



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

August 22 – 23, 2024





## 2024 Board Retreat

**Dates:** August 22 – 23, 2024

**Location:** The Junto, Columbus Ohio

**Website:** <https://thejuntohotel.com/>

### Table of Contents

Board Retreat Agenda	2
June 2024 Board Minutes	7
July 2024 Board Minutes	10
Policy Committee Minutes/Updates	12
Board Report	13
Committee Summaries	19

### 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 Retreat Agenda**

### **DAY 1**

**Thursday, August 22, 2024**

**9:00am – 3:30pm**

8:30am	Hot Breakfast
9:00am	Welcome
9:10am	Impact Stories (Board shares a highlight, key moment and/or impact story about OPRA)
9:30am	Mission Moment
9:40am	Current Strategic Plan Update
10:00am	“Our Why” Workshop
10:30am	Debrief
11:00am	Board Doctor Part I
11:45am	Lunch / Catch Up at Work
1:00pm	Mission Moment
1:10pm	Guiding Principles Workshop
1:30pm	Debrief
2:00pm	Board Doctor Part II
2:45pm	giv.plus (Sponsor Presentation)
3:15pm	Closing Remarks
3:30pm	Adjourn
4:30pm	Sponsored Reception – Junto Rooftop Bar: The Brass Eye (Special Guests/Stakeholders attending)
	Dinner on Own



## **OPRA Board Retreat Agenda**

### **DAY 2**

**Friday, August 23, 2024**

**8:30am – 3:30pm**

- |         |  |
|---------|--|
| 8:30am  | Friday Member ZOOM from hotel rooms                        |
| 9:00am  | Hot Breakfast – (buffet available until 10:00am)           |
| 9:15am  | Ideas Over Eggs: Ohio Children's Alliance Provider Network |
| 9:45am  | Board Meeting  |
| 11:00am | Break – (Hotel Check-out)                                  |
| 12:30pm | Lunch / Network  |

## DETAILED AGENDA – DAY 1

Thursday, August 22, 2024

9:00am – 3:30pm

9:00am	Welcome	Adam
	Overview of Agenda & Goals for Today	Pete
9:10am	Impact Stories	Pete & Board Members
	Each board member shares a highlight, key moment, impact story about OPRA/the work	
9:30am	Mission Moment	Guest
	Get a member, person served, family member, etc. to share how OPRA, their provider agency has impacted their life – we could even just get this recorded in advance or have someone Zoom in	
9:40am	Current Strategic Plan Update	Scott Marks
10:00am	“Our Why” Workshop	Pete/Teresa/Scott Small Groups
	<p>4 Groups</p> <p>Pete shares vision for providers (strong, stable, supportive...grit). Giving a provider a fish...teaching a provider to fish...</p> <p>Shifting from “supporting providers” to “building a community of providers who...”</p> <p>When you think about this community of providers what distinguishes them?</p> <p>What do they do, know, have? How do they interact or support one another, people with disabilities, others? What do they create, influence, change?</p> <p><b>Each group comes up with four characteristics/descriptors of this community of providers.</b></p> <p>For example:</p> <p>“OPRA is building a community of providers who are employers of choice.”</p>	

10:30am	Report Out	Pete – Graphically Capture Teresa – Facilitate Conversation
11:00am	Board Doctor	Kathy
11:45am	Lunch / Catch Up	
1:00pm	Mission Moment	Guest
	Get a member, person served, family member, etc. to share how OPRA, their provider agency has impacted their life – we could even just get this recorded in advance or have someone Zoom in	
1:10pm	Guiding Principles “Workshop”	Teresa Small Groups
	<p>4 Groups</p> <p>Are our guiding principles still the “right” ones?</p> <ul style="list-style-type: none"> <li>- What examples can you think of where our principles either helped or hindered our ability to build community in the past?</li> <li>- Are there specific principles that you feel are especially aligned or misaligned with this focus on building a provider community?</li> <li>- How might our principles need to evolve to more effectively guide us in this new direction?</li> </ul>	
1:30pm	Report Out	Pete – Graphically Capture Teresa – Facilitate Conversation
2:00pm	Board Doctor	Kathy
2:45pm	giv.plus	giv.plus
3:15pm	Close	Pete & Adam
	Each board member has a notecard – writes down one take away/action item or commitment. Ask a few to share...Adam could lead off or wrap up.	
3:30pm	DONE!	

## **BOARD MEETING AGENDA – DAY 2**

**Friday, August 23, 2024**

**9:45am – 12:30pm**

- Welcome
- Approval of June & July Meeting Minutes
- Finance Report
- Board Report
  - Coalition Update
    - Review annual State Budget increase methodology
    - Other budget priorities
  - Provider Certification Rule feedback
  - Legislative updates
- CEO Report
  - Board Election Update
  - OPRA gives back
  - Great provider newsletter
  - Fall conference update
  - OOD Grant
- Other Topics
- Adjourn

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## *OPRA Board Meeting Minutes*

### *June 26, 2024 (In-Person Meeting)*

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#### **1. Welcome/Introductions/Safe Place Statement**

**Board Members In attendance:** Ashley, Lisa, Liz, Michelle, Jamie, Bob, Jeff, Kurt, Scott, Edgar, Jim, Roy, Felicia, Diane, Mary, Tammy, Tim, Steve K., Steve C., Adam

**OPRA Staff in Attendance:** Pete, Scott, Rachel, Christine, Teresa

#### **2. Welcome New Board Member Steve King**

Steve King – new member from Ann Grady; Lucas County. CPA by training. Filling in vacant seat (Dustin?).

#### **3. Approval of May Meeting Minutes**

- a. Jim – motion; Ashley – second
- b. Approved

#### **4. Financial Report**

- a. May Financial Statement Review – Liz gave update on financials from Finance Committee
  - i. Motion to approve: Scott; Second: Jeff
  - ii. Approved
- b. Annual Financial Review
  - i. Motion to approve: Michelle; Second: Tim
  - ii. Approved
- c. OPRA Foundation Just Culture Learning Collaborative Proposal
  - i. Waiting on Vory's to review organizational documents
  - ii. Will schedule meeting of Foundation Board
  - iii. Reviewed Just Culture Learning Collaborative proposal, answered questions, informal support

#### **5. Coalition Update**

- a. Pete gave update on current Coalition membership and discussed possibility of new members, including additional family and advocacy organizations
- b. Discussed implications for this budget:
  - i. Rates – get ongoing increase, get to \$20.64, indexed to something?
  - ii. Tim – ICFs have a formula and an index (not a wage); federal requirements to develop rate methodology that ensures maintaining sufficient rates; put methodology language in – goes into effect July 1 vs. January and waiting on
  - iii. Lisa – drawback of a “number” (\$20.64) is that people grab on to it, miss the point it's average
  - iv. Kurt – DOL is now using a percentage too; model to point to
  - v. Steve C. – percentage increase is more relatable; a number is less meaningful
  - vi. Scott – a number creates confusion for providers and staff



c. ICF Budget Requests

i. Vent beds

1. Bob - Concerns about “no new beds” – problematic for providers who are fully occupied; for providers who aren’t fully occupied but out of space – can’t build w/in parameters (i.e., 6 bed)
2. Kurt – arguments to be made, rules to be waived for this special population
3. Steve – saved Medicaid millions of dollars on hospital stays; beds available through DODD

ii. Quality indicators – Kurt brought up issues around the method and amount of those – need to have more conversations around what these quality indicators and rates should be

d. MSY discussion:

- i. Kurt - providers are penalized once you’re successful (different than medical complexity or vent, for example)
- ii. Tim – behavior add-on isn’t enough

e. Christine will be putting advocacy tools together – include data, talking points, key decision makers/education tools for legislature

f. Christine reviewed Q1 data from wage survey:

- i. Response down from previous survey
- ii. Wages increasing overall, more people seemed to put increase into wages than shift differential
- iii. Seeing benefits expanded and/or costs of benefits being covered by employer
- iv. Still seeing challenges with people being able to serve individuals with more complex medical or behavioral needs
- v. Residential waiver discussion – what are vacancies are about? CB practices of paying for housing authority vacancies, philosophy around licensed settings, amount of \$ person gets to keep in different settings
- vi. 30-day notice/discharge – largely positive, very few responses indicated they had to discharge
- vii. Staffing capacity – survey shows we are stabilizing, moving in positive direction
- viii. Quality – improving since Q4

## 6. Legislative Updates

- a. Never Alone Act – update from packet – voted out of House; assigned to Senate committee
- b. Lauren’s Law – interested party meeting last week to discuss version 6 – change to permissive vs. mandatory; committee hearing 6/25 – introduced amended bill, amended bill voted out of committee.
- c. Peer Group 5 – providers hitting cap; DODD indicated they need statutory language to address issue; language added to SB 144 (Romanchuk); passed out of House 6/26; awaiting Senate concurrence.

## **7. MUI Rule Updates**

- a. Rachel provided brief update and asked if Board members could share sample plans that include language around chronic conditions/MUI criteria (i.e., when you would/wouldn't report hospitalization as an MUI). Anticipate final rule out for clearance soon.
- b. Continued discussion about hospitalization, wondering if "emotional abuse" would "fly" with ODH
- c. Wondering if DODD/Scott might come to an OPRA meeting to talk about MUI rule

## **8. Wait List Rule**

- a. Jamie provided update – most pushback on rule has come from CBDDs, specifically around kids
- b. Discussion around ongoing existence of and funding for exit and diversion waivers

## **9. CEO Report**

- a. Board Retreat – agenda will be out in advance, Board Doctor will be coming back, Board meeting, possibly legislative reception
- b. Policy Core Committee Charter – Charter shared with Board, finalized with chair and co-chair
- c. Professional Networks – four networks to date; have gone well, well received; great opportunity to interact with peers; continued conversation about in-person and virtual options; considering "piggy backing" networks w/conference
- d. Upcoming Trainings – DOO training; Advocacy Army
- e. PAC Fundraiser Review – net \$???; total \$???; Top Golf before conference; pull together PAC committee before next board meeting to come up with legislative outreach list

## **10. Open Discussion**

- a. OPRA's compensation benefit survey
  - i. Final push; people who complete get free copy of results
  - ii. New vendor, a lot of revisions, hoping for more useful results
- b. OnScene – Jamie, Michelle, 19 Services met w/OnScene; statewide, provider enters data; can list openings/vacancies, virtual tours; opt in/out; DODD grant (\$1M); others shared their experiences w/OnScene
- c. ADVANCE – 10 year anniversary; considering ways to celebrate

## **11. Adjourn**

- a. Motion: Ashley; Second: Lisa Approved

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## *OPRA Board Meeting Minutes July 24, 2024 (Virtual Meeting)*

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### **1. Welcome/Safe Place Statement**

- Adam Guinther welcomed everyone and read the safe place statement.

### **2. Governance Committee Update/Retreat Plan**

- Bob Gaston discussed the Governance Committee's focus areas, including providing governance training to the Board, enhancing the orientation and mentoring process and clarifying the role of the Executive Committee. The Committee also planned to address the classification of Board members in the Code of Regulations and to handle upcoming elections. Adam mentioned that the appointment to District 7 was being looked into.

### **3. CEO Updates**

- **Industry Trends and Budget Priorities**
  - Pete discussed the industry trends report, which is being developed to communicate with legislators about the state of the DD system post-last budget. The report focuses on the impact of the budget increases and aims to build support for a cost of doing business increase. The OPRA team also discussed their priorities for the next budget, including serving children on ventilators, high behavioral needs, and transition, as well as addressing the limitations of the ICF capital costs. Lastly, they addressed concerns about the CMS access rule and its potential impact on Ohio's providers.
- **Addressing Negative Comments and Supporting Parents**
  - Pete discussed the organization's strategy to address negative comments from family groups and individuals receiving services, with a particular focus on the desire for parents to be paid caregivers and criticisms of the Medicaid system. Pete also mentioned the need for a formal policy before considering excluding these groups from their Facebook page. The discussion also touched on the intense focus of trade associations, particularly on OACB, and the need for support and services for minor children in shared living. The team agreed to continue working on these issues, with Dennis suggesting that special needs waivers could offset some costs.
- **Coalition Priorities and MUI Project Challenges**
  - Pete discussed the coalition's priorities, including potential independent initiatives and the ongoing crossroads with remote supports. The group reached a consensus on various issues, including the need to clarify the definition of remote support and the potential impact on the budget if remote support equipment was classified as assistive technology. The team also discussed the challenges of working with coalitions and the ongoing issues with the MUI project, with a proposal for a task force of medical professionals to analyze the situation. Lastly, the Waiver Work Group was restructured, and the timing and content of an upcoming training session were discussed.

#### **4. Retreat Planning and Schedule Review**

- Pete announced the schedule for an upcoming retreat in Columbus at the end of August, which will take place at the Junto and will include presentations from sponsors and strategic planning discussions.

#### **5. Future OPRA Trainings**

- Pete discussed the upcoming CEO/DOO Training scheduled for July 30<sup>th</sup> at The Quest Center Columbus. Pete also touched on the Just Learning Culture training thanking Tim and his team for their support.

#### **6. Adjournment of the OPRA Board Meeting**

- Motion: Michelle Madden; Second: Jim Steffey – Motion approved and meeting adjourned

#### **7. OPRA Foundation Board Meeting**

- The OPRA Board transitioned into an OPRA Foundation Board Meeting
- Pete confirmed the approval of the OPRA Foundation's Code of Regulations review from Vorys.
- Pete requested an approval to allocate up to \$35,000 for funds from the Foundation's account for educational or training purposes, with the aim of kickstarting a culture initiative. The funds will cover the costs of consultants for a 12 to 14-organization learning collaborative and any organization wishing to participate but unable to meet the financial costs.
- Lisa Reed motioned. Dennis Grant and Diane Beastrom second and the motion to allocate Foundation funds was approved.

#### **8. Adjournment of the OPRA Foundation Board Meeting**

- Motion: Tim Neville; Second: Michelle Madden – Motion approved and meeting adjourned

#### **Present Board Members**

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

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

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

**District 4** – Roy Cherry, Tim Menke and Steve King

**District 5** – Jeff Johnson, Michelle Madden- Secretary and Steve Colecchi (absent)

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

**District 7** – Diane Beastrom and Tammy Honkala

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

#### **OPRA Staff Present**

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

# 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 workflows through policy committee to the board of directors, and vice versa.

Core Committee: Scott Delong, Diane Beastron, Dan Conners, Ryan Knodel, Anne Haning, Steve Maenle, Jo Spargo, Shelly Wharton, Sara Eppard, Paul Soprano Neville, Jo Spargo, Christina Webb and Chris Wolf

## Policy Committee Meeting Wednesday July 20, 2024 10am-12pm via Zoom

1. Welcome and Introductions
2. Updates
  - a. Legislative: Christine provided update on Lauren's Law, statutory fix for ICFs in Peer Group 5, and EVV
  - b. DODD Rules & Guidance: Updates on Specialized Medical Equipment and Remote Supports
3. Budget
  - a. Coalition: Ongoing discussions about membership and focus/scope of group
  - b. Identifying Gaps:
4. System Reform: Compliance Reviews

### Policy Committee Themes – Compliance Review **Process**:

- **Culture:** There seems to have been a culture shift that's result in a "gotcha" culture rather than a "we're here to make you better" culture – without addressing this, it seems unlikely the other changes will be impactful or lasting
- **Duplication & Redundancy:**
  - It takes a lot of time to gather and upload documents into DODDs system only to have reviewers not look at them in advance, ask for them on-site.
  - Similarly, when you have multiple sites but one policy, having to provide your policies for every site is redundant.

- **Training:** Surveyors/Reviewers could benefit from additional training, mentoring
- **Consistency:** There could be greater consistency in what's cited, when, and why. This must be combined with culture change, however, or it seems likely to result simply in more citations.
- **Abbreviated Review:** Not all reviewers or providers know this is available; unclear (inconsistent) on how rule is interpreted/when you can get an abbreviated review (i.e., should DOO change always be a disqualifier?)
- **Complaint Reviews:** There should be some process to vet, authenticate, or otherwise address complaints. When surveyors/reviewers come out multiple times to respond to the same complaint (unsubstantiated) – it is a significant drain on resources, affects staff morale, and is decreasing quality of reviews – surveyors/reviewers are becoming complacent/don't want to come.

# Board Report

**OPRA Feedback**  
**DODD Regulatory Compliance**  
**(Draft for Discussion Only)**  
**August 2024**

Over the past few months, OPRA has gathered input from members specific to DODD's regulatory compliance process. We are committed to partnering with the Department to make necessary improvements, and make regulatory compliance a more meaningful, positive experience for all system stakeholders.

Clear themes emerged from our discussion as outlined below.

## **Culture**

Repeatedly, providers told us they have felt a significant shift in DODD's approach to reviews. As one provider said, *"It feels like the rules changed and nobody told us."* Another told us, *"It doesn't feel like DODD wants providers to succeed."* Many providers described the current process as a "gotcha" exercise rather than a partnership aimed at bringing providers into compliance. They felt that the current approach focuses on identifying faults and penalizing providers rather than working collaboratively to address issues.

Providers emphasized the need for a cultural shift towards a more supportive and collaborative model. They suggested that reviewers should adopt a partnership mentality, where the goal is to help providers understand compliance requirements and implement necessary changes. This cultural shift would involve treating compliance reviews as opportunities for mutual learning and improvement, fostering a

shared commitment to enhancing the quality of services. Providers also recommended training for reviewers on collaborative techniques and creating opportunities for open dialogue and joint problem-solving during the review process.

Without addressing culture, it seems unlikely other changes will be lasting or impactful.

### **Purpose & Goals**

There is no clear, consistent, shared understanding of the “why?” behind compliance reviews. No one seems to be able to articulate the overall goal and purpose of DODD’s compliance reviews, tie them to performance measures, or articulate what they are supposed to accomplish. Providers noted that without a system-wide, shared, clear understanding of the goals, it’s challenging to align their practices with DODD’s expectations. They emphasized the need for DODD to work with partners to define the specific outcomes they aim to achieve through these reviews and how these outcomes will benefit the provider community and the individuals they serve.

Some examples of “why?” supported by providers:

- Identify systemic risks to health, safety and welfare at both the individual provider and system level (use the data);
- Identify and address providers significantly out of compliance;
- Establish a repeatable standard of accountability across providers;
- Provide system stakeholders a baseline for accountability;
- Contribute to the larger Quality Improvement System required by CMS.

The issues around the culture of the compliance review process and the lack of a shared understanding of its goal and purpose are foundational problems that drive many of the other challenges providers experience. These core issues are interconnected and play out in the following ways:

#### **1. Driving Inconsistency:**

The lack of a clear, shared understanding of the review’s objectives leads to varying interpretations among compliance reviewers. Without a unified vision, each reviewer applies standards differently, resulting in inconsistent application of compliance criteria. This inconsistency causes frustration and confusion among providers, who are unsure of what is expected of them.

#### **2. Contributing to Scope Creep:**

When the goals and scope of compliance reviews are not clearly defined and communicated, there is a tendency for the scope to expand unchecked. Reviewers add new requirements or areas of focus based on their interpretations, leading to an ever-expanding list of compliance criteria. This scope creep increases the administrative burden on providers and detracts from focusing on the most critical compliance issues.

#### **3. Reducing Effective Feedback and Support:**

In a culture that prioritizes fault-finding over collaboration, providers receive less constructive feedback and practical support. The focus shifts away from helping providers improve their practices and towards penalizing non-compliance. This lack of supportive guidance leaves providers feeling isolated and less equipped to make meaningful improvements.

4. **Obscuring Systemic Improvement Goals:**

Without a shared understanding of how compliance data is used for systemic improvement, providers are unclear about the broader impact of the review process. This lack of transparency diminishes trust in the system and obscures the connection between individual reviews and overall system performance. Providers are less likely to see the value in compliance efforts if they do not understand how these efforts contribute to broader goals.

5. **Increasing Administrative Burden:**

A misaligned review process, driven by an unclear purpose and punitive culture, often results in excessive documentation and reporting requirements. Providers spend more time on paperwork and less on direct service delivery. Streamlining the process requires a clear understanding of what information is truly necessary for compliance and improvement. Some examples of this include:

- Regular reviews conducted within weeks or months of a special review
- Organization-wide policies reviewed and cited for each location a provider operates/each county a provider operates in
- Asking providers to give reviewers information already available in DODD's systems (i.e., waiver type), already uploaded, or otherwise made available previously

## **Recommendations**

In addition to the recommendations noted above, providers also suggested (in no particular order):

1. **Limit the Scope of the Review Tool:**

Focus on items for which providers are responsible. Currently, the tool includes several items related to County Board functions (e.g., planning) that are not the provider's responsibility.

2. **Ensure Objectivity in Review Items:**

Eliminate subjective items or make them objective. Reviewers without in-depth knowledge of the people served or the team process should not question individual choices, such as how a person spends their day. Providers noted that reviewers often get only a "snapshot" and typically do not engage with individuals in the community or workplace.

3. **Avoid Surprises in Exit Meetings:**

Discuss all findings with the provider during the review, allowing an opportunity for the provider to provide additional information or receive technical assistance. This will eliminate unexpected findings during the exit meeting.

4. **Incorporate a Technical Assistance (TA) Box in the Review Tool:**

Allow reviewers to note technical assistance provided instead of issuing citations for every finding. This would create a written record of TA for future reviewers to see any changes or ongoing issues.

5. **Add an "Other" or "Notes" Section to the Review Tool:**

Permit reviewers to note findings that the provider corrected before the review, eliminating the need for a citation while providing DODD with a record for future monitoring.



6. **Stop Duplicating Citations:**

Avoid citing providers for the same issue across multiple sites. For example, if there is an issue with an overarching HR policy, cite it once rather than at each location.

7. **Reevaluate What is Posted on DODD's Provider Search Tool:**

Currently, only citations are posted. This does not reflect the overall performance of the provider. Work with stakeholders to develop a more meaningful display, such as a star system indicating the number of years of accreditation.

8. **Require Plans of Correction for Systemic Issues Only:**

Do not require plans of correction for isolated incidents. For example, if one person in a sample missed a required training but everyone else completed it, assess if the provider has a system in place to ensure training compliance. If the system is sound, treat it as a mistake rather than a systemic issue.

9. **Eliminate Duplication Between DODD's Review and Medicaid Audit:**

Conduct a crosswalk to identify and eliminate duplicative items between DODD's review and Medicaid audits.

10. **Develop Self-Assessment Resources for Providers:**

Create resources such as a training grid that outlines all required trainings by role, allowing providers to conduct self-assessments and support compliance (not "catch" them out of compliance).

11. **Utilize and Share Data for Systemic Improvement:**

Collect and analyze data on systemic issues identified through reviews. Share this data with the system and analyze individual reviewer data to identify trends, patterns, inconsistencies, and training needs.

12. **Clarify Suspension and Revocation Decisions:**

Ensure that decisions about suspension and revocation are clear, consistent, and transparent. Providers should understand the criteria and know what to expect, preventing subjective or surprising outcomes.

## OPRA Member Feedback – Remote Supports

OPRA hosted two meetings with members delivering remote supports, including remote support vendors and HPC agency providers – both those that directly deliver remote supports and those that subcontract.

OPRA members are committed to the growth of technology generally, and Remote Supports specifically. After providing background and an overview of the current rule and service, we discussed what's working/not working related to remote supports and considered the proposal shared by vendors as well as alternatives.

### Working/Not Working

Several members shared stories of significant increases in independence experienced by people using remote supports, decreases in behaviors requiring "in person" support, decreased need for HPC staff, including a reduction in overtime.

When asked what's working/not working, our members said:

Working	Not Working
<b>Leadership</b> <ul style="list-style-type: none"> <li>Ohio has been a leader</li> <li>Commitment to growth of service</li> <li>Ongoing education</li> <li>Technology First</li> </ul> <b>Staff/Workforce Needs</b> <ul style="list-style-type: none"> <li>Helps meet workforce needs</li> <li>Reduced need for staff</li> <li>Decreased overtime</li> <li>"Converting" onsite-on call to RS</li> </ul> <b>Individual Outcomes</b> <ul style="list-style-type: none"> <li>People are getting to live their best lives</li> <li>Increased independence for people served</li> <li>Decreased behaviors</li> <li>Increased use of technology across other life areas</li> <li>People who could "never" (be alone, self-administer medications, etc.) doing the thing</li> <li>Shifting from "monitoring" to "support"</li> </ul> <b>Partnerships</b> <ul style="list-style-type: none"> <li>Strong relationships between HPC agency and RS Vendors</li> <li>Ability to choose a RS vendor who is like-minded/aligns best with your organization</li> <li>Increased vendor options</li> <li>Some remote support vendors have very good processes and protocols</li> </ul>	<b>Administration</b> <ul style="list-style-type: none"> <li>Ohio's not staying "ahead of the curve"</li> <li>One-hour billing unit</li> <li>No ability to bill for the "hand off" (time when RS ends and HPC picks up/comes in) to do "tech trials"</li> <li>Delayed payment to RS vendor</li> <li>People not being able to use it for med-pass (there are ways to do this)</li> <li>"Gray" regulatory areas, responsibilities</li> </ul> <b>Education/Outreach</b> <ul style="list-style-type: none"> <li>Lack of knowledge about service among SSAs (especially given turnover) – RS vendors estimate only 20% of SSAs are considering</li> <li>Lack ability to explain the service to guardians/families</li> <li>People understanding what the service is – not just camera in a home</li> <li>Whole team knowing/understanding range of RS options (not "off the shelf" for everyone)</li> </ul> <b>Service Planning/Coordination</b> <ul style="list-style-type: none"> <li>RS not being consistently considered first/not all SSAs open to considering</li> <li>Lack of use of/reliance on assessment to figure out what a person needs/could benefit from</li> <li>People not</li> <li>When conversations don't include whole team (i.e., communication with subcontracted RS vendor &amp; SSA absent HPC agency provider)</li> </ul>

## Vendor Proposal

Our members are supportive of several concepts in the vendor proposal generally, including:

- Moving to a 15-minute billing unit
- Ensuring “room” in budgets for RS technology in addition to AT
- Expanding use of RS to other settings/services

There are significant concerns around the other two items in the proposal. We are not supportive of restructuring the subcontracting relationship or allowing independent providers to deliver paid back-up. We have proposed an alternative for consideration below.

### Alternative: HPC Delivered Remotely

We discussed the potential of integrating Remote Supports into Homemaker Personal Care (HPC) instead of keeping it as a separate service. This would be like the “on-site, on-call” model, with specific codes and rates in the HPC rule appendix, possibly labeled as “HPC delivered remotely.”

- **Familiarity:** Stakeholders, including SSAs and families, understand "homemaker personal care" better than "remote supports." This shift could reduce fear and barriers associated with remote supports.
- **Assessed Need:** More clearly ties the assessed need to the service, ensuring that the remote delivery of HPC is aligned with the individual's specific requirements.
- **Administrative Simplification:** There would be a single “free choice of provider” process. The definition could omit the subcontracting details, allowing businesses to decide, which simplifies administration and maintains existing relationships between HPC agencies and RS Vendors.
- **Health and Safety:** This ensures continuity of care between HPC agencies and RS vendors, even when they are separate entities.
- **Scalability:** This model could be expanded to other services, such as Community Integration Services delivered remotely.

# 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)

**OPRA Staff Lead:** Scott Marks

### OPRA Day Array Committee Report

Thursday, August 1, 2024

9:30am-11:30am

### Quick recap

The Day Array Committee discussed various updates and issues including billing practices, the Works for Me program, and the waiver modernization project. There were also presentations on pre-employment transition services, supported employment, and the introduction of a new service, Job Search Assistance Supported Employment. Lastly, an analysis of time investments made by providers in improving employment outcomes was presented, and the Employment Success Coach program was introduced as a tool to enhance these outcomes.

### Summary

#### **Billing Issue and Works for Me Projects**

Sharon initiated a discussion about a billing issue related to modified vehicles versus non-modified ones, with a focus on proving the company's billing practices. Scott then welcomed everyone to the Day Array Committee meeting, emphasizing the importance of turning on webcams for visibility. Ann, the committee chair, introduced a packed agenda with two teams from the 'Works for Me' project at OOD and DODD ready to present updates. Dustin and Melissa were recognized as the project directors and managers respectively.

#### **Works for Me Program Update and Upcoming Projects**

Melissa provided an update on the Works for Me program, reporting that 14 new providers had been added and 17 participants were currently enrolled, with more expected. Dustin announced an increase in outreach funds for providers with 30-34 or more employees and the introduction of a technology assessment website by year-end. He also highlighted upcoming projects, including work incentives reports, professional development for staff, and a worksite mentoring proposal. Scott asked Dustin to

share details about a future meeting concerning pre-application support for providers, and Monica Yinger from OACB was invited to discuss active policy items.

### **Waiver Modernization Project Progress & Challenges**

Monica discussed the progress of the waiver modernization project, including the development of a stop loss model for waiver allocation dollars and the transition from the Ddp AI to the Cis for acuity assessment. She addressed concerns about the Cis's lengthy training process and its potential to add burden to county boards and SSAs, while also confirming ongoing efforts to eliminate duplicative questions across different assessments. Monica also provided updates on the waiting list rule and the implementation of an electronic submission for the waiting list tool across all counties. Lastly, she mentioned ongoing parallel provider compliance work with potential involvement from county board members.

### **Pre-Employment Transition Services Update**

Monica presented her updates, followed by Scott introducing Julie and Jessica from OOD. Julie and Jessica discussed updates regarding pre-employment transition services and supported employment. They highlighted the upcoming changes to the Preet subcategories in the fee schedule, which would be divided into three parts: coordination, activities to support benchmarks, and post-assessment. The new system aims to streamline administrative processes and provide a more consistent experience for students and schools. Julie also mentioned the development of a new curriculum for pre-employment transition services in partnership with Ocali, which is expected to be finalized by year-end and freely available on the Employment 1st website. They encouraged providers to express interest in offering PRET services.

### **New Service for Supported Employment Job Development**

Julie introduced a new service, Job Search Assistance Supported Employment, aimed at addressing staffing issues in the provision of supported employment job development. The service, offered at a non-credentialed rate, was designed to encourage more providers to offer job search assistance, regardless of their staff's certification status. There was also a discussion about the development and distribution of a curriculum by Ode, which had been funded by the Department of Education and Workforce. Confusion arose about which schools were part of a grant initiative, and Julie suggested contacting the DEW for clarification. Lastly, Julie admitted her limited involvement in the development of the pre-employment transition services curriculum and acknowledged the existence of other tools that could contribute to it.

### **Project Updates and Employment Success Coach**

Scott requested contact information from Julie and Jessica for support and employment queries. Julie clarified her division's role and introduced Keith Banner from Dodd, who provided updates on the Adult Day Support Quality Pilot Project and the Employment Services Quality Readiness Project. Keith reported on the progress of the projects, including the number of providers involved, training plans, and grant awards. He also addressed concerns regarding budget constraints and employment outcome-based payments. Lastly, Alberto and Sherry from the Institute for Community Inclusion introduced the Employment Success Coach (ES Coach) application, a tool used to improve employment outcomes, and encouraged its use.

### **Time Investments in Employment Services Analysis**

Alberto presented an analysis of the time investments made by six Ohio providers in activities aimed at improving employment outcomes. He emphasized the importance of effective employment services and highlighted various strategies and tools to achieve this, including research, training, certification, and fidelity scales. Alberto noted that the provider who spends the most time on these activities has the highest hire rate. He also raised concerns about the time spent on non-job-related activities, suggesting that it could be better utilized to help more people find jobs. Sherry confirmed that there were no questions regarding the presented data.

### **Introducing ES Coach Program and Benefits**

Sherry introduced the ES Coach program, a daily survey tool that collects data on individuals' activities to provide insights for improvement and development. The program's microlearning component offers practical resources, and the team shared positive experiences with the tool and its benefits. Ann from Richland New Hope Industries expressed interest in using the program to validate their time spent on clients and to show the administrative burden to board members and funders. Alberto presented data on the participation of employment consultants in various programs and encouraged the team to enroll in the program funded by the Kessler Foundation. Concerns were raised about the potential for the program to track administrative time versus actual service time, and the need for data integrity was emphasized.

### **The next Day Array Committee meeting is scheduled for Thursday, October 3<sup>rd</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

**OPRA Day & Employment Committee Report**  
**Thursday, July 11, 2024**  
**10:00am-11:30am**

**Quick recap**

The Day and Employment Services Committee discussed challenges and improvements related to summer youth programs, participant behavior, and the new fee schedule. They also addressed issues surrounding the Ads quality pilot, staff training, and the impact of the pilot on service quality. Lastly, they discussed legislative efforts to phase out the sub-minimum wage in Ohio, updates on group employment support grant applications, and concerns about challenging behaviors among youth in facility-based settings.

**Summary**

**Committee Meeting on Challenges and Solutions**

Scott opened the Day and Employment Services Committee monthly meeting with a live poll on the ads quality pilot and a discussion on summer youth programs. Ann addressed challenges with participant behavior, including vaping and dropouts, while Paul shared the company's site acquisition and capacity utilization, expressing disappointment over the high number of dropouts and unfulfilled site development. Jay noted some referral losses due to participants leaving for other locations but mentioned that the number of referrals remained comparable to the previous year. The group was left to consider how to better manage such situations in the future.

**Referrals, Coordination Services, and Fee Increase**

Jay reported that the volume of Referrals and summer youth coordination services were similar to previous years, and the new fee schedule, set to take effect on October 1st, would result in an 11-12% increase. He clarified that referral dropouts wouldn't impact the coordination fee and that an on-demand training would be available by the end of August, with a live Q&A session scheduled for the second week of September. Jay also announced that updated forms, reflecting accurate rates and adjustments for the new payment model, would be released on September 1st, and significant changes to the service names and descriptions would be implemented.

**Discussing CBA Referral and Liability Concerns**

Paul raised a unique situation about a young man referred for CBA who had been charged with a serious offense. The OD counselor recommended interrupting his service for further investigation, but the team decided against returning him to his previous location and proposed creating a new individualized site for him to work. There was a discussion about the potential liability of employing someone with a criminal charge, with Jay emphasizing the complexity of the situation and the need for internal legal consultation regarding risk and liability. Teresa suggested that the nature of the offense and the level of supervision required should be considered when assigning cases. Paul agreed on the need for more information about the charges against the individual to make a better decision.

**Summer Youth Program and Payment Structure**

Scott led a discussion on the summer youth program and updates on the employment outcome-based payments. Jay was invited to share feedback, and there was a discussion about the experiences of



various teams with the new payment structure. Scott sought feedback on whether teams had discussed the new payment structure with their county boards and SSAs, and Paul shared that his team had encountered confusion and misinformation from county boards about the new payment structure. The team agreed on the need for education and clarification about the new payment structure.

### **Addressing Communication and Implementation Concerns**

Paul reported that his team was awaiting updates regarding their requests to speak to supervisors. Scott expressed concern about the lack of communication and the potential impact on the implementation of changes. Ann shared her need for more information to educate her team. In response, Scott agreed to share a PowerPoint presentation and the recording of a webinar, which he believed contained essential information. He also emphasized the importance of the team members in educating their respective counties about the changes.

### **Attestation Form and Pilot Feedback**

Paul, Jason, and Scott discussed the issue of locating the attestation form, with Scott agreeing to contact Dodd for an official copy. Scott also addressed Liz's query about the outcome-based payments for the waiver and employment services. Later, Scott prepared some live polling questions regarding the Ads quality pilot and the employment quality pilot. The aim was to understand the current status of the pilots, what aspects were going well, and areas that needed improvement, especially regarding staff training. Scott also encouraged feedback on whether the committee meetings should incorporate regular pilot updates or if standalone meetings should be continued.

### **Curriculum Quality Improvement Program Challenges and Solutions**

Scott led a discussion about the staff trainings and the curriculum quality improvement program. Kathy shared her team's challenges in adopting the new curriculum, especially due to community integration and the need to modify some modules. Paul noted that they had received support and training to overcome these issues and were open to feedback to tailor the curriculum to diverse needs. The group also expressed their satisfaction with the funding for technology and the quality improvement manager role. Scott then invited feedback on the biggest challenges they faced while working on the curriculum.

### **Staff Training Improvements and Technology Feedback**

Scott led a discussion about staff training issues and suggestions for improvement. The team expressed concerns about the lack of clarity and direction from management, and the need for more practical, interactive training. Kathy brought up accessibility issues with the training materials. Scott acknowledged the feedback and mentioned that he and his team would be meeting with the training team to discuss potential updates. The team also shared their experiences with the technology purchased for the project, with mixed results. Lastly, Scott emphasized the importance of treating staff as professionals and asked for any additional feedback or thoughts.

### **Ads Pilot Impact and Wage Updates**

Scott gathered feedback on the impact of the Ads pilot on the quality of services at agencies, with most respondents indicating an improvement. He also provided updates on legislative efforts to phase out the sub-minimum wage in Ohio and the potential ballot initiative to raise the statewide minimum wage to

\$15 an hour. Additionally, Scott reminded the team about the upcoming Director of Operations Training Day and clarified that the budgets for services had already been adjusted to accommodate the rate increases in July.

#### **Group Employment Support Grant Applications & Compliance**

Scott discussed updates regarding group employment support grant applications and the abbreviated review process for compliance. He mentioned that some individuals hadn't received grant notifications, despite Dodd announcing award decisions. Scott promised to follow up with Keith Banner for more information. Regarding the abbreviated review process, Scott explained that it might be an option for nationally accredited providers to undergo a less comprehensive compliance review. However, leadership changes could be a reason for denying the request. Ann and others shared their experiences of needing to go up the chain to understand the abbreviated review process. Additionally, 14198 and others raised concerns about challenging behaviors among youth in facility-based settings. Scott and Linsey Hollingshead suggested having a counselor as part of the team to address these issues.

**The next Day & Employment Services Committee meeting is scheduled for Thursday, September 5<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)

**OPRA Staff Lead:** Christine Touvelle

**The next Health Care Committee meeting is tentatively scheduled for Thursday, October 17<sup>th</sup> @ 10am**

# 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)

**OPRA Staff Lead:** Christine Touvelle

**The next HR Committee meeting is scheduled for September 19<sup>th</sup> @ 10am**

# 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)  
**OPRA Staff Lead:** Rachel Hayes

**The next ICF Committee meeting is scheduled for Wednesday, August 21<sup>st</sup> @ 1pm**

# 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)  
**OPRA Staff Lead:** Rachel Hayes

**The next Residential Waiver Committee meeting is scheduled for Wednesday, August 21<sup>st</sup> @ 10am**

# 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)

**OPRA Staff Lead:** Melissa Fannon

**The next Marketing & Communications Committee will be Wednesday, September 11<sup>th</sup> @ 10am.**