



Mission: To build and serve a
community of great
providers.

Board Report

May 6, 2026



OPRA's Guiding Principles

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

Principle #1: Providers must be trusted to support people with intellectual and developmental disabilities and run effective businesses.

Principle #2: Providers must receive sufficient funding to deliver services that meet the needs of people they support in an ever-evolving society.

Principle #3: All services across the spectrum must be recognized as valuable and vital to every person we support.

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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 of Directors Meeting Agenda
May 6, 2026
10:00am – 12:00pm

1. **Welcome & Safe Place Statement**
 - Review of Safe Place Statement
2. **Approval of Agenda**
 - Review and approve today's meeting agenda (any additions and/or deletions)
3. **Approval of March Meeting Minutes**
 - Review and approve minutes from the March 25th Board meeting
4. **Finance Report**
 - Financial Statements Review and Approval
 - Dues Committee Discussion
5. **Board Report**
 - Legislation
 - Administrative Services Organization (ASO) Bill
 - Modernization (Next Phase-Budget Language)
 - InterRAI
 - Provider Certification
6. **CEO Report**
 - Building Update
 - Membership Update
 - PAC
 - Board Retreat: Governance Updates and OPRA Foundation Meeting
7. **Other Business**



Board of Directors Minutes

Date: March 25, 2026

Time: 10:00 AM – 1:00 PM

Location: In-person (ARC Voyagers)

Board Members:

Present			Absent
District 1	District 4	District 7	Felicia Hall
Jamie Steele	Roy Cherry	Tami Honkala	Scott DeLong
Jim Steffey	Tim Menke	Laura Lamb	
	Steve King	Nikki Jaras	
District 2	District 5	At-Large	
Ashley Brocious	Steve Colecchi	Kurt Miller	
Dennis Grant	Michelle Madden	Chris Wolf	
	Jeff Johnson		
District 3	District 6		
Lisa Reed	Adam Guinther		
Tim Neville	Bob Heinzerling		
	Liz Owens-Detillion		

OPRA Staff: Pete Moore, Scott Marks, Teresa Kobelt, Christine Touvelle, Rachel Hayes, Melissa Fannon

Guests: Ohio University Voinovich School



Minutes*:

Agenda	Discussion	Tasks/Conclusion	Responsibility
<i>Welcome & Safe Place Statement</i>	Adam Guinther welcomed Board members. Safe place statement was read.		
<i>Approval of Agenda</i>	The board reviewed and approved the meeting agenda Motion to approve: Tami Honkala ; Second: Dennis Grant	Motion carried to approve the meeting agenda.	
<i>Approval of Previous Minutes</i>	Board reviewed January and February meeting minutes. No corrections were noted. Motion to approve: Roy Cherry ; Second: Tim Neville	Motion carried to approve January & February minutes.	
<i>Finance Report</i>	Finance Committee reviewed quarterly financials. Net operating income was lower than anticipated. Cash balances were reduced due to movement of funds into a mutual fund earning approximately 3%. Investments and foundation funds showed modest gains. Membership dues remain below budget projections by approximately \$79,000 due to delayed renewals and lower ERGs from some members. Legal, travel, and fuel expenses were below budget. Overall net operating income was below budget. Motion to approve: Tim Neville ; Second: Michelle Madden	Motion carried to accept Finance Report.	Staff will continue to monitor membership renewals and take a deeper review of membership revenue trends.

Agenda	Discussion	Tasks/Conclusion	Responsibility
<p><i>Board / Governance Updates</i></p>	<p>The Board reviewed the vacancy created by Mary Thompson’s departure. Given the proximity of upcoming elections, the decision was made not to fill the District 3 seat at this time. The vacancy will remain open until the Fall 2026 elections.</p> <p>Discussion also confirmed at-large board positions remain stable.</p> <p>Governance Committee membership updated due to departures. Jamie appointed Committee Chair. Tim and Laura added to committee.</p>	<p>Vacancy to remain open until next election cycle.</p> <p>Governance changes accepted.</p>	
<p><i>Board Report</i></p>	<p>Legislative update provided on the 14C bill. Technical corrections and additional recommendations had been submitted to sponsors, though no recent legislative movement has occurred. Discussion also centered on persistent misconceptions regarding provider wages and profitability in disability services. Board discussed need for advocacy supported by data.</p> <p>Additional conversation addressed a proposed disability tax credit intended to offset minimum wage costs for individuals with disabilities. Members noted the current proposed credit may be insufficient to create meaningful impact.</p> <p>The Board discussed modernization efforts and increasing concerns regarding county board financial sustainability. Several counties were noted as facing levy pressures and structural budget concerns.</p> <p>The Board also discussed growing scrutiny around fraud, waste, and abuse investigations in Medicaid services and the broader implications for providers.</p>	<p>OPRA Team will continue advocacy efforts, monitor legislative developments, and engage policymakers regarding provider realities and workforce sustainability.</p> <p>OPRA Team will continue evaluating modernization priorities while incorporating accountability and sustainability considerations.</p>	<p>OPRA Team</p>

Agenda	Discussion	Tasks/Conclusion	Responsibility
	<p>Pete noted the need to revisit modernization priorities with legislators and align advocacy with current policy environment.</p> <p>Concerns were raised regarding provider readiness and operational competency in some cases. The Board discussed potential accountability mechanisms for members who fail to meet professional or regulatory standards. The discussion included whether stronger membership review procedures should be considered.</p> <p>Updates were also shared regarding enhanced provider certification standards and risk-based review processes.</p>	<p>Evaluation of membership standards and quality assurance processes was recommended.</p>	
<p><i>CEO Report</i></p>	<p>Pete discussed the ongoing maintenance issues regarding the restrooms at the OPRA office that require attention and additional expense.</p> <p>Scott discussed the proposal of a pooled employer retirement plan through Transamerica and Oppenheimer. The model would allow OPRA members to participate in an existing pool without requiring minimum participation or upfront investment from OPRA.</p> <p>Motion to approve: Jamie Steele ; Second: Dennis Grant</p> <p>The ongoing healthcare insurance exploration was also discussed.</p> <p>Melissa shared an update on the upcoming Great Provider Summit in Cleveland. At the time of discussion, 212 attendees had registered with strong exhibitor participation confirmed.</p>	<p>Motion carried to move forward with the pooled retirement plan.</p>	<p>OPRA Team</p>

Agenda	Discussion	Tasks/Conclusion	Responsibility
	<p>Christine presented an update on the biennial salary survey. The survey will include new categories for overtime and base wages. The data collection tool will open April 7th. Results are set to be released by early August.</p>		
<p><i>Adjourn</i></p>	<p>The Board meeting concluded, followed by lunch and scheduled discussions with representatives from Ohio University's Voinovich School.</p>		

* More detailed information available upon request

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 Policy Committee Meeting Minutes

Monday, March 23, 2026

12:00pm – 2:00pm (Virtual Meeting)

Opening & Context

The meeting opened with informal conversation before transitioning into the formal agenda. Scott DeLong delivered the Safe Place Statement, reinforcing expectations for a respectful and confidential environment where members can openly share perspectives and experiences.

The primary focus of the meeting was OPRA's ongoing work to modernize provider certification and compliance systems, alongside broader system considerations including setting size, data needs, and county board financial sustainability.

Discussion

1. Provider Certification Modernization

A significant portion of the meeting focused on proposed changes to provider certification and oversight. Teresa presented a framework aimed at shifting from the current reactive, one-size-fits-all three-year certification model to a more structured, risk-based approach.

The proposed framework includes:

- Tiered certification requirements based on provider type (agency, non-agency, and independent providers)
- Baseline expectations for all providers, including compliance with applicable laws and standards
- Additional requirements for agency providers, such as demonstrating financial stability, staffing capacity, and operational readiness
- Annual revalidation or ongoing accountability mechanisms rather than infrequent full recertification

The group discussed the need for certification requirements to better reflect the complexity and risk associated with different provider types. Members generally supported the direction of a more tailored approach but emphasized the importance of clear definitions, practical implementation, and avoiding unnecessary administrative burden.

2. Independent and Non-Agency Provider Distinctions

The discussion included clarification of distinctions between independent and non-agency providers. It was noted that independent providers are generally limited to serving one or two individuals, while non-agency providers may operate at a slightly larger scale.

Members explored whether additional guardrails may be needed, including:

- Service caps for certain provider types
- Requirements for identifying individuals to be served prior to certification
- Mechanisms to prevent inappropriate scaling without sufficient infrastructure

The group also discussed the potential for disenrollment of providers after extended periods of inactivity and the use of data or algorithms to identify higher-risk providers based on factors such as rapid growth, compliance history, or service patterns.

3. Compliance Reform and Risk-Based Monitoring

In addition to certification changes, the meeting addressed broader compliance reform concepts. Pete emphasized that the current system is largely reactive and may not effectively identify or mitigate risk.

The proposed direction includes:

- Moving toward a proactive, risk-based monitoring system
- Using data to prioritize oversight resources toward higher-risk providers
- Reducing administrative burden for lower-risk providers while maintaining accountability

Members expressed support for this direction but noted uncertainty about how DODD may respond, particularly given a perceived preference for maintaining the current compliance structure.

There was also discussion of challenges with current oversight of independent providers, including concerns that reviews are inconsistent or insufficient in some cases.

4. Setting Size and Data-Informed Policy

The committee discussed the current six-person setting size limit and the lack of clear data supporting this threshold. Teresa outlined a potential shift toward a more data-informed approach that evaluates setting size based on outcomes, cost, and quality rather than fixed numerical limits.

Members emphasized the importance of:

- Collecting and analyzing data across ICF and waiver settings
- Understanding the relationship between setting size, cost efficiency, and outcomes
- Avoiding assumptions or policy decisions that are not grounded in evidence

This discussion reinforced OPRA's broader goal of promoting data-driven policymaking and aligning system design decisions with measurable outcomes.

5. Data Needs and System Analysis

The group discussed ongoing efforts to collect and analyze data to inform policy decisions, including:

- Cost and utilization data across different provider types and settings
- Employment service outcomes
- National Core Indicators (NCI) data and other benchmarking tools

There was recognition that more comprehensive and accessible data will be critical to supporting future policy proposals, particularly related to setting size, provider capacity, and system sustainability.

6. County Board Financial Sustainability and System Risk

A significant portion of the discussion focused on county board financial challenges, with particular attention to Butler County and the potential impact of a failed levy.

Members expressed concern about:

- The ability of county boards to meet waiver match obligations
- The lack of long-term sustainability plans in some counties
- The potential for service disruptions if funding gaps are not addressed

Discussion included broader system implications, including:

- The possibility of regionalization or restructuring if financial pressures continue
- The need for contingency planning, including potential alternatives for case management and service coordination
- The importance of balancing advocacy for additional funding with demonstrating system efficiency and accountability

Members also highlighted the human impact of funding instability, emphasizing the need to protect individuals receiving services while navigating broader system challenges.

7. High-Cost Waivers and Budget Pressures

The group discussed data indicating that a relatively small number of high-cost individuals account for a significant portion of total expenditures. This raised concerns about how the system manages high-acuity needs and whether current structures are sustainable.

There was agreement that more strategic approaches may be needed to manage these costs while maintaining quality and access to services.

8. Legislative Updates: 14C Certificates

Scott Marks provided a brief update on proposed legislation to phase out 14C certificates over a five-year period and sought feedback on OPRA's position opposing the phase-out.

Kim shared her organization's experience, noting that a number of individuals currently employed under 14C certificates may not transition successfully to other employment models due to age, support needs, or personal preference.

The group agreed that further discussion is needed and that the topic should be revisited with broader participation at a future meeting.

Next Steps

- OPRA will continue refining and sharing proposals related to provider certification modernization and risk-based compliance.
- OPRA will engage with DODD to assess interest and feasibility of proposed certification and compliance reforms.
- OPRA will continue gathering and analyzing data related to setting size, cost, and outcomes to inform future policy recommendations.

- OPRA will monitor county board financial conditions, particularly in counties facing levy challenges, and assess potential system impacts.
- OPRA will continue exploring contingency planning scenarios, including regionalization and alternative system structures if financial pressures persist.
- OPRA will revisit the 14C legislative discussion at a future meeting with broader participation.
- OPRA will share updates with the committee on upcoming legislative developments, including supported decision-making initiatives.

Quarterly Policy Committee Meeting Minutes

Monday, April 27, 2026

12:00pm – 2:00pm (Virtual Meeting)

Opening & Context

The meeting opened with Teresa Kobelt welcoming attendees to the quarterly Policy Committee meeting. Jeff Johnson, co-chair, read the Safe Place Statement, emphasizing the importance of creating a respectful and confidential environment where members can share experiences, concerns, and perspectives openly.

The primary focus of the meeting was the implementation of the interRAI assessment tool in Ohio, including its timeline, structure, and potential implications for funding, service delivery, and system design. The discussion reflected a high level of engagement and concern from members regarding both the policy direction and the operational realities of implementation.

Discussion

1. interRAI Assessment Tool Implementation in Ohio

A significant portion of the meeting focused on DODD's planned transition from the Ohio Developmental Disabilities Profile (ODDP) and Acuity Assessment Instrument (AAI) to the interRAI assessment system.

Teresa provided an overview of the Department's current approach, noting that interRAI is a standardized, copyrighted assessment tool used internationally and designed to provide a more comprehensive picture of an individual's needs. The tool will be used across age groups, with different instruments for children and adults, while other components of the system (such as Level of Care determinations) will remain in place.

The implementation timeline was described as aspirational, with existing tools expected to remain in use for determining funding ranges through at least 2027, with full transition to new rates and budgets projected for 2028.

While members expressed general understanding of the goal to improve assessment accuracy, there were significant concerns raised about how the transition is being executed and the potential downstream impacts.

2. Implementation Structure, Process, and Capacity

The group discussed the structure of the interRAI implementation, including the use of a defined sample population and phased rollout. Initial assessments are expected to focus on individuals receiving more intensive residential services, including those in congregate or shared living settings.

Members raised questions and concerns about:

- The number and readiness of assessors and whether sufficient capacity exists to complete assessments and respond to issues in a timely manner
- The extent to which the assessment process will be collaborative versus conducted by a single assessor
- Potential confusion about who is invited to participate in assessments and how providers are engaged in the process
- The system's readiness to handle appeals, corrections, and inconsistencies

There was concern that a less collaborative or more limited assessment process could result in incomplete or inaccurate evaluations, particularly for individuals with more complex or nuanced support needs.

3. Transparency, Algorithm, and Budget Impacts

A central theme throughout the discussion was the lack of transparency related to how interRAI assessment results will translate into service budgets and rates.

Members expressed concern that:

- The scoring algorithm is not being shared, limiting the ability of providers and stakeholders to understand or anticipate outcomes
- There is insufficient information about how assessment results will map to acuity tiers and funding levels
- The system may rely too heavily on current utilization data, which could be skewed by workforce shortages or service limitations rather than true need

Teresa noted that while DODD has agreed to share assessment questions and responses with individuals, the underlying algorithm is proprietary and will not be disclosed.

The group emphasized that without clearer information or side-by-side comparisons, it is difficult to assess the potential impact on providers, individuals, and overall system costs.

4. Budget Structure and Service Allocation Concerns

The discussion also explored the implications of a potential shift toward a more unified or flexible budget structure tied to interRAI outcomes.

Members raised concerns about:

- How budgets would be allocated across different service types, including residential, day, and employment supports
- Whether funding models may unintentionally prioritize certain services (e.g., residential) over others, such as employment or community-based supports
- The risk that individuals with lower assessed acuity could experience reductions in funding or services

There was also discussion about increased flexibility within a single budget model, which could allow individuals more choice in how supports are allocated, though members noted that flexibility must be balanced with safeguards to ensure needs are fully met.

5. Timeline, Pace, and System Readiness

Members expressed consistent concern about the pace of implementation, particularly given the scale of change involved and the number of unresolved questions.

Key concerns included:

- Whether the system is prepared to support large-scale assessment changes, appeals, and transitions
- The potential for disruption if implementation proceeds before adequate testing and validation
- The pressure created by the timeline associated with Deloitte’s contract and project milestones

There was general agreement that while modernization is necessary, the system must prioritize accuracy and stability over speed. As noted during the discussion, “it’s better to be right than fast.”

6. Historical Context and Lessons Learned

Participants reflected on previous system transitions, including the implementation of ODDP, noting that more gradual and phased approaches were used successfully in the past.

Members suggested that similar strategies—such as piloting, crosswalking data, and validating results before full implementation—could help mitigate risk and improve outcomes in the current transition.

There was also acknowledgment that the interRAI initiative began prior to current fiscal pressures, but is now unfolding in a more complex financial environment, increasing both the stakes and the urgency of getting implementation right.

7. Broader System Implications and Advocacy

The conversation concluded with discussion of broader system implications, including:

- Ongoing concerns about funding levels, rate structures, and sustainability
- The need to align assessment changes with broader system goals, including quality, access, and workforce stability
- Opportunities to use this moment to improve data collection, decision-making, and system design

Peter shared that OPRA will continue engaging with DODD and policymakers, including through upcoming meetings, hearings, and the budget process, to advocate for greater transparency, appropriate pacing, and thoughtful implementation.

Next Steps

- OPRA will continue to engage with DODD to seek greater transparency regarding interRAI scoring, budget impacts, and implementation details.
- OPRA will advocate for a more measured implementation approach, including opportunities for data review, crosswalk analysis, and validation before full transition.
- OPRA will continue gathering and sharing member feedback regarding assessment processes, potential service impacts, and operational concerns.
- OPRA will monitor implementation timelines and provide updates to the Policy Committee as new information becomes available.
- OPRA will continue to engage in advocacy efforts through meetings with DODD, participation in hearings, and involvement in the state budget process.

Membership Update

As of May 2026, OPRA continues to maintain strong membership engagement across provider organizations, public entities, and associate members/partners.

OPRA's membership base across all (3) membership categories consists of **282 organizations**.

Provider Membership

- 22 provider members did not renew in 2026 due to financial reasons.
- OPRA successfully added 22 new provider members, resulting in stable provider membership totals year-over-year.
- Net Provider membership remained stable at **189 members**.

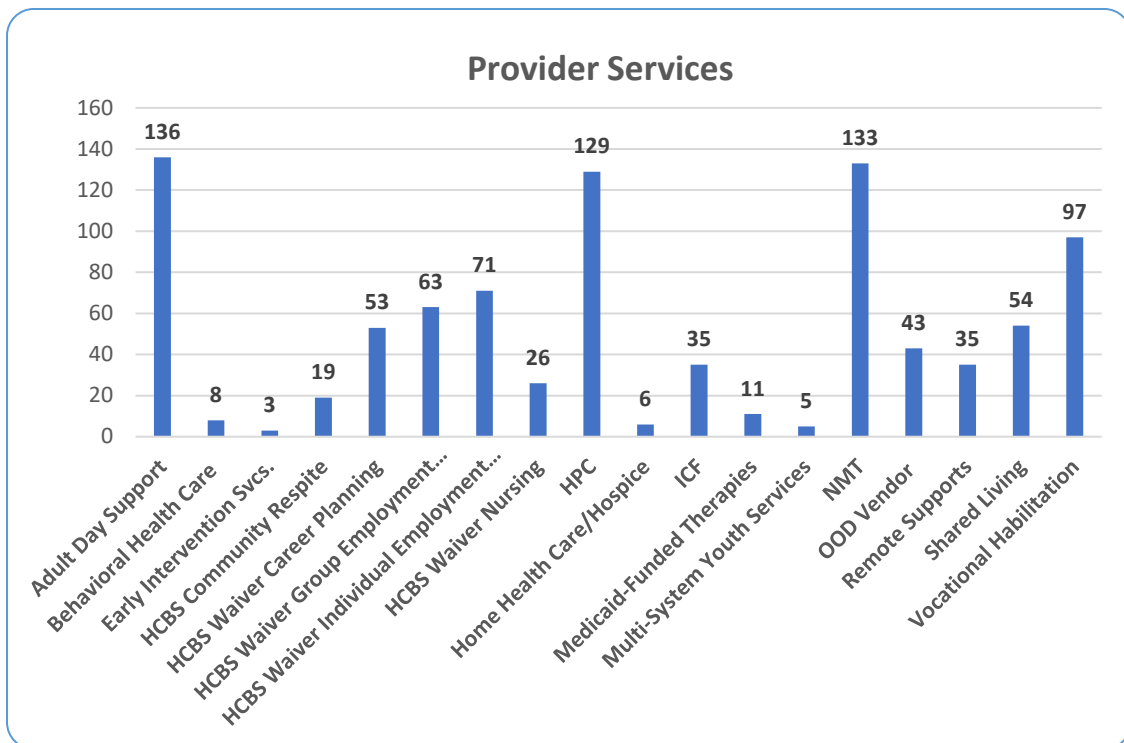
Public Entity Membership

- 3 public entity members did not renew in 2026
- OPRA added 1 new Public Entity member at Level 2.
- Total Public Entity membership currently stands at **27 members**.

Associate Membership

- 11 associate members did not renew in 2026
- OPRA gained 13 new Associate members.
- Total Associate membership currently stands at **66 members**.

- ✚ Total membership dues invoiced reached **\$1,814,850**.
- ✚ Total dues collected to date is approximately **\$1,484,825**.
- ✚ Outstanding dues balance stands at **\$330,025**, primarily due to semi-annual and quarterly payment schedules.



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 Chairs: Chelsea Ashcraft (I Am Boundless) and Paul Soprano (UCP of Greater Cleveland)

OPRA Staff Lead: Scott Marks

OPRA Day Array Committee Report
Thursday, February 5, 2026
9:30am-11:30am

Quick recap

The Day Array Committee meeting focused on two main presentations: Stacey Collins from DODD provided updates on outcome tracking systems, upcoming trainings, and the "Opportunities in Motion" innovation series, while Keith Kerns from PUCO delivered a comprehensive overview of transportation regulations for passenger carriers, including requirements for PUCO numbers, insurance, and safety compliance. The committee discussed concerns about the new NRI assessment and its potential impact on determining needs versus wants in day programs, with several members sharing experiences of individuals being denied additional services. Scott presented proposed changes to the adult day services rule, particularly highlighting new definitions for integrated community settings and environmental requirements, which sparked discussion about how these regulations might restrict community-based services in the current fiscal environment. The conversation ended with celebrations of organizational milestones, including RHA's 60th anniversary and an employee's 40-year work anniversary.

Meeting Summary

DODD Training and Updates Meeting

Stacey Collins from DODD provided updates on the outcome tracking system, reporting period, and upcoming trainings including the annual innovation series with the theme "Opportunities in Motion" and various training sessions on day employment planning and service authorization. She announced the Works for Me program's growth and highlighted a success story, as well as new training opportunities on service planning, documentation, and settings requirements. Stacey also mentioned the partnership between DODD and PUCO for upcoming community practice meetings. The conversation ended with an introduction to Keith Kerns from PUCO, who was set to present on PUCO regulations, particularly regarding commercial motor vehicles.

Ohio Passenger Carrier Regulations Update

Keith Kerns from the Enforcement Division of the Transportation Department presented on regulatory requirements for passenger carriers in Ohio. He explained that the department regulates for-hire carriers based on vehicle size (over 8 passengers including driver) or weight (over 10,001 pounds), requiring both PUCO numbers

and specific insurance levels. Keith clarified that vehicles are regulated based on their "designed or used" capacity, meaning if a vehicle was originally designed for more than 8 passengers regardless of current modifications. The discussion included questions about compensation requirements, with Paul asking about transportation services billed incidentally through Medicaid ICF packages rather than direct transportation billing, which Stacey indicated would require follow-up with their intermediate care facility team.

Transportation Regulations for Care Services

The meeting focused on clarifying transportation regulations and requirements for vehicles used in a 24-hour care service at intermediate care facilities. Keith Kerns explained that vehicles with 10 or more passengers or over 10,000 pounds would be subject to direct compensation requirements, while smaller vehicles with fewer passengers would fall under indirect compensation with limited safety requirements. Tabitha asked about obtaining PUCO numbers for minivans, which Keith confirmed could be done through an online application process, and clarified that these vehicles do not require yearly inspections. The discussion also covered examples of direct and indirect compensation scenarios, including nursing homes, hotel shuttles, and government agencies, with specific exemptions explained for government-operated vehicles and certain non-profit organizations.

PUCO Number Application Process

The meeting focused on obtaining CPCN or PUCO numbers for transportation service providers. Scott provided context about the historical transition from government-exempt operations to privatized services over the past 10-15 years. Keith Kerns explained the process for obtaining a PUCO number, which requires first getting a USDOT number as an intrastate carrier, then applying online and providing proof of insurance. The discussion covered insurance requirements, with passenger vehicles of 15 or fewer seats needing \$1.5 million in liability insurance, while vehicles with 16 or more seats require \$5 million. The meeting also addressed driver qualification requirements, including the need for DOT medical examiner certificates from physicians on FMCSA's National Registry of Medical Examiners.

Vehicle Safety Requirements Clarification

Keith Kerns clarified safety requirements for different vehicle types and compensation structures. He explained that vehicles over 10,001 pounds GVWR or carrying 8+ passengers with direct compensation require medical examiner certificates, while smaller vehicles only need PUCO numbers and insurance. Keith also addressed that medical examiner certificates should not exceed 2 years, and discussed requirements for driver time records, vehicle maintenance records, and emergency exit inspections for passenger carriers.

Commercial Vehicle Inspection Requirements

Keith Kerns discussed vehicle inspection requirements for commercial vehicles, explaining that vehicles over 10,001 pounds or designed for 15+ passengers require Highway Patrol inspections. He clarified that proper plating by BMV is essential alongside these inspections, and that CDL vehicles must be in separate DOT drug testing programs. When asked about taxi and Uber exemptions, Keith explained these were likely granted due to their smaller passenger vehicles and simpler requirements compared to larger commercial vehicles.

Compensation Regulations and Assessment Updates

The meeting focused on clarifying direct versus indirect compensation regulations, particularly regarding transportation services in bundled packages like daycare and nursing home fees. Keith Kerns explained that while bundled services represent indirect compensation, specific transportation costs would typically constitute direct payments, though this needs further exploration for mixed service models. The discussion also covered the InterEye assessment implementation, with Scott explaining that it represents a potential opportunity to better

align acuity-based assessments with modern day array services, though questions remain about the timeline beyond January 1st, 2027 for congregate residential settings.

NRI Assessment Concerns Discussion

The group discussed concerns about the NRI (Needs and Resource Inventory) assessment, particularly regarding how it determines whether services are based on needs or wants. Keith Poynter shared an example of a day program participant whose request for a third day was denied as it was considered a "want" rather than a "need," and highlighted data from Nebraska showing significant funding losses following implementation of a similar assessment. The participants expressed concerns about the accuracy of NRI assessments, noting that individuals may not provide honest information about their needs and that the assessment process lacks proper input from guardians and providers.

Adult Day Service Rule Changes

The meeting focused on proposed changes to adult day service rules, particularly regarding integrated community settings and environmental standards. Scott presented new definitions and requirements, expressing concern that the changes appeared to restrict community-based services rather than support them. The group discussed how the new rules might impact providers and individuals served, with particular attention to the distinction between assessed needs versus wants, and how this could affect service delivery and costs. The conversation ended with celebrations of RHA's 60th anniversary and a staff member's 40-year employment anniversary, followed by announcements about upcoming meetings and a survey to be distributed by Scott.

The next Day Array Committee meeting is scheduled for June 4th @ 9:30am

Employment Services

Summary

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: Justin Blumhorst (Capabilities) and Nicole Smith (RHDD)

OPRA Staff Lead: Scott Marks

The next Employment Services Committee meeting scheduled for Thursday, May 7th has been cancelled due to the Great Provider Summit.

The committee will reconvene on Thursday, July 2nd @ 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

OPRA Health Care Committee Report
Thursday, April 16th, 2026 (In-Person at Manahan)
10am-12pm

On April 16th, the Health Care Committee hosted the first in-person meeting of the committee since the start of the pandemic. The meeting was specifically tailored to be a place for Directors of Nursing and nurses in other similar leaderships positions to meet and network with each other. The group listened to a presentation on resources for supporting people with IDD and dementia. The presentation was shared with the listserv. More information can also be found here- <https://ocfch.org/df/>. After the presentation, the group discussed changes to the medication administration rule and possible feedback to DODD on proposed changes.

The next Health Care Committee meeting will be virtual and scheduled for Thursday, June 18th @ 10am at

Business Operations

Summary

The Business Operations Committee combines core HR topics—such as employment law and regulatory updates, recruitment and retention strategies, and policy sharing—with communication best practices and expanded content covering broader business operations and finance topics. The committee will feature guest presentations from operational experts, software vendors, and peer-driven idea sharing among OPRA members. Meetings are structured to allow participants to attend all or select portions relevant to their roles.

Committee Chairs: Carla McDonald (Weaver Industries), Melissa Hart (The Society)

OPRA Staff Lead: Christine Touvelle

The next Business Operations Committee meeting is scheduled for Thursday, May 20th @ 10am

Residential Resources

Summary

The ICF & Residential Waiver Committees was combined as a forum for providers offering residential services, including ICF and waiver-based models. The committee explores funding, staffing, regulatory requirements, and issues that have a direct impact on the programs and services our members offer.

Committee Chair(s): Susan Berneike (Help Foundation)

OPRA Board Liaison: Jamie Steele (OVRS)

OPRA Staff Lead: Rachel Hayes

The new meeting structure beginning in 2025:

9:30 AM – 11:00 AM | Residential Waiver

Focused on updates, discussions, and presentations specific to the Residential Waiver service.

11:00 AM – 11:30 AM | Department Updates/Presentations

Content applicable to both Residential Waiver (RW) and ICF services.

11:30 AM – 1:00 PM | ICF

Centered on updates, discussions, and presentations specific to the ICF service.

OPRA Residential Resources Committee Report

Wednesday, April 15, 2026

9:30am – 1:00pm

Meeting Summary

Committee Leadership and Rule Updates

The meeting focused on committee leadership changes and upcoming rule updates. JS transitioned to a board liaison role, while KP joined SB as co-chair for the waiver portion of the committee. The group discussed several rule packages set to take effect July 1st, including new requirements for interRAI assessors and definitions for integrated community settings. Teresa and Rachel highlighted concerns about the implementation, noting that the department plans to proceed "full steam ahead" without pausing for sample period results.

Environmental Accessibility and Supports Updates

The meeting focused on updates to environmental accessibility adaptations and remote supports rules. Rachel explained that the cost limit for adaptations increased to \$15,000 and that rural providers can now use the same contractor for a second bid. Teresa discussed changes to remote supports billing, noting that the rule now includes right of first refusal language for HPC providers. Christine presented updates on the medication administration rule, highlighting a new provision that excludes certain medication errors not related to DSP actions from MAIS notations. The group expressed uncertainty about how broadly the department would interpret this exclusion and discussed the need for further clarification.

Medication Error Reporting and Devices

The group discussed concerns about a new rule requiring medication error reporting in the MAIS system, with Christine explaining that providers must report any medication or treatment errors, not just those that threaten health safety. Teresa suggested focusing on quality improvement projects rather than just data entry, while one

noted that the Board of Nursing is unlikely to create issues in the DD world. The discussion then shifted to a new proposed rule regarding audio-video devices in bedrooms for individuals receiving HCBS, county board funds, or ICF services, with specific restrictions on bathroom usage and personal device exceptions.

Audiovisual Devices Rule Discussion

The team discussed a new rule regarding the use of audiovisual devices, particularly cameras, in support settings. Rachel explained that while the rule does not allow cameras in all situations, it establishes specific procedures for when cameras are necessary, including documentation requirements, HRC approval, and privacy protections. The team expressed concerns about the rule's impact on remote support technology, noting that existing remote support guidelines already include similar safeguards and could create unnecessary administrative burden. They submitted comments suggesting remote support technology should be excluded from this new rule and are awaiting feedback from the department on these concerns.

Device and interRAI Implementation Concerns

The group discussed two main topics: a new rule regarding audio and video devices in home settings, and concerns about the interRAI implementation. Regarding the device rule, Rachel explained that it would likely include baby monitors due to the "capture" and "monitor" language, though she planned to seek clarification. The group expressed concerns about the interRAI implementation, particularly following issues in Nebraska where the proprietary nature of the tool led to transparency problems and service reductions. KP raised multiple concerns about the rollout in Ohio, including questions about funding impacts, disability rights compliance, and assessment methodology.

interRAI Assessment Implementation Concerns

The group discussed concerns about the implementation of interRAI assessment without a pause option, which contradicted their initial request for flexibility. Teresa explained that while the new tiered support system is being developed based on historical utilization data, they haven't seen concrete proposals yet and have only seen preliminary modeling for congregate settings. The discussion highlighted concerns about the assessment process, which will primarily involve the individual receiving services rather than providers or families and emphasized the need for continued advocacy through upcoming public hearings and potential legislative outreach.

New Assessment System Implementation Discussion

The group discussed concerns about a new assessment system being implemented by the department, with JS emphasizing the need for families to be educated about potential changes and have a voice in the process. The team agreed that parents and families should contact the ARC and for advocacy support, and KP suggested involving DODD's family advisory committee. The meeting also covered upcoming events, including the spring conference from May 6-8, an Anchor conference in Boston next week, and a healthcare committee meeting tomorrow at Manahan. Regarding CCA funds, Christine noted that the department's housing group has been working on increasing flexibility for larger home settings, though no formal decisions have been made yet, and SB reported that local county boards anticipate a reduction of about \$10 million in CCA funds for July.

ICF AV Rule Implementation Meeting

Rachel led a meeting discussing the implementation of a new Audio and Visual (AV) rule for ICFs, explaining that it applies to HCBS and county board-funded services recipients residing in ICFs when devices are located in bedrooms or used as rights restrictions. She highlighted the distinction between common area cameras and those in private spaces, referencing CMS regulations in Appendix J, specifically tag W129, which prohibits cameras in private areas or bathrooms. The meeting also included the announcement of new ICF committee chairs, HB from UCP and ETR from St. Joe's, who will succeed KM and BH in the role.

AV Device Rules Implementation Discussion

Rachel discussed the implementation of new rules regarding audio-visual (AV) devices in residential facilities, clarifying that devices capable of recording, storing, monitoring, or capturing audio-visual content are subject to

the rules, including audio-only devices. She explained that personal devices used for everyday communication or security cameras located outside the building are excluded. The group debated scenarios involving suspected abuse and the use of monitoring devices, with Rachel emphasizing the importance of prioritizing health and safety and consulting with teams and HRC for restrictions. An example of using sensors and increased supervision in a similar situation, while another raised concerns about identifying potential issues before they occur.

DODD Peer Group 6 Program Concerns

The group discussed concerns about DODD's Peer Group 6 program, which provides specialized behavioral support services. Teresa explained that the program has restrictive requirements, including limitations on referrals from county boards and specific facility conditions, making it challenging for new providers to participate. KM and others expressed concerns about the program's design, noting that the small home size and restrictive requirements would make it difficult to staff effectively. The discussion highlighted broader concerns about DODD's approach to service delivery and potential implications for the field, including questions about larger congregate settings and staffing challenges for high-need individuals.

Cost Reporting and Revenue Challenges

The meeting focused on cost reporting challenges, particularly noting that smaller homes experienced more significant rate reductions compared to larger homes despite efforts to capture additional revenue through direct care add-ons. The group discussed the upcoming expiration of the 10% professional workforce development add-on on July 1st and the potential future implementation of interRAI assessments for ICFs. The meeting also covered opportunities for collaboration between the ICF committee and the Business Ops Committee, particularly around cost reporting and operational efficiencies, and included updates about upcoming QIDP peer learning sessions and healthcare committee meetings.

The next meeting of the RR committee is scheduled for June 17th @ 9:30am.