***OPRA Board of Trustees***

***Consent Agenda***

***January 28, 2015***

***NOTE: Some of the information is carried over from the prior month. Updates are in red font and underlined.***

***A. Efficiencies and Simplification Focus Area***

**1. Licensure and County Board Accreditation/National Accreditation**

The Partnership is continuing to pursue abbreviated reviews for county board accreditation and licensure. Nancy Neely and Mark Davis are coordinating this effort for the Partnership. The Partnership recently agreed to send a letter to Director Martin, requesting a meeting to discuss making this effort a priority.

**2. Background Checks - Rapback**

Several members have reported problems accessing the system. Although not widespread, ODM has been experiencing IT problems and is fixing issues one provider at a time. Anita is coordinating with ODM. The Automated Registry Check System (ARCS) is now available to all HCBS waiver providers in Ohio. It is also available for ICF providers. It is one portal for providers to enter data for all registries. The state is preparing to extend Rapback to DD and other providers soon.

**3. SSA and Program Management**

CMS has informed DODD that an end date is needed, for county boards to discontinue delivering HCBS as the boards also deliver TCM. It is expected that DODD will attempt to negotiate a 10 year timetable for county boards to be out of delivering HBCS. DODD continues to refine expectations in light of the CMS transition plan. Current discussions are focused on Person Centered Planning. The conflict of interest issue is being addressed “outside” of the transition plan. DODD had a call with CMS to better understand what it is they would like to see. CMS told DODD that the current state of TCM/HCBS waiver providers needs to change and that CMS will consider a revised firewalls document. DODD has informed OPRA, the state will propose closing the front door on ADS enrollees to county boards, unless there is no other willing and qualified provider. County boards will be permitted to continue providing both TCM and waiver services for their existing enrollees.

**4. Behavior Support Rule**

OADSP has developed a training curriculum and training dates have been set through April. DODD will also be offering webinars. DODD will be addressing the behavior add on problem prior to the first training date and will be sharing their plan with OPRA prior to making it public. “Preview” training sessions brought to light issues that will conflict with ICF regs. Kate Haller will be the point person when there are conflicting citations and will coordinate efforts with ODH. After the rule was filed, other stakeholders submitted comments similar to ours. It is believed that DODD plans to proceed without further changes.

**5. Threshold for Exempt Status**

The US DOL is expected to release a proposed rule soon. ANCOR will respond according to the content of that rule. As part of an ANCOR contingency, Than Johnson and Mark Davis met with the US DOL. The DOL is considering changing their regulations to increase the $455 weekly threshold for exempt status. OPRA presented data from the salary survey and members, that indicated a cut in DSP wages if DOL pursued this course.

**6. Video Conferencing**

We are researching other options that are less expensive. Our contract with Blue Jeans expires in August of 2015.

***B. Reimbursement Transformation for Workforce Sustainability Focus Area***

**1. AOF Direct Care Workforce Coalition**

AOF continues to support the direct care wage issue. We continue to work on the joint ask for DD, aging, behavioral healthcare and other disabilities. Advocates for Ohio’s Future has a health and human services direct care workforce coalition including: Aging, Developmental Disabilities, Disabilities, Behavioral Healthcare and Other Disabilities. We have formed three workgroups. The rate rationalization workgroup will gain an understanding of rates in all systems and will recommend rate requests for each system.

The quality workgroup will recommend how quality outcomes should be measured in human services and also in each specific system.

The direct care staff work experience workgroup will recommend strategies for improving employee satisfaction and decreasing direct care staff turnover.

The work of the three workgroups will be compiled in a multi-system budget ask to: improve direct care wages, benefits, training and supervision; reform our systems to move to outcome focused; improve the direct care worker’s experience of work and decrease direct care turnover.

***C. Future Opportunities and Unmet Needs Focus Area***

**1. Trauma Informed Care**

OPRA is partnering with Kim Kehl of OMHAS in an effort to get regional training and meeting notices out to our members. Kim attended the joint Policy and Program Directors meeting and presented information on MHAS’ TIC efforts. DODD is sponsoring several training sessions over the next few months. The first one is full. Nursing and Social work credits available.

***D. Technical Assistance Projects***

At their request, OPRA has proposals for technical assistance in to the Kentucky Association of Private Providers and the Iowa Association of Community Providers. These two projects, if accepted, will result in OPRA being at our maximum capacity in providing external technical assistance.