



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.

# Board Report

February 28, 2024



# OPRA's Guiding Principles

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

**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.

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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.

## **OPRA Board Meeting Agenda**

### **February 28, 2024**

### **10am – 2pm**

- Welcome/safe-place (Adam Guinther)
- Meeting Minutes approval (Adam Guinther)
- Finance report (Liz Owens)
- Governance (Bob Gaston)
  - Board Dr. Presentation/review self-assessment
  - Governance follow-up
- Board Report (Pete Moore)
  - Reform
    - Compliance
    - Waiver Modernization
    - ICF Modernization
  - Current Bills
    - Local Tax
    - Never Alone Act
    - 14C
  - Coalition Data Collection
- CEO Report
  - Spring Conference
  - Congressional Legislative Visits
  - Advocacy Army Round 2
- Open discussion
- Adjourn

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## *OPRA Board Meeting Minutes*

*January 24, 2024 (Virtual Meeting)*

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- Adam Guinther started the meeting with a welcome and reading the Safe Place Statement
- Pete introduced the new Board Members, Steve Colecchi and Connie Boros and the new OPRA Team member Teresa Kobelt.
- December meeting minutes: The December 2023 meeting minutes were reviewed. Liz Owens made a motion to approve the minutes, Tim Neville seconded the motion and the Board unanimously approved.
- Finance Committee Report: The 2023 financial summary was reviewed with no significant comments. OPRA ended 2023 in good financial standing. Michelle Madden made a motion to accept the financial report and Tami Honkala seconded the motion. The Board unanimously approved the report.
- Governance Committee: Bob Gaston shared the progress on the Board's self-assessment survey and reported that Cathy Allen, the Board Doctor, will be attending the February meeting to provide the results of the survey and make recommendations.
- Board Report: Pete Moore, CEO, Shared updated on the following topics
  - Waiver modernization update: DODD has conducted several update meeting over the past few months. They have reported that they were near completion of reviewing of shared living and remote supports. We are waiting on a final report from DODD. They will be reviewing the ODDP soon. Survey of providers to determine "the cost of doing services" has been completed, we are waiting for the Deloitte's analysis.
  - ARPA grants: There are few opportunities DODD is offering from the state's ARPA funds. They include building the Ohio Leadership Academy, technology grants, and workforce development grants. The OPRA Team will monitor the opportunities and determine OPRA's involvement. We are encouraging providers to pursue these opportunities.
  - State budget priorities: OPRA will continue to work with the Budget Coalition partners to pursue future budget successes to ensure sustainability and quality in our system.
    - Capital: We are looking at possible opportunities to pursue state capital funds to assist with ICF facility modernization.
    - Operating: We are focusing on ongoing cost of living increases for rates and targeted funding for
  - DODD compliance proposal: The OPRA Team is working on a proposal to reform DODD and ODH compliance practices and will propose ideas at Februarys meeting.
- CEO Report
  - Strategic planning plan
    - Internal: Pete reviewed upcoming strategic planning efforts. The OPRA Team and the OPRA Board will use the following tools during the planning process.
      - Member survey
      - Board self-assessment
      - Dues
      - Non-dues revenue

- External: The OPRA Team and the OPRA Board will consider the following items in planning for leading reform for Ohio's DD system.
  - The future of our system; the next 5 -10 Years
  - Funding and reform
  - Partnerships (beyond the coalition)
- Great Provider Series (GPS): The OPRA Team is planning on implementing a few training offerings in 2024. The following items are being considered.
  - COO and middle/front-line manager training
  - DSP annual requirements (OPRA Talks)
- 2024 Spring Conference: Pete Moore reviewed the upcoming Spring Conference in Toledo.
  - Logistics
  - Format/Sessions
- Dues Review Committee: Pete Moore proposed the formation of a Board ad hoc committee to review OPRA's dues structure in light of the recent rate increases. Pete will work with Adam Guinther to identify members of that committee.
- Next meeting (In-person, 2-28-24)
- Adjourn: Lisa Reed made a motion to adjourn the meeting and Michelle Madden seconded the motion. The Board approved the adjournment of the meeting.

### **Present Board Members**

**District 1** – Jamie Steele, Jim Steffey, and Felicia Hall

**District 2** – Dennis Grant, Ashley Brocious and Scott DeLong- Vice Chair,

**District 3** – Edgar Barnett, Lisa Reed and Mary Thompson-Hufford (absent)

**District 4** – Roy Cherry and Tim Menke

**District 5** – Jeff Johnson, Michelle Madden- Secretary and Phil Miller

**District 6** – Adam Guinther- Chair, Liz Owens- Treasurer and Bob Heinzerling

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

**At-Large** –Bob Gaston, Kurt Miller and Tim Neville

### **OPRA Staff Present**

- Pete Moore
- Scott Marks
- Teresa Kobelt
- Rachel Hayes
- Melissa Fannon

# 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.

## **Policy Core Committee Meeting February 14, 2024**

### **Policy Committee Structure**

Pete shared the policy process, role of the OPRA committees and staff in identifying areas for reform, and the Board's final authority on big policy decisions. He also outlined the next steps, which include a review of the core committee – adding new, non-board members to the committee, and shifting board members off the committee, with the exception of the Committee Chair and Vice Chair.

We will also begin meeting in person at least quarterly.

### **Advocacy – 14(c)**

Christine Touvelle, OPRA then discussed the anticipated legislation by Representative Jerrels aimed at eliminating subminimum wage, and how OPRA is preparing to take a stance on it. She noted that the bill has some glaring issues and they are trying to provide insight on these problems before officially taking a position. Scott Marks further emphasized that while they have been opposing the current versions of the bill due to serious flaws, OPRA has not yet formulated a full position. They are now considering having to take a more formal stance once the final version of the bill is available.

The group discussed the challenges of navigating a long-standing issue without a clear plan in place. A survey taken a few years ago showed a roughly equal split among members on the issue. They also noted a significant portion of the membership provides services affected by the issue.

The committee discussed the potential impact of eliminating 14c and if/how OPRA would arrive at a position. A survey taken a few years ago showed a roughly equal split among members on the issues. In addition, 14c is really tied to a service that many members provide. Comparisons were made to how OPRA has approached issues related to ICFs – where not all members operate ICFs, but OPRA supports and advocates for ICFs. Similarly, not all members have 14(c) certificates, but OPRA might approach a position similarly.

Elements of an approach might be:

1. Poll members;
2. Offer opportunities for members who have moved away from 14(c) to share why, how, and the impacts with other members;
3. Collect data/understand the needs of the people earning subminimum wage;
4. Consider how facility-based work (where some people are earning subminimum wage) is authorized/arrived at in a person-centered plan and related to choice.

### **Current System - MUI**

The team led by Rachel Hayes discussed the challenges and potential reforms related to MUIs. They emphasized the need to examine the role of the size of the county, the number of substantiated and unsubstantiated incidents, and the training provided to investigative agents. They also highlighted the impact of the rule on administrative work and staff decisions, suggesting the need for significant changes rather than minor tweaks. Timothy Neville pointed out the conflicts between the Department's definitions of terms like neglect and unapproved behavior support, and the potential risks these conflicts pose. Towards the end, they agreed to formulate a data request to the Department to support their arguments.

### **System Modernization – Compliance**

Teresa Kobelt shared elements of a proposal OPRA staff have developed related to moving “beyond compliance”. After reviewing available data, CMS requirements, DODD waiver applications, and other relevant documents, OPRA has developed a proposal to share with the Board and DODD. A key recommendation of the proposal is the establishment of a Quality Improvement Council.

### **System Modernization – Waiver Redesign Work**

The team reviewed the goals, approach, and member feedback initially developed by consultant Chris Whistler in 2023. Using that information to guide the work, Teresa shared data points around waiver enrollment, utilization, and the current assessment process.

After reviewing the data, the team briefly considered various concepts that could modernize the DD system, address provider concerns, and increase quality. Concepts presented included:

- Timelines
- Interim Plans
- Provider informed assessments
- Support for provider selection
- Alternate rate model/structure for Targeted Case Management
- Incentive payments for Targeted Case Management (tied to quality/performance)

Diane voiced concerns about the potential polarizing effect of these proposed reforms, especially on the county boards, and the need find ways to assist and support in the removal of these barriers to create a more efficient system.

Timothy Neville suggested exploring shared risk approaches and the potential for providers to take on targeted case management and supports coordination.

The team agreed to continue the discussion at their next in-person meeting, to be held in March.



**Follow Up Steps:**

- Schedule March core committee (in person) and quarterly full policy committee meetings.
- Explore a position statement on 14c and community employment services, taking into account the perspectives of members and providers.
- Request data points from the department to inform their discussion on MUI rule changes.
- Send slides to committee

# OPRA Board Report

**Beyond Compliance**

**Partnering to Ensure Health, Welfare, Safety, and Quality**

## Executive Summary

The Centers for Medicare and Medicaid Services (CMS) is placing increasing emphasis on administrative simplification, quality improvement, and outcomes. The latest technical guidance and related tools from CMS offers opportunities and flexibilities to modernize and simplify systems, reduce costs, and make meaningful quality improvements – all while demonstrating compliance. Note, while the primary focus of this proposal is the waiver system and requirements within the waiver application, **there is significant opportunity within the ICF program as well**. These recommendations should be shared with ODH, and a similar approach to compliance modernization should be taken.

In waiver applications, CMS requires states to include a Quality Improvement Strategy (QIS)<sup>1</sup>. “While the QIS must address the waiver assurances as a prerequisite, it can extend to aspects of waiver operations the state deems critical in achieving the waiver’s purpose and meeting the expectation of waiver participants and stakeholders...CMS recognizes that quality improvement is dynamic, and the QIS may, and probably will, change over time. “

Ohio’s current system faces challenges that include:

- General **lack of stakeholder** input related to compliance and quality improvement<sup>2</sup>;
- Compliance program **not aligned with stated values and goals**;
- Regulatory review schedule and tool do not provide a **representative sample**;
- Rule-based process involving citations has not resulted in **systemic improvement**;
- **Performance measures** are not transparently or consistently reported on, utilized or tied to quality.

In its role as regulator, we believe there are many steps the Ohio Department of Developmental Disabilities (DODD) can take to reduce compliance costs, engage stakeholders, and meaningfully ensure health, welfare, and quality by reassessing and revising its regulatory approach. While this proposal focuses largely on the elements of QIS that rely on data from the regulatory review (discovery), the recommendations herein can inform other categories and we encourage DODD to consider all six assurance areas.

Our recommendations are informed by other highly regulated environments, including healthcare and transportation. They include:

1. Partner with stakeholders to **establish a Quality Council**;
2. **Align compliance with strategy, purpose and values**, not only laws and regulations;
3. **Establish a transparent discovery process** that maximizes existing data, minimizes administrative burden, and uses a meaningful sample;
4. **Increase use of non-enforcement methods**;
5. Provide **regular, clear reporting on performance indicators** that is readily available to stakeholders.

We view the strategy outlined herein as reasonable and accomplishable. It will address compliance while decreasing costs, increasing efficiencies, improving quality, and promoting stakeholder engagement. We look forward to feedback.

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<sup>1</sup> This is distinct from but connected to the HCBS Quality Measure Set and related initiatives.

<sup>2</sup> As specifically required/included in the waiver application, different from quality measures or indicators.

## Federal Requirements

Foundational to any change in Ohio's regulatory system is an understanding of what is required by CMS. In its most recent [Instructions, Technical Guide and Review Criteria](#), (p. 8) the Centers for Medicare & Medicaid Services (CMS) requires states to assure the health and welfare of waiver participants. According to CMS:

A waiver's design must provide for continuously and effectively assuring the health and welfare of waiver participants. Processes that are important for assuring participant health and welfare include (but are not necessarily limited to):

- Specifying the qualifications of waiver providers and verifying that providers continuously meet these qualifications;
- Periodically monitoring the implementation of the service plan and participant health and welfare;
- Identifying and responding to alleged instances of abuse, neglect and exploitation that involve waiver participants; and,
- Instituting appropriate safeguards concerning practices that may cause harm to the participant or restrict participant rights.

The renewal of a waiver is contingent on CMS determining that the state has effectively assured the health and welfare of waiver participants during the period that the waiver has been in effect. In its application, the state must specify how it monitors performance in assuring health and welfare and the other waiver assurances by preparing and submitting a Quality Improvement Strategy.

## Quality Improvement

The Instructions, Technical Guide, and Review Criteria include further explanation of a Quality Improvement Strategy (p. 9). Specifically:

**For the purpose of the application, the state is expected to have, at the minimum, systems in place to measure and improve its performance in meeting the waiver assurances that are set forth in 42 CFR §441.301 and §441.302.** These assurances address important dimensions of waiver quality, including assuring that service plans are designed to meet the needs of waiver participants and that there are effective systems in place to monitor participant health and welfare...

While the QIS must address the waiver assurances as a prerequisite, it can extend to aspects of waiver operations the state deems critical in achieving the waiver's purpose and meeting the expectations of waiver participants and stakeholders...

Finally, CMS recognizes that quality improvement is dynamic, and the QIS may, and probably will, change over time.

## Assurances

States must address several assurances in their Quality Improvement System (QIS). For example:

- **Qualified Providers Assurance:** The State demonstrates that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.
  - The state verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services.
  - The state monitors non-licensed/non-certified providers to assure adherence to waiver requirements.

- The state implements its policies and procedures for verifying that provider training is conducted in accordance with state requirements and the approved waiver.

### **Continuous Quality Improvement**

CMS also “expects states to follow a continuous quality improvement (CQI) process in the operation of each waiver program. The process involves a continuous monitoring of the implementation of each waiver sub-assurance, methods for remediation or addressing identified individual problems and areas of noncompliance, and processes for a) aggregating collected information on discovery and remediation activities, and b) prioritizing and addressing needed systems changes on a regular basis.”

For each assurance and sub-assurance, states are asked to indicate:

- Performance measure
- Data source (discovery)<sup>3</sup>
- Party responsible for data aggregation and analysis
- Methods for remediation

### **Discovery and Sampling**

When it comes to discovery, CMS does not require 100% sampling, and **sampling of less than 100 % of the universe must be statistically valid**. CMS strongly suggests a confidence interval with at least a 95 % confidence level and +/- 5 percent margin of error. As such, a state is expected to provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and recommendations are formulated. According to CMS:

The CMS quality requirements are founded on an evidence-based approach. CMS requests from the state evidence that it meets the assurances, and that it applies a continuous quality improvement approach to the assurances. CMS therefore relies on the evidence or data produced by the State to substantiate compliance. For that reason, **it is critical that states can assert with a degree of confidence that evidence produced is valid and reliable**. Without such certainty, it is difficult at best for the federal government, waiver recipients, or stakeholder groups to have confidence in the state’s reported performance. CMS strongly urges state to have a solid sampling approach to the evidence it collects. (p. 12-13, emphasis added)

CMS provides a “Sampling Guide” to further help states decide whether and how to sample (Technical Assistance Attachment D). Of note:

- Probability samples are essential if the goal of the data collection is to make estimates about the whole population or to use data from the sample to draw conclusions.
- A non-probability sample may not accurately represent the population, and the generalizability of findings is limited.

A common misconception is that samples should be determined based on a certain “percentage” or fraction of the population. The table below displays sample sizes that were calculated using different-sized

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<sup>3</sup> “Discovery” consists of monitoring and data collection activities that identify whether and to what extent the State addresses compliance with assurances. CMS provides a list of relevant discovery sources (i.e., record/chart reviews, financial review, interviews, etc.) and possible activities (i.e., structured reviews of geographic area or service type, special study, etc.).

populations, all at 95% confidence level and +/-5% margin of error. This table illustrates that once the population size reaches the thousands, the required sample size increases very incrementally.

Sample Sizes for Different Size Populations	
Population	Sample*
300	169
1,000	278
2,000	322
3,000	341
30,000	379
300,000	384
*95% Confidence Level and +/- 5% margin of error	

### Challenges & Recommendations

There are over 100,000 people know to/served by Ohio's developmental disabilities system. DODD, in coordination with Ohio's County Boards of Developmental Disabilities and the Ohio Department of Health, regulates approximately 14,500 agency providers, 620 licensed residential facilities, and 436 ICFs. In addition, the Office of Compliance is responsible for regulating over 45,000<sup>4</sup> independent providers and 88 County Boards of Developmental Disabilities.

These numbers represent significant growth in both size and complexity of Ohio's developmental system. This growth in complexity is reflected in Ohio's compliance review process (discussed further below) and tool, which now stands at 41 pages.

According to the [Federal Aviation Administration](#), who, in 2015, shifted their compliance philosophy:

Our approach to compliance stresses a collaborative problem-solving approach...where the goal is to enhance the safety performance of individuals and organizations. An open and transparent exchange of information requires mutual cooperation and trust that can be challenging to achieve in a traditional, enforcement-focused regulatory model... We are shifting our culture because the aviation environment has reached a level of complexity where we cannot achieve further safety improvements by following a purely rule-based approach.

Similarly, Ohio's developmental disability system cannot achieve further improvements in health, safety, welfare, quality, or collaboration by following a purely rule-based approach. This rule-based approach comes at significant cost to all parts of the system.

The following challenges and recommendations are offered in the spirit of partnership and mutual interest in the quality of our system.

#### **Challenge: Stakeholder Input**

In focusing on quality to meet assurances, CMS encourages stakeholder input, urging "states to widen the circle of parties involved in waiver performance appraisal to include waiver participants, families (when appropriate),

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<sup>4</sup> We recognize these providers may not all be actively billing/delivering services.

providers and other parties who are directly affected by waiver operations.” Examples of ways to engage stakeholders, include the creation of Quality Councils. According to CMS:

The state may create regional or statewide Quality Councils made up of participants, advocates, providers, clinicians, quality improvement specialists, and government managers to receive recommendations from various committees and determine what strategies should be adopted. However, the creation of Quality Councils is not required. It is one mechanism that a state may use to appraise performance and secure input regarding quality improvement strategies.

In Appendix H of the waiver application, the State is asked to indicate:

- How information about performance is used to identify and prioritize areas for system improvement;
- How quality improvement information is compiled and communicated; and,
- The process that the state will follow to assess the effectiveness of both the system improvement and the QIS and revise it as necessary and appropriate.

Ohio’s response on the waiver application involves significant activity on the parts of the Ohio Department of Medicaid and the Ohio Department of Developmental Disabilities, reporting, monitoring, meeting and exchange of information. There is no mention of external stakeholder input in identifying and prioritizing areas for system improvement; no mention of how information is communicated with stakeholders; and no mention of how stakeholders will be engaged in the QIS process, including revisions to it.

As a result, stakeholder input has largely been absent from Ohio’s QIS, and **decisions about quality, system performance, prioritized needs and the like have been made absent stakeholders.**

**Recommendation:**  
Partner with stakeholders to establish a **Quality Council** that will implement and monitor the recommendations below and herein.

- **Subrecommendation 1:** Review existing QIS, performance measures, discovery processes, and remediation.
- **Subrecommendation 2:** Specifically review those QIS elements (discovery and remediation) that rely on the regulatory review schedule/process – which may not be a representative sample and may not be giving “systemic” information.
- **Subrecommendation 3:** Make recommendations to the department for improvements and revisions to the QIS including tools and processes; data sources, reporting, and transparency; remediation; roles and responsibilities.

While we believe this Council can address quality in both the waiver and ICF program. We **further ask that DODD and ODH establish a Joint Quality Council** to create a feedback loop in the ICF program and specifically address

issues around values alignment, provider experience, data transparency, and the like. We also believe it is necessary and beneficial to **invite CMS regional staff** to the Council on at least a quarterly basis.

### **Challenge: Values Alignment**

According to the most recent [strategic plan](#) (2022-2023), DODD's core values are:

- Kindness & empathy
- Collaboration
- Transparency
- Quality
- Innovation
- Inclusiveness
- Accountability

In addition, Goal 2.3 states in part: improve provider certification experience.

There is no evidence to suggest these values (other than, arguably, accountability) have been realized in the regulatory review process, and it is unclear what efforts have been made to "improve provider certification experience" or how this is being measured. Instead, providers are experiencing a strict, top-down approach to compliance that focuses on citations not collaboration.

Also, in looking at available information regarding reviewer training, the focus of the training is on "maintaining and improving skills in conducting reviews" and training topics include:

- Review Tool Updates
- Linking the OhioISP to Review Work
- Behavioral Supports

There is nothing to suggest that reviewer training includes or incorporates DODD values, and while a "consistent review process is another goal for ongoing training for reviewers", that goal should be aligned with "improving the provider experience".

**Recommendation:**  
Align compliance  
with strategy,  
purpose and  
values, not only  
laws and  
regulations.

- **Subrecommendation 1:** Immediately align the focus of regulatory reviews with DODD's values and goals. Partners with stakeholders to establish measures and feedback loops, including an exit survey that measures provider experience.
- **Subrecommendation 2:** Include training on agency values and goals in reviewer training. Include providers in this training to share their experiences.

### **Challenge: Representative Sample**

As noted above, CMS does not require 100% sampling. They do recommend a statistically valid, representative sample. If we apply this to Ohio's current system (which relies on a review schedule to sample), we find:

- Potential under sampling of County Boards and Licensed Waiver Facilities
- Potential oversampling of Agency Providers

Provider Type	Number of Providers (according to DODD Provider Search Tool)	Representative <sup>5</sup> Sample Size (5% margin of error; 95% confidence level)	DODD, CB, COG Regular Reviews in 2022
Licensed Waiver Facility	620	238	174
Agency Providers	14,500	375	1727 (791 DODD; 936 CB/COG)
County Board	88	72	37

In addition, depending on size of the provider, number of people served, etc. the review tool itself is not producing a representative sample of the extent to which a provider is complying with:

- Background checks
- Training requirements
- Service Plan implementation

As a result, it is unclear if the tool is identifying systemic issues within the agency (and/or the whole system), or "honest mistakes" and individual occurrences. It is additionally unclear when or why issues rise to the level of "citations" (i.e., does failure to enter one employee in Rapback result in a citation? Much of DODD's "remediation response" in the waiver application includes language such as, "When issues are noted that are systemic, DODD will provide statewide training and additional technical assistance and monitor for improvement during subsequent monitoring cycles." However, **the current process may not actually be identifying systemic issues.**

Ohio's QIS relies heavily on compliance reviews as both a source of discovery and remediation. However, that process is not necessarily identifying issues systemic to a provider or waiver system issues. It does not appear to be a representative sample, and has focused on citations, not systemic improvement. Oversampling likely comes at a significant cost to DODD and providers, while under sampling likely means true systemic issues (or the real size of those issues) are being missed.

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<sup>5</sup> This does not account for any stratification based on size, service, etc.



**Recommendation:**  
Establish a transparent discovery process that maximizes existing data, minimizes administrative burden, and uses a meaningful sample.

- **Subrecommendation 1:** Utilize valid, reliable sources of data and representative samples for all Quality Indicators in order to reasonably identify system issues.
- **Subrecommendation 2:** Reduce administrative burden and cost (and increasing identification of systemic issues) by neither under nor oversampling.
- **Subrecommendation 3:** Work with stakeholders to establish and implement a shared understanding of whether and how each compliance standard is met so citation data is meaningful.

#### **Challenge: Lack of Progress**

While the tool and process have grown more complex, there has been little change in issues identified. In the most recent 7-year period, the number of reviews has increased by nearly 30%, there are more citations than there are providers reviewed, but the most common areas of non-compliance remain virtually unchanged. **Rule-based citations are not resulting in systemic improvement**, yet we have not reviewed or updated the QIS.

Most Common Areas of Non-Compliance State-Wide Agency Providers	
<a href="#">2015 Annual Report</a> (1,604/1,008 Providers Cited) <sup>6</sup>	<a href="#">2022 Annual Report</a> (2,052 Reviews/3,200 Citations)
Initial database checks not completed for staff	Initial Database Checks
BCII checks were not completed during final consideration for employment	BCII/FBI Checks Prior to Employing DSPS
Statements attesting that employees had no disqualifying offenses were not completed timely	Pre-Employment Attestations
Staff did not receive initial training prior to providing services	Rapback/iRap Enrollment for DSPs (note, not a requirement in 2015)
	Service Plan Implementation

<sup>6</sup> In 2015, DODD did not report the number of citations, but rather was “proud to recognize that of the 1,604 compliance reviews conducted...596, or 37%, of the reviews resulted in NO Citations to the provider.”

CMS does not require citations but does require remediation. Many other industries have moved to non-enforcement methods, collaborative problem-solving, and other approaches, reserving enforcement for only those instances of unwillingness or inability to comply; intentional deviation, reckless or criminal behavior, or other significant safety risk.

Non-enforcement methods might include on-the-spot corrections, counseling, and additional training (including remedial training). The purpose is to restore compliance and to identify and correct the underlying causes that led to the deviation.

The current environment of citation and quality “oversight” (vs. quality improvement as required by CMS) has led to strained relationships, administrative burden, and has not improved quality (or compliance).

**Recommendation:**  
Focus on and  
increase use of non-  
enforcement  
methods.

- **Subrecommendation 1:** Partner with stakeholders to identify opportunities to increase the use of non-enforcement methods.
- **Subrecommendation 2:** Train regulatory staff on the use of non-enforcement methods.
- **Subrecommendation 3:** Collect data and report on the use of non-enforcement methods.

#### **Challenge: Meaningful Use of Performance Measures**

The waiver application indicates the performance measures Ohio has chosen. The process for choosing these measures will be discussed further below. Using a few assurances and sub-assurances from Ohio’s waiver application (see table below), one could reasonably expect to find data and monitor performance such as:

- The number and percent of people whose services plans address their assessed needs.
- The number and percent of ISPs developed in accordance with policies and procedures.

However, in looking for this data (absent a public record request), one can find “common areas of noncompliance”, but no data on these specific measures. This makes it difficult for stakeholders to meaningfully understand Ohio’s performance on this or other measures and puts **greater emphasis on individual agency compliance than system performance or quality**.

**Service Plan Assurance/Sub-assurances:** The state demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.

	Ohio's Performance Measure	Data Source	Review	Remediation
<b>Sub-assurance:</b> Service plans address all participants assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.	Number and percent of participants whose service plans address their assessed needs, including health and safety risk factors, and personal goals. Numerator: Number of participants whose service plans address their assessed needs, including health and safety risk factors, and personal goals. Denominator: Total number of participants service plans reviewed.	Record-review (off-site)	Less than 100%  Sample selected based on regulatory review schedule & number of members receiving services through that provider	Citations and plans of correction  Systemic issues lead to statewide training, increased technical assistance, ongoing monitoring
<b>Sub-assurance:</b> The State monitors service plan development in accordance with its policies and procedures.	Number and percent of service plans that were developed according to policies and procedures as described in the approved waiver. Numerator: Number of service plans that were developed according to policies and procedures as described in the approved waiver. Denominator: Total number of participants reviewed.	Record review (on-site)	Less than 100%  Sample selected based on regulatory review schedule & number of members receiving services through that provider	Citations and plans of correction  Systemic issues lead to statewide training, increased technical assistance, ongoing monitoring

Currently, very little data can be found specific to the performance measures in Ohio's waiver application. While the numerators and denominators are outlined, their actual performance (neither the number nor the percent) is readily or easily available. This makes it hard for stakeholders to know, understand, or value the measure. It also furthers the sense that individual compliance is what's being measured as individual compliance is largely what's reported on (i.e., number of citations, compliance reports, suspension, revocations, etc.).

By engaging stakeholders in both determining the performance indicators and reporting on those performance indications in a clear, transparent way, stakeholders are much more likely to "buy-in" and partner with the Department in making meaningful progress toward quality while assuring compliance.

**Recommendation:**  
Provide **regular, clear reporting on performance indicators** that is readily available to stakeholders.

- **Subrecommendation 1:** Engage stakeholders in determining and prioritizing performance indicators.
- **Subrecommendation 2:** Establish a "dashboard" or similar, easy to access, easy to understand regular, consolidated reporting on the measures.

# OPRA Committee Reports



# Day Array

## Summary

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), Greg Ferrall (Auglaize Industries)

**Policy Core Committee Representative:** Anne Haning

**OPRA Staff Lead:** Scott Marks

### OPRA Day Array Committee Report

Thursday, February 1, 2024

9:30am-11:30am

The committee discussed the challenges of the compliance process, emphasizing the need for a plan-driven, team-driven, and person-centered approach. They expressed concerns about bureaucratic reviews questioning the delivery of services developed and implemented by person-centered teams. The conversation also touched upon the impact of rate increases on the workforce and the increase in applicants since the rate increase.

#### Regional Meetings and Employment First Case Loads

Roya Hood- OOD from OOD discussed the ongoing collaboration with Dodd to organize regional meetings to foster connections between counselors and local county boards. She highlighted the success of these meetings in providing valuable insights from county board staff and a shift from dedicated case managers to a system where everyone working with the county boards is aware of the principles of employment first. Roya also shared statistics on the number of people applying for services, the number of plans written, and successful closures. She also discussed the progress of matching services with different programs, the identification of gaps in services, and the impact of changes in employment first case loads.

#### Projects and Funding Updates

Updates were given on various projects. Keith reported progress on the Ads quality pilot program, with three infrastructure payments issued and a quarterly call scheduled. He also mentioned earmarking \$450,000 in ARPA funding for a specific employment services quality program and the pre-vocational and group employment support proposal being in the finalization stage. A forthcoming in-person meeting with the work group was discussed, as well as a grant for transitioning traditional workshops into new ideas. Scott mentioned the upcoming wrap-up of the current career transition work group and the proposal to support and expand group employment services. He also highlighted various grant opportunities and funding initiatives.

#### Compliance Review Process Discussion

Scott Marks discussed the importance of systematizing feedback from compliance reviews to inform future advocacy and innovation. He encouraged attendees to share their experiences from recent reviews to help paint a

more comprehensive picture of the compliance review process. Liz Owens shared her team's recent review experience, mentioning a citation related to paying for community activities. Scott clarified that this was a gray area and advised attendees to challenge such points during reviews.

### **Compliance Review Challenges and Experiences**

The team discussed their experiences with compliance reviews and the administrative burden they can create. Liz shared her experience with a sister nonprofit's review, emphasizing the need to stay focused and avoid distractions. Teresa highlighted the value of data in understanding the cost of compliance. Nikki from Life Works shared a negative experience with a certification review, citing a lack of collaboration and feeling of punishment from the reviewers. The team also discussed the challenges of demonstrating community integration and the importance of person-centered approaches.

### **Compliance, Person-Centered Approach, and Rate Increase Discussions**

Scott Marks and Nikki Jaras discussed the challenges of the compliance process, emphasizing the need for a plan-driven, team-driven, and person-centered approach. They expressed concerns about bureaucratic reviews questioning the delivery of services developed and implemented by person-centered teams. Scott also highlighted the importance of cutting out some of the arbitrariness of reviews. Later, Adam Herman joined the meeting, sharing OAC's thoughts and feedback on policy matters. Adam also discussed the impact of rate increases on the workforce and expressed hope that the rate increase would improve service outcomes and alleviate provider stress. Ann Ahlers-Cole and Nicole Smith shared that they have seen an increase in applicants since the rate increase, but they are still behind due to other organizations increasing their rates.

### **Opra Survey, Ads Quality Pilot, and Dodd Accreditation Process**

Adam Herman discussed the ongoing survey led by Opera, which will help them present their funding partners with a return on investment. Adam also mentioned the Ads quality Pilot, but no significant feedback or progress was shared. Scott Marks then shared updates from a subcommittee meeting about the pilot, emphasizing the step-by-step progress and the potential use of unexpected days off for staff training. Adam brought up a chat conversation about the possibility of an abbreviated Dodd accreditation process for Carf-accredited providers, to which Scott responded that while the policy exists, it doesn't result in a significant difference in the process. Anne Hanning agreed, suggesting it was more of a token gesture from Dodd.

### **OACB Strategic Planning and Proposals Discussion**

Adam Herman discussed OACB's strategic planning process for the next three years, emphasizing the importance of feedback from all members to shape the plan. Scott Marks then raised a proposal from Dodd regarding employment services, which could potentially alter the responsibilities of state and county boards. A question about the funding of authorized services vs. utilized services was brought up, which Adam promised to bring back to the team for discussion. Lastly, a query about nursing oversight funding was addressed by Rachel Hayes, who mentioned a proposal submitted to the department but was still awaiting feedback.

### **Provoke Saga and DoD Feedback Discussion**

Scott Marks discussed the upcoming meeting of the provocation and group employment work group. He shared the final proposal for the year-long provoke saga that will eventually result in basic employment skills training. Scott mentioned that they have submitted some feedback to the Department of Defense (DoD) and are generally supportive of the initiative. However, they still have not seen the rate model for the new transportation for competitive integrated employment service, which Scott identified as a significant concern. He also discussed the

feedback they provided to DoD regarding the proposal, including concerns about the language used in the rule, the introduction of a community rate, and the potential impact of the 14C bill on vocational rehabilitation services.

### **Training Resources and Support Needed**

The team discusses the need for new training resources for their organization, specifically focusing on on-the-spot trainings and agency-organized trainings. They acknowledge the challenges of finding and organizing these trainings within the agency's first 30 days of hire and the importance of tying them to the ISP. Teresa raises a question about the best model for art programs and how they tie back to ISP outcomes, and Scott suggests that they will continue to advocate for those programs that are not specifically vocational or provocational in nature. They also discuss the need to support and provide resources for training and support for their staff. Teresa asks if there are any specific training needs or opportunities they are looking for, and if they need support or support for training.

### **The next Day Array Committee meeting is scheduled for Thursday, April 4<sup>th</sup> @ 9:30am**

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 Chair:** 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

### **The next Day & Employment Services Committee meeting is scheduled for Thursday, March 7<sup>th</sup> @ 10:00am**



# Health Care

## Summary

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, February 15, 2024 10am-12pm

- 1 Welcome and Introductions
- 2 Guest Speaker: EMAR Vendor Presentations- The committee invited various EMAR vendors to share their platforms
  - a 10-10:30- Holly Gillespie, MS, and Amanda James SafeDose Pharmacy
    - i Holly and Amanda present on what providers should consider when exploring EMAR vendors, particularly from a pharmacy perspective
  - b 10:30-10:50- Julie Bowden, [julie.bowden@therapservices.net](mailto:julie.bowden@therapservices.net), Therap: <https://www.therapservices.net/>
  - c 10:50-11:10ish- Babar Nawaz, [babar@icaremanager.com](mailto:babar@icaremanager.com), iCareManager: <https://icaremanager.com/>
- 3 Do Not Resuscitate rule
  - a Christine gave an update on a recent stakeholder meeting hosted by the Ohio Department of Health and proposed changes to the DNR process. A PPT outlining the changes was distributed as well as a presentation from last August's health care committee from Robin Amicon at Vorys.
  - b If you have any feedback on the proposals, please send feedback to Christine

**The next Health Care Committee meeting TBD**

# Human Resources

## Summary

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**  
**Thursday, February 8, 2024**  
**10am-12pm**

- 1 Welcome and Introductions
- 2 Guest: Ann Weisent, DODD
  - a Ann would like an open discussion with the group about how the recent budget increases are impacting your organization's ability to attract and retain DSPs
  - b What, if any changes are they seeing with recruitment efforts giving the increased rates?
  - c What innovative recruitment efforts are they using that they might be willing to share with others, and are any of them using technology solutions that are having an impact on staff turnover?
    - i Committee members provided feedback via Poll Everywhere and open discussion. This session was not recorded to encourage open discussion.
- 3 Hot Topics
  - a Conference
    - i The spring conference is scheduled for May 2<sup>nd</sup> and 3<sup>rd</sup> in Toledo. There conference is focused on providers as businesses. There will be an HR track at this conference.
  - b DD Coalition Data Collection
    - i The DD Budget coalition put together a survey to understand how the budget increases are impacting service delivery. A survey link will be sent out to the membership and encourage you to participate! Please let Christine know if you have any questions on the survey.

**The next HR Committee meeting TBD**

# ICF

## Summary

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**  
**Wednesday, February 21, 2024**  
**1pm – 3pm**

OPRA's ICF Committee was held on February 21, 2024. Several guests participate in discussion. OPRA was pleased to host Angel Morgan from DODD who gave a presentation on Compliance including the process of compliance as well as the trends in citations for 2023.

Additionally, the group engaged in a follow-up discussion regarding House Bill 236 (Never Alone Act). The group was presented with information regarding the potential changes in the legislation and some of the issues that this legislation would propose. Christine then presented information regarding potential changes in DNR protocols that OPRA will be monitoring.

1. DODD Updates
  - Ann Weisent
2. Office of Compliance
  - Angel Morgan
3. DNR Discussion
4. Follow-up Discussion HB 236 (Never Alone Act)
5. Budget Updates
6. Hot Topics
  - a. Surveys
  - b. Solar Eclipse

**The next ICF Committee meeting is scheduled for April 17, 2024.**

# Residential Waiver

## Summary

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

Wednesday, February 21, 2024

10am – 12pm

OPRA's Residential Waiver Committee was held on February 21, 2024. Several guests participate in discussion. OPRA was pleased to host Angel Morgan from DODD who gave a presentation on Compliance including the process of compliance as well as the trends in citations for 2023.

Additionally, the group engaged in a follow-up discussion regarding House Bill 236 (Never Alone Act). The group was presented with information regarding the potential changes in the legislation and some of the issues that this legislation would propose. Christine then presented information regarding potential changes in DNR protocols that OPRA will be monitoring.

1. DODD Updates
  - Ann Weisent
2. Office of Compliance
  - Angel Morgan
3. DNR Discussion
4. Follow-up Discussion HB 236 (Never Alone Act)
5. Budget Updates
6. Hot Topics
  - a. Surveys
  - b. Solar Eclipse

**The next Residential Waiver Committee meeting is scheduled for April 17, 2024.**

# Marketing and Communications

## Summary

The Marketing and Communications Committee is designed for organization leaders and their marketing and communication staff. The goal is to provide a focus on sharing strategies and tools, develop and hone innovative ideas, and provide feedback to other members of the group. The committee will periodically invite guest speakers to address identified needs of the group.

**Committee Chairs:** Liz Owens (The Alpha Group) and Carla McDonald (Weaver Industries)

**Policy Core Committee Representative:** TBD

**OPRA Staff Lead:** Melissa Fannon

The Marketing & Communications Committee met on January 9<sup>th</sup> to have open group discussions about Annual Reports: ideas, inspiration, sharing-digital or print?

The committee meeting that was scheduled for Tuesday, March 12<sup>th</sup> has been cancelled since it falls on the same day as DD Awareness & Advocacy Day.

**The next Marketing & Communications Committee will be Tuesday, May 14<sup>th</sup> @ 10am**

## Membership Update

Currently, OPRA has 185 Provider members (which includes 3 new members & 2 comp'd members paid by Portage Co. Board of DD), 35 Public Entity members (which includes 1 new member & 4 comp'd members) and 68 Associate members (which includes 2 new members & 2 new member partners).

Membership renewal emails were sent to all members the week of January 1<sup>st</sup> and February 5<sup>th</sup>. Here's a breakdown of the renewals we received so far:

- 112 Provider renewals – Approx. \$1,289,525 in dues invoiced.
- 28 Public Entity renewals – Approx. \$65,000 in dues invoiced.
- 36 Associate renewals – Approx. \$18,500 in dues invoiced.

Another email blast will be sent to the membership the week of March 4<sup>th</sup> to those who have not yet renewed. The membership renewal period ends on April 1<sup>st</sup>.