #6: How can OPRA be best equipped to help providers develop maintain the core values/competencies? What resources must be available to its members?

## ***Alliance (Colorado's provider association)***

### ***New Member Policy***

*Any prospective member must submit a membership application, agree to uphold the Alliance Code of Ethics, and be a Program Approved Service Agency (PASA) serving at least one individual for a minimum of six-months to be considered for membership.*

- 1. After an application is submitted, the Membership Services Committee will check the references on the application from the proposed member.*
- 2. A Membership Services Committee member or Alliance staff will conduct an in-person interview with the prospective member.*
- 3. 30 days after applying for membership, Alliance will conduct an in-person interview and all Alliance members will be asked to submit recommendations, references, or objections. Any feedback submitted through the Alliance Confidential Feedback Form will remain confidential and only the Executive Director, Alliance Staff, and the Membership Services Chair will have access to the feedback.*
- 4. If the prospective member receives positive feedback through the initial reference check and interview process, the prospective member will be invited to an Alliance Board of Directors meeting and will be assigned a meeting mentor.*
- 5. For one month after the board meeting, the prospective member will be given access to email communications and will be provided an overview (not access) to the Alliance Member Portal by Alliance Staff.*
- 6. The Membership Services Committee will make a recommendation to the Executive Committee.*
- 7. The Alliance Executive Committee will review the Membership Services Committee recommendation and all relevant references and/or objections. The Executive Committee will vote on the recommendation and refer it to the full Board.*
- 8. Applicants for membership to the Alliance shall be accepted for membership upon a vote for acceptance by a quorum of the Board of Directors.*

## ***Alliance Code of Ethics 2015***

*Alliance members have voluntarily agreed to uphold the following high standards of professional ethics. All members are united for excellence and Alliance approved.*

### ***Section 1: The Individuals and Families We Serve***

- A. Alliance members shall provide supports and services with the highest compassion, respect, integrity and professionalism.*
- B. Alliance members shall use a person-centered approach to provide services and supports that balance the individual's personal goals and choices (what is important to the person) with the individual's health and safety (what is important for the person). Alliance members shall promote the individual's choice, self-determination, inclusion, growth, development and independence.*

- C. *Alliance members shall respect the right to privacy and confidentiality for the individuals and families served. Members shall not disclose privileged or nonpublic information.*
- D. *Alliance members shall readily provide relevant, current and truthful information to individuals and families receiving services to support an environment of informed choice and self-determination.*
- E. *Alliance members shall promote Employment First principles to encourage competitive, integrated employment of individuals with disabilities within the general workforce.*
- F. *Alliance members shall promote access to technology and information as an equal right for individuals with disabilities.*

## **Section 2: Business Ethics**

- A. *Alliance members shall aim to implement existing and emerging best practices in the field of service delivery for people with intellectual and developmental disabilities and maintain a commitment to being Colorado's thought leader in the intellectual and developmental disability services community.*
- B. *Alliance members will respect the individual's right to choice and will support a fair and competitive marketplace by not using solicitation, coercion, or persuasion to influence an individual's decisions regarding their services or providers.*
- C. *Alliance members shall provide accurate and timely information when necessary and appropriate to other providers, legislators, Alliance staff, state department staff, and the larger community.*
- D. *Alliance members shall be transparent and responsible stewards of public and private funds.*
- E. *Alliance members shall comply with all applicable local, state, and federal laws, statutes, and regulations.*
- F. *Alliance members shall support Direct Support Professionals through adequate training and benefits, as well as competitive wages, within the parameters of available state and federal funding. 2/2*
- G. *Alliance members that provide case management services shall make available to service providers detailed and complete information during the Request for Proposal process about the characteristics, support needs, approved services, rates, and relevant finances to allow the service provider to submit an informed and reasonable proposal to the individual requesting services.*
- H. *Alliance members shall speak with respect and cooperate with providers, legislators, Alliance staff, state department staff, and the larger community.*

## **Section 3: Alliance Membership Responsibilities**

- A. *Alliance members shall promote Alliance's mission, vision and values while adhering to the bylaws of the corporation.*
- B. *Alliance members shall collaborate and communicate with advocacy groups, state and community partners when promoting Alliance's mission and values.*
- C. *Alliance members shall clarify, when appropriate, statements and actions made as an individual and those made as a representative of Alliance.*
- D. *Alliance members shall take no action that could benefit them at the expense of Alliance.*

#### ***Section 4: Code of Ethics Complaints***

*Any Alliance member can submit a code of ethics complaint to the Membership Services Committee. The Membership Services Committee will seek responses from all parties involved and forward those responses to the Executive Committee for review and/or action. If the Executive Committee determines that a member has failed to comply with the Code of Ethics, it may request corrective action, up to and including removal from membership of the Association in accordance with Article III, Section 8 of Alliance's Bylaws.*

## OPRA Board Retreat

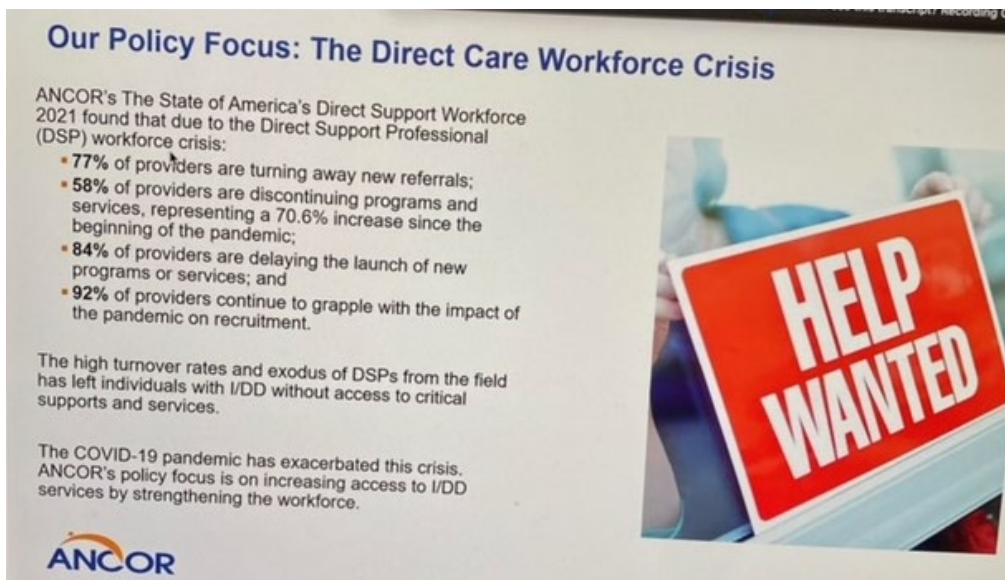
Day 1, 3:00PM – 4:30PM

### **Feedback and Planning Session: The Budget and System Reform**

Over the past several years, Ohio's system supporting people with Developmental Disabilities has made incredible progress in promoting self-determination, person-centered planning and services that allow people to live and thrive in their homes and communities. But the COVID-19 pandemic and ensuing staffing crisis threaten that progress. Our system struggles to recruit and retain the workforce and other resources needed to ensure the high quality supports that Ohioans with disabilities need, and so many have worked so hard to attain. The workforce shortage continues to intensify, severely challenging our ability to fulfill the plans and promises made, and threatening the safety and welfare of the people we collectively support.

Stabilizing our system requires a significant investment in funding, resources and regulatory advances, enabling us to turn the corner away from the crisis pose of the last few years and pivot towards a sustainable and successful future. The ideas presented below are intended to confront the workforce crisis and continue the progress Ohio has made towards a person-centered system that meets the needs and accommodates the choices of Ohioans with Developmental Disabilities. To meaningfully address the challenges posed by the workforce crisis, we need flexibility and creativity, and the ability to reimagine aspects of service delivery directly impacted by the shortages.

The COVID-19 pandemic taught us that the system can change, and we are capable of adapting to crisis and working together to ensure that Ohioans with Disabilities have **services** to remain healthy and safe. We present the policy proposals here in the spirit of that partnership and future collaboration on ideas and initiatives that address the current crisis and preserve the progress Ohio has made towards person-centered, high-quality disability services.




**Our Policy Focus: The Direct Care Workforce Crisis**

ANCOR's The State of America's Direct Support Workforce 2021 found that due to the Direct Support Professional (DSP) workforce crisis:

- 77% of providers are turning away new referrals;
- 58% of providers are discontinuing programs and services, representing a 70.6% increase since the beginning of the pandemic;
- 84% of providers are delaying the launch of new programs or services; and
- 92% of providers continue to grapple with the impact of the pandemic on recruitment.

The high turnover rates and exodus of DSPs from the field has left individuals with I/DD without access to critical supports and services.

The COVID-19 pandemic has exacerbated this crisis. ANCOR's policy focus is on increasing access to I/DD services by strengthening the workforce.



**ANCOR**

## DD System Regulatory Proposal

1. Reimbursement and Service Design Reform: As part of the Waiver Reimbursement System Modernization Project, we will be presenting a separate proposal that will include actions and items that must be included in the effort and some things that we believe should not continue in order to simplify and prepare our DD system for long-term sustainability. Part of the proposal will include a variety of issues that complicate the current financial structure of DD waivers including reimbursement structures, acuity factors, prior authorizations, etc. Additionally, the proposal will include some recommendations for redefining services in a way that recognizes the broad range of service needs and thus skill sets required for direct support professionals. We strongly believe that a well-rounded workgroup will be essential to the success of this important redesign.
2. Individual choice and autonomy: This proposal seeks to promote individual choice, self-direction and autonomy to the greatest extent possible. To that end we propose:
  - a. To decrease the over reliance of traditional paid DSPs, the system should fully embrace self-directed services, including expanding participant directed HPC options in our 3 waivers. PD-HPC expansion would allow more non-traditional providers to be selected by people and their families decreasing the demand on agencies. However, to do so, this service needs to be less complex and simplified. We have an opportunity now to redesign this service with the new FMS which would require the providers to have an agreement with GT Independence and not be required to also be certified in the state system.
  - b. Implementation of the new self-directed transportation will provide new options for people with disabilities to get transportation without DSPs which will provide much needed relief to the system. In addition, Participant Directed Goods and Services (DGS) now available to both Level One and SELF waiver enrollees, provides increased access to equipment, goods and services that are available to all citizens and can reduce the reliance on paid staff. Enhanced training on self-direction will be necessary to achieve these objectives. Consider expanding Participant Directed Goods and Services to the IO Waiver after reviewing its use within the Level 1 Waiver.
  - c. Promote additional self-advocacy at the local level to ensure people with disabilities speak up for themselves, are trained on exercising their rights and understand their responsibilities. Utilize, among others, People First & OSDA to provide additional support to county boards to strengthen their local processes and regional groups as needed. OSDA, People First and other advocacy organizations will work with OACB to identify specific steps that can be taken by county boards that will strengthen the ability of people to speak up for themselves.
  - d. DODD will take a leadership role in strengthening and developing Supported Decision-Making as a tool available to consumers across Ohio. This would create a new alternative to guardianship in Ohio that will strengthen our DD system. Ohio Revised Code Section 5126.043 currently provides for the designation of authorized person to assist with decisions but the statute is not widely understood and/or utilized by consumers. This statute is also not viewed by Probate Courts as an alternative to guardianship. The proposal would be to rescind Ohio Revised Code Section 5126.043 and replace it with a more robust statute which directly recognizes and empowers Supported Decision-Making as an alternative to guardianship.



There are presently twelve states that have supported decision-making laws in place and Ohio should join those states by empowering its individuals with developmental disabilities with this great tool.

3. Remote Supports Rule: Ohio has shown its dedication to being a Technology First state and we believe this service in the waivers can be modified to promote the use of various technology driven supports. Increased flexibility could lead to increased usage and benefit to those who utilize remote supports.
  - a. Redefine the relationship between the residential provider and the technology supports provider. Need to address “free choice of provider” in connection with expectations of both the residential provider and the technology provider.
  - b. Reconsider rates for active vs. passive remote supports.
  - c. Create rate structure that covers small units of service such as virtual health related supports, verification, or assistance with self-administration of medications or well checks.
4. Waiver Nursing & Medication Administration: One of the lessons learned during the pandemic is that there is a desperate need to increase nursing capacity within our DD system. Although waiver nursing was added as a service years ago, utilization is extremely low due to the complex nature of accessing the service. This proposal seeks to make changes in the following areas:
  - a. Short-term: work with DODD to develop a streamlined process to permit county boards to authorize waiver nursing to provide much needed reimbursement with severe nursing shortage in Ohio.
  - b. Build on current work with DODD, enhance structure and processes to allow for expanded use for medication dispensers and other technology solutions for health-related needs.
  - c. OAC 5123-9-37 needs to be revised to voluntarily permit county boards and councils of governments who choose and are able to provide nursing services now due to lack of willing and able providers.
  - d. Consider various models of “tiered DSPs” to review a number of home nursing functions with a matching rate to align with the services.
  - e. Long-term: work with DODD to find a way to allow expanded access to waiver nursing, including adding the service to Level 1 and SELF, and increase flexibility for these services. We believe this is being done in other states and would like to reduce the barriers for DD providers to provide waiver nursing services. In addition, we believe that technology related health care services, such as Station MD, should be covered by Medicaid.
5. Develop a workgroup to facilitate discussions with stakeholders to discuss Increased flexibility in development of residential settings that includes parameters in unlicensed and licensed settings. In particular, specialized services for multisystem youth and adults with significant behavioral challenges are sorely lacking and need bold solutions. Conversations about setting size, while difficult, are necessary to address the sustainability of the system due to the severe workforce shortage.

In addition, flexibility in our current rules may allow for the creation of “intentional integrated communities” or multi-unit living situations which are desired by many people receiving services and their families.

Provide an opportunity for Shared Living to permanently permit HPC services in the Shared Living (OSL) setting on the same day with some limitations. Ongoing promotion of OSL and expansion statewide would have a positive impact on services for people, as well as assist with the workforce crisis long term.

As future assessments are considered to replace the Ohio Developmental Disabilities Profile, consider the elimination of scoring which provides a lower funding level for individuals choosing to live within the family unit.

6. Provider Compliance & County Board Accreditation: We believe that provider compliance and county board accreditation need revamped to allow for increased partnership when providers or county boards are in good standing. This to include agency and independent providers.
  - a. Compliance should be focused on providers/county boards who are struggling and not those who have demonstrated consistency in their ability to be in significant compliance with rules and regulations. Providers/county boards in good standing should have access to technical assistance and support rather than being subject to ongoing compliance reviews.
  - b. County board accreditation: Given the nature of county board services, we recommend a compliance structure that is different than that of providers and more focused on the actions required from the county board.
  - c. Create a very limited self-review compliance tool to be utilized for providers who are in good standing and also otherwise accredited.
7. Provider Certification Requirement: Limited revisions to the Provider Certification rule would assist with addressing the staffing crisis. This to include agency and independent providers.
  - a. Permanently remove the 18 year old requirement for DSPs. Agency providers only.
  - b. Permanently remove the high school diploma/GED requirement for DSPs, including Independent Providers.
    - i. Discuss appropriate staff orientation, including which Appendix K flexibilities should be made permanent.
    - ii. Discuss training requirements focusing on adult learners, addressing various ways of comprehension. Explore ways to reduce duplication in training such as permitting substitution of previous experience and education for specific training requirements (ex. requiring Medication Administration Training for a nurse), creating a database to capture employee specific training that would be portable to new employers, etc.
  - c. Include a provision that permits both Independents and Agencies to substitute previous experience and education for mandated training in the certification rule. (Registered Nurses that must currently receive Medicaid Administration Training or Master’s Level Special Education Teachers who must also go through the same training as an 18 year old with no experience, as just two examples.)

8. Multi-system Youth/Intensive Behavioral Support ICF Add-on: Unfortunately, the design of this program has not led to the intended outcome of creating additional residential options for children with intensive behavioral support needs. We would like to work with DODD to redesign the program in a way that can meet the variety of needs across the state. A specific proposal will be submitted on the rule with recommendations for changes.
9. ICF Modernization: There are several modifications needed for the ICF program to ensure long term sustainability.
  - a. While the department and stakeholders spent a lot of effort on creating the current reimbursement structure, there were several concerns that all agreed needed to be addressed in the future.
    - i. The acuity scoring for people with high behavioral needs does not accurately reflect the resources needed to serve these individuals, especially if they do not have other medical or adaptive needs in addition to their behavioral needs.
    - ii. The group agreed to capture additional information on active treatment costs and then revise the reimbursement to address active treatment. Additionally, since then, DODD is getting ready to implement service and reimbursement changes to day and vocational services funded through the waiver. ICF reimbursement should be in-line with waiver reimbursement to allow ICF residents choice in where they receive their day services.
  - b. The cost reporting for ICFs needs reviewed and streamlined to ensure that only necessary data is being requested. A comprehensive review of the ICF cost report hasn't been completed in over a decade and it is time to complete this and hopefully reduce some of the administrative expense in completing this function.

## OPRA Board Retreat

Day 1, 3:00PM – 4:30PM

### **County Board Relationships**

## **Appendix A**

### **Promising Partnership Strategies Organized by Theme**

#### **Phase I Counties: Allen, Licking, Pickaway, Sandusky, Stark and WestCon**

##### ***Recruitment of Direct Support Professionals***

1. Enhanced partnership with local Ohio Means Jobs including more active role in local work place development issues including recruitment/Allen County
2. On-boarding service that connects potential eligible employees with local providers to address workforce needs. Includes marketing the DSP role in local community, recruitment, screening and initial back ground checks to identify eligible applicants/Licking County
3. Focused outreach to develop future workforce: Licking, Pickaway, Sandusky and Stark
  - To high schools and vocational schools to promote Ohio Department of Education's C3PO program. C3PO is aimed at fifth year seniors and utilizes the DSP Paths Curriculum
  - To high schools and vocational schools to support career exploration activities with high school age students
  - To GED program(s) to enroll potential DSPs in Paths Curriculum while connecting students to paid internships and employment in the provider community
  - To local colleges/universities to establish paid and unpaid internships that lead students to a career in the developmental disabilities field

##### ***Retention of Direct Support Professionals***

1. Support training opportunities for current DSPs beyond training required by rule.
  - Regular learning lunches targeted to DSPs/Allen
  - Payment of stipends to providers for DSPs who complete training, such as Good Life/Pickaway
  - Deployment of Behavior Support Specialist to support DSPs working with persons with current behavior support plans/Allen
  - Use of Board acquired DSP pathways curriculum for interested DSPs already working in the field/Licking
2. Bridges out of Poverty Workplace Stability training for supervisory and management staff/Pickaway County
3. Expansion of existing Employee Assistance Program (EAP) to include provider employed DSPs/Stark
4. Establish DSP portfolios in LOOP Ohio that document DSP training, education and work experience. Portfolios can be accessed by potential employers with permission of the DSP/Stark County

### ***Administrative efficiencies***

1. Board provision of training opportunities for initial orientation and required annual training including MUI, behavior support and medication administration/Allen, Licking and Sandusky
2. Standardized resources for independent providers made available in easy to access and use formats/Pickaway
3. Created forum for providers that want to share staff (such as RNs), and services such as billing, drug screening and back ground checks/Pickaway County
4. Recruited a Transportation Network Administrator (defined by RFP) to improve coordination of willing non-medical transportation service providers. Priority given to those employed or seeking employment in the community/Sandusky County
5. Use of website provider resource portal to increase on-line technical assistance, training and support with imbedded links to DODD for provider one stop shopping/West Con

### **Phase II Counties: Clearwater COG, Cuyahoga, Franklin, Geauga, Lucas, Mahoning, Montgomery, Portage, Summit and Tuscarawas**

#### ***Recruitment of Direct Support Professionals***

1. A website directory (DSP Assurance Network) for DSP applicants to register their interest in employment. Marketed to potential applicants (job seekers) and providers/Clearwater COG
2. Implement the C3PO program in conjunction with local school districts/Montgomery, and Summit
3. Leverage partnership with local OMJ to initiate to develop a DSP readiness program using the DSP Paths curriculum/Lucas
4. Recruit college students for DSP work in partnership with local university/Mahoning
5. Market DSP job openings for providers using posters throughout the community, and the Board's website /Gauga
6. Connect with local high schools and career centers. Support their career development activities and educate future workforce about the developmental disabilities field /Portage
7. Organize and market hiring events/Montgomery
8. Design marketing materials specifically to attract additional independent providers/Portage
9. Provide recruitment incentives to potential new independent providers. Reimburse application fee and BCII check fee once DODD certification is secured/Clearwater COG

#### ***Retention of Direct Support Professionals***

1. Provider and DSP recognition and appreciation events including luncheons, dinners, awards etc.
2. Acquire and use established curriculum (DSP Paths Frontline Supervisor) to enhance provider Mid-manager and frontline supervisor training /Clearwater COG, Summit, Portage
3. Initiated steps to establish an Employer Resource Network/Cuyahoga, Mahoning
4. Expanded membership in already existing Employer Resource Networks/ Clearwater COG, Montgomery

5. Acquired credentialing to provide training in Trauma Informed Care, financial literacy, and DSP Paths for local provider community/Geauga
6. Secured services of an employee assistance program or Employer Resource Network like consortium (such as Geauga Bridges at Work)/Geauga, Tuscarawas
7. Coordinated and implemented a three day provider CEO boot camp with curriculum designed to enhance provider performance/Lucas
8. Increased meaningful communication with provider community/ Montgomery, Portage, Tuscarawas and Franklin
  - Distributed provider newsletters electronically
  - Implemented provider blog for sharing of information between providers
  - Developed and promoted regular DSP appreciation activities and events
  - Renovation/redesign of existing websites based on provider input
  - Regular in-person meetings with providers to enhance communication and ultimately increase collective collaboration
9. Financial grants to independent providers, individual DSPs and provider agencies aimed at DSP professional growth/Summit and Clearwater COG
10. Provide training required for independent providers to have their certification renewed/Mahoning
11. Welcome packet for new independent providers coupled with face to face meeting with Provider Support Specialist/Geauga
12. Coordinate efforts for providers to test/pilot available technology and software and facilitate feedback to vendors/Geauga, Franklin
13. Organized SSA roundtable to surface, discuss, and plan for improved outcomes for individuals/Montgomery

### ***Administrative Efficiencies***

1. Provide and/or coordinate the provision of required training for DSPs in an effort to improve accessibility and timeliness. This includes the development of training cooperatives that include providers/Clearwater COG, Mahoning, Franklin, Summit, Montgomery and Portage
- 2 On-line training calendar, located on website, to which providers and boards can add training they are willing to share/Clearwater COG
3. Developed and marketed an assistive technology/remote supports demonstration room to educate/encourage provider use of technology in service delivery. Utilize mobile unit to increase exposure to families and providers/Cuyahoga
4. Lending libraries for specialized equipment/Cuyahoga
4. Hold special topic Provider Council meetings throughout the year to support provider administrative activities, such as software options that support DSP documentation responsibilities/Franklin
5. Use a dedicated e-mail address for providers around billing and PAWS issues. E-mail is prioritized for response and resolution daily
6. Offer providers lease arrangements for county board owned wheel chair accessible vehicles, and extend insurance coverage to drivers through the Boards auto insurance carrier/Geauga
7. Formed a special interest group that is focused solely on transportation/Portage

8. Used Zoom to host on-line management training topics with discussion/Clearwater COG
9. Assume costs of some on-boarding such as background checks, drug testing, First Aid and CPR training, Physical examinations/Geauga

### ***Best Practice in Service Delivery***

1. Systematically gather input from families and providers via facilitated focus groups to identify shared indicators of quality and satisfaction/Lucas, Summit, Franklin
2. Support day services providers to move from facility based to community based integrated services using best practices, local mentors and subject matter experts/Clearwater COG, Summit County
3. Use feedback from providers and families to evaluate and re-design systems for accessing meaningful behavior supports/Summit
4. Host training and education sessions for providers in specialized focus areas like Trauma, Good Life, etc./Lucas

### ***Key Contacts:***

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Log into OACB's member connect and follow the prompts to be added to the list serve [influence@oacbdd.org](mailto:influence@oacbdd.org). Project participants use this list serve to communicate about provider support strategies.



## Provider Partnership Pilot Project What We Learned

This project was conducted in two phases as a collaborative effort led by the OACB, with support from OPRA and DoDD. **As local County Boards divest themselves of direct services, provider support has emerged as a key and fundamental role for local Boards of Developmental Disabilities in the 21<sup>st</sup> century.** With this emerging role for local Boards in mind, the purpose of the project was *To promote cooperation and support among County Boards of Developmental disabilities and providers of services to people with developmental disabilities at the local level while developing strategies, in conjunction with local developmental disability stakeholders, to increase collective focus on improving the quality of services and supports for people with developmental disabilities.*

Phase I included Allen, Licking, Pickaway, Sandusky, Stark and WestCon counties starting in 1/17 and concluding in 8/18. Phase II included Clearwater COG, Cuyahoga, Franklin, Geauga, Lucas, Mahoning, Montgomery, Portage, Summit and Tuscarawas Counties. It started in 12/18 concluded in 12/19.

Three primary impediments to quality services (themes) were identified in phase I and provided a framework for local discussion and collaborative efforts. Phase II surfaced an emerging additional theme captured in number four below.

1. The retention of direct support professionals (DSPs);
2. The recruitment of DSPs; and
3. Administrative inefficiencies that deplete scarce resources (human and financial).
4. Support for best practice in service delivery with emphasis on trauma informed care, behavior support, and increased community inclusion.

The work of the pilot projects taught us that **the following practices are critical** to effective efforts to build a culture of collaboration with local providers in ways that ultimately can improve the quality of services provided to people with developmental disabilities. **Some of these practices require active engagement by the Superintendent and administrative leadership.**

However, the definitive activity that resulted in improved local collaboration was the simple act (maybe not so simple) of listening, whenever possible without preconceived ideas and bias. Extremely hard work indeed!

**Recommended practices include:**

1. The establishment of a provider support function/department separate from the SSA department, with provider compliance/quality assurance activities delegated to separate personnel. Provider support should report directly to the Superintendent. This type of organizational structure, coupled with internal accountability, increases Boards' ability to identify, organize, promote, deploy, and assess collaborative strategies intentionally and strategically. Provider support activities are largely billable to Medicaid Administrative Claiming (MAC).

**SSA personnel in particular should be focused on person specific responsibilities.** Meanwhile, Boards must create identifiable pathways for SSA, provider compliance, and provider support personnel to communicate and share information in ways that enhance positive outcomes for providers and the persons they serve.

2. A local framework supplemented by COG efforts, when appropriate, that supports continuous collaborative, planning, problem solving, and improvement efforts between Boards and their provider partners. This means **regular and predictable face to face contact outside of routine meetings for information sharing**. While information sharing is very important, and should be continued, it is different than the kind of discussion required to collaboratively solve system wide problems and gain momentum on system wide opportunities. It also frequently requires different personnel be present at the table. This framework requires:

- A calendar of meeting dates, times and locations distributed on an annual basis or in advance of scheduled meeting dates;
- A commitment of time and resources so that collaborative work with providers is perceived as a leadership priority.

3. Hire/appoint/select persons to perform provider support functions that have a specific skill set, which includes: Positive reputation and credibility with a variety of audiences (providers, families, Board staff); The ability to think, plan and operate systemically; Superior communication skills (verbal and written), with an emphasis on achieving clarity, and helping people to focus and prioritize; The ability to engage a variety of stakeholders and manage sometimes difficult and legitimate criticism while **actively listening** always.

4. Expand Board strategic planning processes to include provider support as a specific category **coupled with** specific budgetary provisions included in the Board adopted annual operating budget. These efforts are most likely to generate results;
5. While provider support functions should be separate from the SSA department, SSA functions **directly impact service quality delivered by certified providers**. Superintendents and other Board leadership must be willing to include their own internal processes in any assessment of effectiveness and efficiency, and engage in regular internal process improvement efforts;
6. Always have a way to measure the change you want to make **before** you get started!

### What Else Did We Learn?

- The majority of providers are buried in the day to day complexities of delivering services in today's regulatory environment. They need help and support. Often they don't take the time to ask for what they need, and frequently don't know what kind of help would make a difference, or how to ask for it. This is why listening is so important.
- Helping providers with compliance deficiencies, in a system wide way, can be low hanging fruit to jump start collaborative efforts. However, there may be other far more important and/or urgent places to implement collaborative efforts as evidenced by the themes we uncovered and shared earlier in this report. Again, the important thing is to listen;
- Boards that no longer provide direct services have more resources to devote to provider collaboration and support;
- Boards have certain skills, relationships, and community connections that can be leveraged to support their provider community;
- There is a definite need for counties and providers engaged in active provider support to learn from each other and have a place to get input on their ideas and activities. Provider support personnel in Region six (Northeast Ohio) began to meet quarterly in the summer of 2019;
- Boards and providers need to focus on organizational culture as a key strategy for both DSP and SSA retention. Money is important, but culture is equally important;

- Collaborative efforts that do not generate the expected result, can teach us alot, especially if the reasons are identified and communicated.
- Strategies deployed by the pilot projects that evidenced promising outcomes are captured in the appendix to this report.
- Anyone with questions should feel free to contact Nancy Neely, OACB Consultant and Project Coordinator at [nneely@oacbdd.org](mailto:nneely@oacbdd.org).

## OPRA Board Retreat

Day 1, 3:00PM – 4:30PM

# **OPRA Board Member Roles and Responsibilities**