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Chairperson Sprague, Ranking Member Sykes and other House Finance Health and Human Services Subcommittee members, my name is Mark Davis. I am President of the Ohio Provider Resource Association (OPRA). OPRA is a trade association that represents approximately 160 developmental disability providers throughout the State of Ohio. OPRA supports and provides advocacy for community-based service providers to ensure the availability of programs, services and funding adequate to support and assist individuals with developmental disabilities as they strive to achieve a life of increasing independence, productivity and integration. I am also honored to serve as co-chair of Advocates for Ohio's Future (AOF). AOF is comprised of 475 endorsing organizations that promote health and human service budget and policy solutions so that all Ohioans live better lives. As an AOF coalition member, OPRA supports the policy platform of Advocates for Ohio's Future: investing in our state's most valuable resource, our people, by ensuring that all Ohioans are safe, have good jobs, and can afford the basics.

I am here today to talk about the developmental disabilities portion of HB 64. OPRA applauds Governor Kasich for his strong and continuing support of the work our member organizations do on behalf of Ohioans living with intellectual and developmental disabilities. The governor's proposed historic investment in our system has wide-reaching implications. We appreciate the governor's commitment to people with disabilities and the direct support professionals who support them. There is much to celebrate in the proposed budget. I will focus on those areas at the conclusion of my testimony. First, I will discuss the major areas we are requesting revisions to HB 64. Then, I will address other specific DODD budget impact areas.

Now let me turn to a more unfortunate aspect of this budget as presented. It is not uncommon to use a carrot and stick approach to system change. It is uncommon however, to deploy all sticks and no carrots initially. As you have heard there are a number of significant penalties to community ICF's that become immediately effective upon passage of the budget. The goal as stated is to avoid or mitigate federal intervention by accelerating the downsizing of large ICFs and conversion of ICF beds to waivers. We believe that we are already on a course consistent with the requirements of the Americans with Disabilities Act.

In fact, the irony is that community ICF providers are not disagreeing with the long-term goals of the Department and this administration. As you know we participated in discussions with DODD two years ago with the result being a statutory agreement on a five-year process to downsize and convert no less the 1200 ICF beds. We are on target for successful completion even without the implementation of incentives promised as part of the agreement. We know this "Grand Bargain" is not the end but the beginning of a longer-term transition. We do not support the renegotiation of

this agreement, less than 2 years into a 5-year deal. Our path is clear, our efforts are documented and we are committed to integrative system reform.

We could trot out endless numbers of ICF providers who will show you in detail that some of these punitive measures are in fact unlawful and that all of them are financially counter-productive to achieving the intended purpose. You have already heard from individuals and family members who fear they will lose their home and their choice.

The emotion, the fear, the anxiety and the anger that you have listened to from individuals and families is genuine. It is neither contrived nor orchestrated. What you are hearing all of us saying is that the only guaranteed result of the ICF portions of the budget as introduced is additional anguish and chaos in a system already stressing under multiple pressure points.

You heard from two of our OPRA members last Tuesday night (Echoing Hills and Empowering People) who have willingly downsized and converted beds. They are mission driven and have committed significant financial resource in an effort to work with this administration towards desired outcomes. You heard their commitment to continue their efforts but also their frustration by asking the Department why they would be penalized for doing exactly what has been asked of them.

Systemic transformation requires the initial and continued coordination of all parties in a system including people with disabilities, family members, multiple state agencies, county boards of developmental disabilities and private providers making sure that the puzzle pieces are all in place. It will not prove productive by putting the stick before the carrot. We are working with DODD and others to negotiate a resolution to our disagreements. We wanted to have that resolution prior to today's testimony. Four provider associations agreed on an approach, but DODD has not yet.

### **Direct Service Workforce**

We support the proposed 6% increase to HCBS waiver rates to help increase DSP wages. This is a great start to moving DSP wages to a sustainable level of 200% of the federal poverty level as recommended by DODD's Strategic Planning Leadership Group.

This investment proposed by Governor Kasich will enable our member agencies to offer more adequate compensation for the direct service professionals who care for individuals with intellectual and developmental disabilities. We have wages below poverty and 47% turnover with our DSP's. These direct service professionals deserve to be fairly compensated for the vital services they provide.

We support the proposed 2% increase in ICF funding, but have serious concerns about the impact of the proposed ICF policies and funding distribution. A few of our

members have done an analysis of the proposed ICF changes and have estimated these changes will lead to DSP wage reductions of 3 – 4%. Over 70% of ICF's are negatively impacted by the flat rate and other proposals. The additional funding does not help either, as over 70% of the new resources would go to only 2% of the ICF's.

DSP's deserve to be paid a sustainable wage that honors their work. People with disabilities deserve to have reliable, quality direct care staff.

We recognize that higher wages are not the only answer to recruiting and retaining good employees. OPRA accepts its role and responsibility to lead the way in identifying recruitment strategies and creating positive and productive work environments. We have initiated in concert with DODD and select county DD boards a waiver pilot program that focuses on the use of remote technology in place of overnight staff, a weekly rate that allows providers to invest savings back into direct care staff and an effort to create person-centered plans that focus on outcomes thereby allowing direct care staff more direct input and responsibility in their jobs.

We have recently partnered with a software company that has created a scheduling software program called SmartRelief designed to reduce the administrative time devoted to scheduling direct care staff and takes into account the personal preferences of staff when scheduling. To date the results from providers piloting the program have seen dramatic reductions in turnover and increases in staff satisfaction.

Also, OPRA is committed to the development of strategies to attract more qualified people to the direct support profession. For example, we are working with our educational system to implement an alternative pathway to graduation for students at risk of dropping out, students with a challenging background and good hearts. In partnership with local provider businesses, local educational authority, local county board, we will offer training and internships that will result in high school graduation and certification as a DSP. Students will develop specific job-related skills that are directly connected to the #1 and #4 jobs-in-demand in Ohio.

### **Simplification and Quality**

HB 64 proposes that providers automatically lose their DD supported living certification when the provider loses their Medicaid agreement. This does not contemplate that some providers may choose to get out of the Medicaid side of our work and focus solely on locally-funded services. In these cases, supported living certification is required, but a Medicaid agreement is not.

HCBS waiver and ICF providers should not have their license taken away if one bed is not operating at full capacity for over 12 months. This unwarranted seizure of private property is unacceptable.

We support the department's intent to request the authority to implement a weekly or daily rate in the IO waiver. This will simplify the administrative processes for the IO waiver and allow the system to focus more on outcomes for people with disabilities. Efficiency dividends from simplification should be reinvested in our DD system by serving more people from the waiting list and improving DSP wages, benefits, training and supervision.

The proposed budget includes timelines to create quality measures and anticipates a process to establish a new reimbursement formula that includes these quality measures. These have the potential to positively impact our system.

OPRA and county boards are planning to pilot a scalable provider information and selection website. The website will provide a user-friendly tool for individuals with disabilities and their family members to obtain accurate, relevant and current information on providers. It will help them to make a more informed choice of provider and will include a rating and feedback system, much like what is found in many commercial websites (such as Angie's List and Trip Advisor).

#### **Waiting List Strategy**

We support the addition of 2,000 additional Individual Options and 1,000 additional Level One waiver slots. With 42,000 people on waiting lists for HCBS services, this is a good start and will provide relief too many families. We recommend a focus on developing an effective demand management system for individuals with DD in Ohio. The trends in Ohio and nationally are for growth in the need for services. The increased incidence of children being born on the autism spectrum, the aging of baby boomers who are caring for their adult children, advances in medical technology resulting in children surviving with extensive disabilities, coupled with the workforce and fiscal challenges of meeting this burgeoning demand portend a significant challenge for all of us soon.

We support state-funded waiver slots for individuals currently in ICF's who want to leave and those currently on a waiting list.

#### **Compliance with CMS Regulations and the ADA**

We support compliance with the recently promulgated CMS regulations. Ohio just submitted its transition plan to achieve compliance with these regulations and this budget provides the platform to launch these compliance efforts. We may have additional recommendations for the budget, once we analyze the state's proposed transition plan.

OPRA is working with OHT, DODD, OOD and county boards to design, fund and implement a public service announcement/campaign to promote the integration of individuals with developmental disabilities in community activities and increase public awareness to support inclusion.

### **Independent Providers**

State's employer liability with independent providers in the Medicaid program appears very real and has the potential to increase cost in our system and take resources away from people with disabilities

OPRA represents all DD providers in Ohio, including both agency and independent providers. We do not think it is helpful for any situation to pit one against the other.

We believe an acceptable compromise could be close at hand and are prepared to meet with the administration and other stakeholders to negotiate an agreeable compromise that doesn't take resources away from people with disabilities.

### **Transitions DD Waiver**

We support the consolidation of the Transitions DD waiver into the Individual Options waiver. Providers have struggled with the inadequate rate structure of the Transitions DD waiver. This consolidation should open up more options for people served through the Transitions DD waiver.

### **Employment First**

OPRA advocates for the realization of the Employment First initiative and the transformation of day array services to community engagement. We support the governor's investment of \$2.8 million each year that is dedicated to Employment First. We understand that DODD would consider ICF pilots for employment, grants for integrated community support start-ups and grants to county boards and providers to fund the transitional costs associated with moving from facility-based services to integrated services.

### **Nursing Services to DD's HCBS Waivers**

We support the addition of nursing services to the Individual Options waiver contingent on acceptable provider qualifications and reimbursement.

### **Developmental Centers**

We stand ready to work with DODD to assist in transition planning for people who choose to move from the state-operated developmental centers to services by private ICF or waiver providers.

### **Housing**

For people coming into waiver system, in waiver system, DSP's...safe and affordable housing so people have real options in where and with whom they live.

### **APSI**

We support the additional funding to APSI, especially to help increase their staff wages.

**Remove the “R” word**

It was on July 7, 2009 that SB 79 was signed into law in Ohio and on October 6, 2009 DODD was born, removing the “R” word from the department’s name. County boards removed the “R” word from their names too. The bill had passed both chambers unanimously. It’s simply time to take the next step. We recommend that DODD develop a plan to remove the “R” word from all Ohio statute and rule.

Thank you for your time and attention. I am happy to elaborate on our approach or to answer any questions.