OACB, OAAS, OPRA Joint Meeting

May 20, 2015

Discuss the issues/concerns/suggestions we have regarding the new integrated day services and SE.

AAI

* AAI-Suggest to create a special committee immediately with appropriate representation from public and private providers. We will suggest to the department to allow the three associations to form this committee and make the recommendations by July 1st. Each association will provide representatives

GROUP SIZE

* Maximum group size would be 1:8 for Acuity A; 1:4-7 for B; 1:1-3 for C. Additionally, a special rate for 1:1 or an add-on rate for individuals with medical, physical and/or behavioral, including individuals with criminal convictions (e.g. sexual predators).

TRANSPORTATION

* Request that DODD form a special workgroup to assess, identify limitations and create viable solutions to the transportation issues that would be a barrier to full access to community participation as defined in the new service definitions. This workgroup should be well-represented, including: private providers from both rural and urban settings, county boards and other pertinent contributors).

ENCLAVE

* Keep IPV.
* Okay with the time limit, but change from 24 months to 4000 hours per lifetime with the exception process as stated in the definition.
* Current enclaves remain throughout the transition. Group size cannot exceed 8. Backfilling is permitted, but those individuals will enter the enclave under the new service guidelines.

ICS DEFINITION

* Page 3 of IPV describes settings. Need to be more descriptive in ICS like IPV.
* Health and Safety should be addressed in ICS
* ICS-“engaging activities that build social capital”??? Suggestion: Replace “social capital”.
* Strengthen the definition, including adding specialized day habilitation
* Add behavior supports and personal care. New HPC definition is too similar.
* Ask for status of service definition of HPC.
* Concern is that the department may wish to do away with ICS and go strictly with HPC. Ask.

SE-Individual

* 11 sub-categories, job coaching and job development are too similar to OOD which makes this too confusing. No need to be this complex.
* Simplify—the process.
* Heard CMS is not in support outcome payments. Need to check the status.
* Revisit the support service definitions

WAGES

* Sub-Minimum-requirement in the definition may work itself out with DOL
* Prevailing Wage-Remove. Use OPRA language

IPV

* Concern about how to pay wages if that option is available. Need to have further discussion with the department.

ANNUAL CAP

* Raise the annual cap to 1625 per year allowing private providers to be open for 260 days per year, not 240. 52x31.25=1625

PROVIDER QUALIFICATIONS

* Revisit staff qualifications. Seems to be too lofty.
* Grandfather existing staff
* Clarity on1 year experience requirement

USE OF FACILITIES

* Person’s plan should indicate how much time a person wants to spend in a facility and how much time in the community. Add language differentiating the types of supports

RATES

* Will share the overall concerns, including impact regarding the proposed rates and increase in expenses. We anticipate that another meeting will need to be scheduled to discuss rates/expenses.

Meeting with the department is scheduled for Tuesday, May 26th