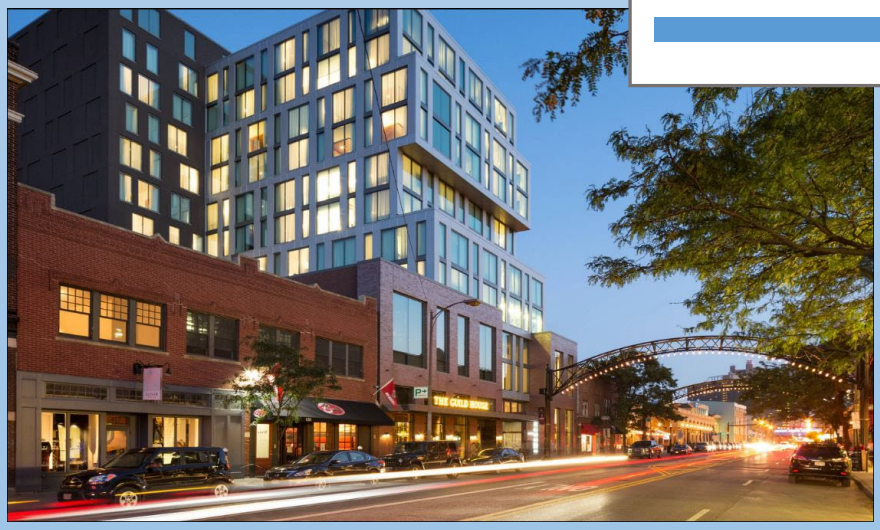
Ohio Provider Resource Association

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

OPRA Annual Board Retreat

August 10 – 12, 2026



OPRA 2026 Board Retreat

Dates: August 10 – 12, 2026
Location: Le Méridien Columbus, The Joseph, Columbus, OH
Website: Le Méridien Columbus

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Safe Place Statement

We would like to thank you for attending this meeting. This meeting, like all OPRA Committee meetings, is 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 in making 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 2026 Board Retreat Activities Overview

MONDAY, AUGUST 10
Arrival, Welcome Reception & Board Dinner

TIME	ACTIVITY
3:00 PM	**Hotel Check-In**
4:50–5:50 PM	**Welcome Reception** Hamilton Room, 2nd Floor
5:55 PM	**Walk to Pelino's Caffe**
6:00–8:30 PM	**Board Dinner: Caffè Pelino** Pasta-making experience and dinner ***Sponsor: Giv***

TUESDAY, AUGUST 11
Board Meeting & Columbus Crew Event

TIME	ACTIVITY
8:00–9:00 AM	**Hot Breakfast at Leisure** Location: Hamilton Ballroom, 2nd Floor
9:00 AM–12:00 PM	**Board Meeting** Location: The Robinson, 2nd Floor
12:00–1:00 PM	**Working Lunch** Location: Hamilton Ballroom, 2nd Floor
1:00 PM – 3:00 PM	**Board Meeting continued**
4:00–5:30 PM	**Happy Hour** *Sponsored by Plante Moran & Gallagher* Location: Parlay Sporting Club & Kitchen
5:45 PM	**Depart in Groups via Uber/Lyft** Destination: ScottsMiracle-Gro Field
6:00 PM	**Columbus Crew Event** Location: North Endline Lower Party Deck ***Sponsors: Giv, Plante Moran & Gallagher***
7:30 PM	**Crew vs. Pumas and Crew vs. D.C. United**

OPRA 2026 Board Retreat Activities Overview Cont.

WEDNESDAY, AUGUST 12

Breakfast, Board Meeting & Departure

TIME	ACTIVITY
8:00–9:00 AM	**Breakfast at Leisure** Location: Hamilton Ballroom, 2nd Floor
9:00 AM–12:00 PM	**Board Meeting** Location: The Robinson, 2nd Floor
11:00–11:30 AM	**Hotel Check-Out**
12:15–1:15 PM	**Working Lunch** Location: Hamilton Ballroom, 2nd Floor

DIRECTIONS

WALK TO CAFFÈ PELINO

680 N. Pearl Street • Approximately 2 minutes from the hotel

Exit the hotel: Step onto N. High Street and head north toward E. Russell Street.

Turn right: Make an immediate right onto E. Russell Street.

Turn left: Walk a few steps and turn left onto N. Pearl Street, the brick alleyway parallel to High Street.

Arrive: Caffè Pelino will be on your left.

SCOTTSMIRACLE-GRO FIELD

North Endline Lower Party Deck

Recommended entrance: Use the AEP Gate (northwest) or Chase Plaza Gate (west) for the closest access to the north end of the stadium.

Locate the deck: Proceed toward the Nordecke safe-standing section behind the north goal.

Access: Use the stairs or concourse ramps to reach the lower terrace level directly above Section 130.

BOARD MEETING AGENDA – DAY 1

Tuesday, August 11, 2026

9:00am – 3:00pm

OPRA Foundation Board Meeting

- Welcome and Safe Place Statement
- Approval of Meeting Minutes
- Finance Report
- 2025/26 Foundation Activity
- Future Proposals for Foundation
- Adjourn Foundation Board Meeting

OPRA Board Meeting

- Review and Approval of the Retreat Agenda
- Approval of June Meeting Minutes
- Finance Report
- Dues Committee Report
- Governance Committee Report
- Board Report
    - Lame Duck Proposal
    - FY 2028/29 Budget
    - Fraud, Waste, and Abuse Updates
- CEO Update
    - Annual Conference and Awards
    - Building Update
    - Property Tax Partnership
    - Retirement Partnership Update
    - Board Member Conflict Document
    - Code of Ethics/OPRA of the Future
    - Planning for next Director of DODD and Medicaid
- Additional Items
- Adjourn OPRA Board Meeting

BOARD MEETING AGENDA – DAY 2

Wednesday, August 12, 2026

9:00am – 1:00pm

- 9:00AM– 9:15AM Day 1 Catch-Up (if needed)
- Guests (Listen and React)
    - 9:15AM-10AM Lyndsay Nash
    - 10:00AM–10:45AM Greg Moody
    - 11:00 11:30 Break (Check-Out)
    - 11:30AM-12:15PM AmeriHealth Team
- 12:15PM Lunch and Modernization Plan Update

Board of Directors Meeting Minutes

Date: June 24, 2026

Time: 10:00 AM – 12:00 PM

Location: Virtual Meeting

Board Members:

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

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

Guests: Shelly Wharton, Ryan Knodel, Kenneth Hughes, Jo Spargo, Christinia Webb, Steve Maenle and Anthony Kukura

Minutes*:

Agenda	Discussion	Tasks/Conclusion	Responsibility
Welcome & Safe Place Statement	Adam Guinther welcomed the Board and Core Policy Committee members. Safe Place Statement was read.		
Approval of Agenda	The board reviewed and approved the meeting agenda **Motion to approve**: Michelle Madden; **Second**: Felicia Hall	Motion carried to approve the meeting agenda.	
Approval of March Minutes	Board reviewed May meeting minutes. No corrections were noted. **Motion to approve**: Dennis Grant; **Second:** Scott DeLong	Motion carried to approve minutes.	
Updates and Planning for the next 12 months	The OPRA Board and Core Policy Committee held a joint meeting to discuss updates and planning for the next 12 months focusing on DODD waiver modernization, county board regionalization proposals, fraud waste and abuse initiatives, provider certification requirements, the lame duck session, the gubernatorial transition, and the next biennium budget. **Breakout Sessions:** Five breakout sessions were conducted covering specialized services, waiver modernization, system structure, reimbursement, and managed care, with participants identifying priorities including specialized waivers for behaviorally complex individuals, maintaining cabinet-level DODD leadership, COLA adjustments, and continued advocacy for ICF services. The discussions were focused on what should occur before year-end, what should be prepared for the new administration, what belongs in the budget, potential partners, and member support needs.	Staff will consolidate the breakout notes into policy proposals for the end-of-July Policy Committee meeting, refine them with committee feedback, and present action items at the early-August Board Retreat.	OPRA Staff / Core Policy Committee

Agenda	Discussion	Tasks/Conclusion	Responsibility
County Board Regionalization Project	DODD's Southeast Ohio regionalization pilot expanded from seven to ten participating counties. The concept would centralize eligibility, funding, and budgeting through a COG or another regional entity while allowing county boards to focus more on local advocacy and case-management functions. The approach aligns with portions of OPRA's modernization plan by addressing regionalization and the conflict between funding and case management. Concerns included COG governance and capacity, independence from county-board control, TCM billing, union implications, and the need for measurable quality-of-life and health outcomes. DODD may seek legislation during lame duck to codify elements of the pilot.	OPRA will continue monitoring the pilot and advocate for clear accountability, quality measures, and appropriate separation of Medicaid funding from local case management.	OPRA Staff
County Board Plan to Cap Waiver Match	County boards are considering a cap equal to either 35% or 50% of annual levy revenue. The estimated state funding shift could range from approximately $150 million to $300 million. Members expressed strong concern that a cap without structural reform would reduce resources available for services, shift substantial costs to the state, and delay rather than solve county-board sustainability problems. Pete noted that such a cap without system modernization would likely not gain legislative support.	Pete will communicate OPRA's position to Adam Herman and revisit the issue if a formal proposal develops.	Pete

Agenda	Discussion	Tasks/Conclusion	Responsibility
OPRA Modernization Plan	**interRAI Assessment:** DODD expects more useful interRAI assessment data by late August. The Board favored meeting with the DODD Director when data is available and exploring an update during the Board Retreat. **Waiver Modernization:** OPRA continues to monitor the proposed move from individual budgets to one budget, acuity-based rates, and potential replacement of MRC. Members emphasized due-process guardrails, transparency, and appeal rights. **Specialized Services:** Participants supported development of a specialized waiver and stabilization continuum for people with complex behavioral and high-acuity needs, including partnerships with hospitals and other systems. **System Structure and Reimbursement:** Priorities included retaining a cabinet-level DODD Director, identifying efficiencies without transferring unfunded work to providers, protecting ICF services, and pursuing an ongoing statutory rate-adjustment mechanism. **Quality and Efficiency:** Additional priorities included risk-based oversight, readiness reviews and provisional certification for new providers, quality-outcome data, reinvestment of system savings, technology and AI efficiencies, and a portable DSP professional registry.	OPRA will arrange a mid- to late-August meeting with the DODD Director and determine whether an update can be provided at the retreat.	OPRA Staff
Lame Duck Legislation & Biennium Budget Planning	The discussion was focused on preparing priorities for the current administration's lame duck period and planning for the new administration, with an emphasis on regionalization of county boards, modernization efforts and budget considerations.	Any OPRA lame-duck legislative requests should be ready by the end of August.	OPRA Staff / OPRA Board Core Policy Committee

Agenda	Discussion	Tasks/Conclusion	Responsibility
	DODD is expected to consider legislation to codify county-board regionalization, and Senator Romanchuk has indicated willingness to carry the legislation. ICF reimbursement, capital and equipment funding, protection against reimbursement rollbacks, specialized-services funding, and ongoing statutory rate-adjustment mechanism remain priority budget items. Members emphasized connecting requests to service outcomes and cost savings amid federal and Medicaid funding pressures. The discussion also highlighted providers' low administrative costs, mergers and consolidations already occurring in the sector, and shared service or purchasing initiatives that demonstrate system savings.	OPRA will develop budget requests that pair needed investments with clear service outcomes and cost-saving strategies and will continue encouraging DODD to include ICF reimbursement and capital requests in its budget submission.	
Fraud, Waste and Abuse Updates	Pete discussed the Governor's moratorium, related rule development, and OPRA's work on House Bill 795 and Senate Bill 315. OPRA's legislative relationships helped prevent provisions that could have harmed providers. DODD continues the certification work rather than placing it on hold. Concepts under discussion include readiness reviews, provisional certification, and earlier support and oversight for new providers. Potential initiatives include standardized documentation for independent providers, technology and AI tools, risk-based monitoring, and legislative review of waiver performance. Draft certification rule language was not yet available for review.	Teresa will continue participating in the provider-certification workgroup, and OPRA will monitor rule language and related program-integrity developments.	OPRA Staff

Agenda	Discussion	Tasks/Conclusion	Responsibility
Update on Budget Coalition(s) / New Coalition Possibilities	OPRA is not aligned with OACB on a waiver-match cap because it could limit future rate-increase efforts. Alignment may be possible around specialized services for high-cost, high-need individuals. OPRA remains aligned with The Arc of Ohio on recent legislation and is exploring collaboration with health plans, children's hospitals, mental-health organizations, and other partners. VFA expressed interest in rejoining OPRA. Staff will also engage organizations that may be affected by changes occurring within OHCA.	Pete Moore will continue outreach to VFA, OHCA-related organizations, and potential specialized-services coalition partners.	Pete / OPRA Staff
How a New Governor May Impact Our System	Based on discussions with representatives from both gubernatorial camps, OPRA's modernization plan remains relevant and does not require major changes at this time. Members discussed the possibility of broader managed-care expansion under a future administration and the need for safeguards, outcome data, and clear messaging about the people and families served.	OPRA will continue the current modernization strategy, prepare bipartisan Day One transition priorities, and engage gubernatorial candidates or policy advisors when appropriate.	OPRA Staff
Other Items	Members discussed concerns that the recent DOJ/Olmstead interpretation could affect Medicaid and home-and community-based services. The group supported messaging centered on individual choice and service quality without pitting service models against one another. Because the Board Retreat is scheduled for early August, the regular July 22 Board meeting will be held only if an emergency or time-sensitive matter requires action.	OPRA may issue a statement consistent with ANCOR's federal advocacy and explore related settings-rule opportunities.	OPRA Staff / OPRA Board
Adjourn	**Motion to adjourn**: Dennis Grant; **Second:** Felicia Hall	Unanimously approved	

* More detailed information available upon request

OPRA Dues Committee Report

OPRA Dues Committee Minutes
August 3, 2026

Attendance

Liz Owens (Finance Chair), Scott DeLong, Tami Honkala
OPRA Team: Pete Moore, Sonya Summers

Discussion

The Dues Committee reviewed OPRA's current membership categories, dues structure, discounts, and payment options with the goal of simplifying membership and developing a more equitable and sustainable dues model.

1. Provider Dues Restructuring Proposals

Pete presented several options for restructuring Provider Member dues, noting that dues have been frozen since 2024 while member organizations adjusted to reimbursement rate increases. One model proposed increasing the existing dues bands by approximately 16%, reflecting the average increase in members' EGRs between 2024 and 2026. After reviewing the options, the Committee supported moving away from fixed dues bands and recommended a percentage-based model tied directly to each member's EGR. Under the proposed structure, members would generally pay approximately 0.1%–0.25% of their EGR, with dues capped at $100,000 and full Ancor membership included.

2. Associate & Public Entity Tier Simplification

The Committee also discussed simplifying Public Entity and Associate Membership. The recommended structure would establish a single $3,000 membership level for County Boards, a $1,000 Business Associate Membership, and a $150 Individual Associate Membership. These membership categories would not include access to OPRA committee meetings.

3. Member Discount Discussion

Considerable discussion focused on OPRA's current membership discounts. The Committee reviewed the effectiveness of both the 35% first-year membership discount and the 5% early-payment discount. Sonya noted that financial constraints remain a primary reason smaller new members do not renew, while several Committee members questioned whether discounts meaningfully influence payment or retention. The Committee ultimately recommended eliminating both discounts.

The Committee agreed to recommend the proposed percentage-based dues structure and membership changes to the full Board. A one-page summary of the recommendations will be prepared for presentation and discussion at the upcoming Board meeting.

OPRA Governance Committee Report

OPRA Governance Committee Minutes
July 17, 2026

Attendance

Jamie Steel (Chair), Lisa Reed, Tim Neville, Laura Lamb, Liz Owens, Ashley Brocious, Felicia Hall.
OPRA Team: Pete Moore, Teresa Kobelt, Sonya Summers.

Opening & Purpose

The Governance Committee met to continue its review of proposed revisions to OPRA's Code of Regulations. Teresa Kobelt walked the committee through draft revisions developed from previous committee discussions, Board feedback, and operational experience. The committee reviewed proposed amendments intended to clarify governance processes, improve consistency, and better reflect current Board practices.

Discussion

1. Code of Regulations Review

The committee reviewed a series of proposed amendments to the Code of Regulations, focusing on areas where existing language has created ambiguity or operational challenges.

Among the changes discussed were:

- Clarifying the distinction between **resignation** and **non-renewal** of Board members.
- Removing references requiring district director elections to occur during the Annual Meeting, recognizing that current election practices no longer align with that requirement.
- Clarifying language related to vacancies and election procedures.

The committee agreed that the revisions improve clarity while better reflecting OPRA's current governance practices.

2. Electronic Voting

The committee revisited the question of allowing electronic voting for Board elections.
Discussion acknowledged that current statutory language appears to require director elections to occur either in person or by mail ballot. While committee members expressed interest in modernizing the process to allow electronic voting, they agreed additional legal review is necessary before any recommendation can be made.
OPRA will work with Vorys to determine whether electronic voting could be implemented under current Ohio nonprofit law or whether statutory limitations prevent such a change.

3. Member Representative Designation
A substantial portion of the meeting focused on clarifying how member organizations designate representatives eligible to serve on OPRA's Board.

The committee reaffirmed that Board seats are won by both the member representative and their agency. As a result, when an individual leaves employment with the member organization, questions arise regarding continued eligibility to serve and/or fill the seat.

The discussion was prompted by recent examples involving Board members whose employment status changed after election.

Committee members discussed several related questions, including:

- Whether member representatives should be limited to CEOs or other executive leadership positions.
- Whether organizations should be permitted to designate other senior leaders to serve as their representative.
- Whether CEOs should be required to reaffirm their designated representative annually or during membership renewal.
- Whether the Board should retain authority to reject or challenge a designation for cause.

While no final recommendation was made, there was general agreement that clearer language is needed to ensure accountability while preserving flexibility for member organizations.

The committee agreed this topic should be further discussed with Vorys and during the upcoming Board retreat.

4. Mergers, Acquisitions, and Organizational Changes
The committee discussed how mergers, acquisitions, and other organizational changes affect Board representation.

Members reviewed examples where organizations have changed ownership or operating structure and considered how those changes should impact Board seats and designated representatives.

The committee agreed additional legal guidance is needed regarding how organizational changes should affect Board representation and member status.

5. Governance Procedures
The committee reviewed several additional governance provisions, including:

- Requiring a majority vote when the Governance Committee approves a slate of nominees.
- Clarifying annual reappointment requirements for At-Large Directors.
- Updating references and dates throughout the Code of Regulations for consistency.

The committee also discussed improving communication about Board candidates so members have more information prior to elections.

6. Immediate Past Chair
The committee discussed the appropriate role and length of service for the Immediate Past Chair on the Executive Committee.

Members agreed that retaining the Immediate Past Chair provides valuable historical perspective, continuity, and support during leadership transitions. At the same time, there was consensus that the position should not remain permanent.

The committee supported limiting the Immediate Past Chair's service on the Executive Committee to one two-year term, after which the position would rotate as intended.

7. District Meetings
The committee reviewed proposed changes to district meeting requirements.

Recognizing that quarterly meetings have proven difficult to sustain consistently, the committee agreed to revise the Code of Regulations to require at least two district meetings annually rather than quarterly meetings.

The OPRA staff will continue assisting District Directors with meeting coordination and logistics.

8. Code of Ethics Discussion
Pete raised a broader governance issue regarding OPRA's ability to address situations involving providers whose conduct may raise significant ethical concerns.

Using recent membership discussions as context, the committee considered whether OPRA should adopt a formal Code of Ethics that would provide expectations for member conduct and establish a framework for addressing situations involving providers whose actions may conflict with the organization's mission and values.

Members agreed the topic warrants broader discussion and should be included as part of the Board retreat agenda.

(Please see – OPRA Code of Regulations Redlined attachment sent with Board Report)

2026 OPRA Board Elections Overview

- **Class II** Board of Directors are up for election in 2026.
- Call for Board nominations will begin on Monday, September 28th (2-week nomination period)
- Voting begins on Monday, October 12th (2-week voting period ending on last day of conference Friday, October 23rd)

OPRA BOARD OF DIRECTORS ELECTION CYCLE

Class I – term exp. 12/31/28	Class II – term exp. 12/31/26	Class III – term exp. 12/31/27
Dist. 1 – Jamie Steele	Dist. 1 – Felicia Hall	Dist. 1 – Jim Steffey
Dist. 2 – Vacant Seat	Dist. 2 – Scott DeLong	Dist. 2 – Ashley Brocious
Dist. 3 – Lisa Reed	**Dist. 3 – Vacant Seat**	Dist. 3 – Tim Neville
Dist. 4 – Steve King	Dist. 4 – Roy Cherry	Dist. 4 – Tim Menke
Dist. 5 – Jeff Johnson	Dist. 5 – Steve Colecchi	Dist. 5 – Michelle Madden
Dist. 6 – Bob Heinzerling	Dist. 6 – Adam Guinther	Dist. 6 – Liz Owens
Dist. 7 – Nikki Jaras	Dist. 7 – Laura Lamb	Dist. 7 – Tamara Honkala

OPRA Committee Reports

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 (Chair), Jeff Johnson (Co-Chair), Kim Cain, Dan Conners, Ryan Knodel, Anthony Kukura, Steve Maenle, Jo Spargo, Shelly Wharton, Kenneth Hughes, Paul Soprano and Christina Webb

OPRA Policy Committee Meeting Minutes
Monday, July 20, 2026
12pm – 2pm (Virtual – Open Meeting)

Opening & Context
Teresa Kobelt welcomed members to OPRA's Quarterly Policy Committee meeting and reviewed the agenda, noting that the discussion would focus primarily on DODD's waiver modernization efforts, including implementation of the interRAI assessment tool, proposed acuity-based reimbursement models, provider certification updates, and policy opportunities heading into the lame duck legislative session and transition to a new administration. Jeff Johnson read the Safe Place Statement.

Members were reminded that many of the proposals remain under development and that OPRA continues to engage with DODD while advocating for greater transparency and provider input.

Discussion
1. Waiver Modernization and interRAI Update
The committee received an update on DODD's implementation of the interRAI, including the status of the pilot assessments and the Department's work to develop future case mix groups and acuity levels.

Teresa shared that nearly 1,000 individuals had been selected as part of the sample process, with the majority of assessments already completed. The Department is using those results to develop 33 case mix groups that will ultimately inform broader support levels and reimbursement methodologies.

While members recognized the Department's goal of creating a more standardized assessment system, significant concerns were raised regarding the overall implementation strategy. Discussion focused on:

- Limited transparency regarding how assessment scores will translate into budgets and reimbursement.
- The absence of information connecting interRAI results to current funding levels.
- Lack of clarity surrounding due process protections for individuals whose funding may be affected.
- Uncertainty regarding how a future single budget structure would operate across residential, day, and employment services.

Members emphasized that providers need significantly more information before meaningful feedback can be provided on the proposed system.

2. Acuity-Based Reimbursement Models
Teresa reviewed DODD's preliminary concepts for acuity-based reimbursement, explaining how case mix groups may eventually be consolidated into broader support tiers used to establish payment levels.

The Department has presented several possible reimbursement methodologies, including:

- Maintaining 15-minute billing units with adjusted acuity and home-size factors.
- Daily reimbursement models that account for overnight and partial-day supports.

Committee members expressed significant concern that the proposals remain largely conceptual and are not supported by real-world provider scenarios demonstrating financial impact.

Discussion highlighted concerns that:
Many providers may experience payment reductions under the proposed models.

- Smaller providers could be disproportionately affected.
- The models introduce additional administrative complexity without clearly improving service delivery.
- Budget neutrality appears to be driving payment design rather than actual service needs.

Members stressed the importance of testing proposals using real provider data before implementation decisions are made.

3. Transparency, Due Process, and Implementation Concerns
The committee discussed broader concerns regarding transparency throughout the waiver modernization process.

Although DODD has committed to providing individuals with assessment summaries and funding ranges, members questioned whether this would provide sufficient information for individuals and providers to understand or appeal funding decisions.

Several participants expressed concern that:

- The methodology used to translate assessment results into funding remains unclear.
- Families and providers may not have adequate information to exercise meaningful due process rights.
- Providers are being asked to comment on proposals before enough operational information has been released.

The committee reiterated its support for statewide standardized assessments while emphasizing that implementation should be deliberate, transparent, and accompanied by appropriate safeguards.

4. Payment Reform and System Design
The discussion expanded beyond the assessment tool to consider broader payment reform.

Members noted that payment reform should support flexibility while maintaining accountability for quality outcomes rather than creating increasingly complicated billing structures.

Discussion included:

- Opportunities to simplify reimbursement while maintaining person-centered planning.
- The importance of considering the entire continuum of services rather than redesigning residential reimbursement in isolation.
- The need for a comprehensive roadmap that connects assessment, budgeting, reimbursement, and quality measurement into one coherent system.

Several members observed that payment reform should focus on supporting quality outcomes rather than simply redistributing limited resources.

5. Provider Certification Rule Updates
Teresa provided an update on DODD's Provider Certification Rule workgroup.

The committee reviewed several proposed changes, including:

- Creation of provisional certification for new providers.
- Additional training expectations prior to application and during the first year of certification for DOOs.
- Reorganization of the rule to improve readability and consistency.

Members also discussed several provisions that continue to raise concern, including:

- Restrictions involving unrelated guardians serving as employees of provider agencies.
- Language regarding inducements and interactions with individuals receiving services.
- Potential impacts on faith-based organizations resulting from broader interpretations of the proposed language.

The committee agreed these provisions warrant continued review and additional feedback as the rulemaking process moves forward.

6. Legislative Opportunities and System Sustainability
The committee concluded with discussion of potential policy opportunities during the remainder of the current administration and the upcoming lame duck legislative session.

Topics discussed included:

- DODD's continuing work on county board regionalization pilot.
- Removing barriers to Community Capital Assistance funding.
- Revisiting the ICF bed moratorium.
- Evaluating quality and cost outcomes across fee-for-service and managed care delivery systems.
- Developing broader payment reform proposals that support long-term sustainability.

Pete encouraged members to continue building relationships with legislators and inviting elected officials to visit provider organizations to better understand current challenges facing the DD service system.

The discussion concluded on an optimistic note, recognizing that while many challenges remain, there are meaningful opportunities to shape future policy through continued collaboration and advocacy.

(Please see the July Quarterly Policy Committee Presentation attachment sent with Board Report)

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, June 4, 2026
9:30am-11:30am

Quick recap

The Day Array Committee meeting focused on updates regarding the interRAI implementation, Medicaid fraud and abuse initiatives, and various policy changes affecting disability services providers. Monica provided an update on the interRAI assessment tool rollout, explaining that 34 assessors had been trained with hundreds of assessments completed, targeting 1,100-1,200 assessments by end of July, with plans to train an additional 30-32 assessors bringing the total to 65 across the state. Stacey Collins shared Medicaid updates including a six-month moratorium on new health hospice waiver, personal care aid, and home care attendance applications effective May 14th, new EVV requirements requiring GPS usage, and the elimination of Ohio ISP branding while maintaining required person-centered planning templates. The meeting extensively covered fraud and abuse initiatives, with Scott explaining the connection to recent reporting by the Daily Wire, CMS requirements, and House Bill 795, noting that while disability services were not the primary target, providers were being caught up in expanded EVV requirements and moratoriums. Key discussions included concerns about high-risk provider definitions, challenges with interRAI assessments focusing on natural supports, updates on HB 225 regarding 14C employment phase-out, and new definitions for integrated community settings affecting ADS community rate billing requirements.

Meeting Summary

interRAI Implementation Progress Update

Monica provided an update on the interRAI implementation, reporting that 34 assessors were trained in April and assessments began in May, with approximately 400 completed assessments as of early July. The goal is to complete 1,100-1,200 assessments by the end of July, with plans to train

an additional 30-32 assessors next week to reach a total of 65 trained assessors across the state. The implementation aims to replace the DDP by 2027, with assessments for people with level one and self-supporting status continuing through 2028.

Assessment and Budget Consolidation Discussion
Monica explained that assessors work both for county boards and COGS, with many high-volume counties having their own trained assessors while others use COGS staff. She confirmed that discussions are ongoing about potentially consolidating separate residential and day service budgets into a single budget under the new interRAI system, though no final decisions have been made. Regarding assessment meetings, Monica clarified that while the process should be intimate with close support people, providers can participate when appropriate, though the specific guidelines around who can attend are still being developed.

NRI Implementation and Policy Updates
Stacy provided updates on NRI implementation, including the sharing of completed assessment results with individuals and guardians through OHID and Salesforce accounts, and the development of Collaborative Action Plans. She announced a 6-month moratorium on new health hospice waiver certifications effective May 14th and discussed proposed EVV rule updates requiring GPS usage and removing live-in caregiver exemptions. Stacy also informed the group that DODD is no longer requiring uploads of Ohio ISPs into the state system, with new accessible person-centered planning templates expected to be released in the coming weeks.

Ohio ISP Implementation Updates
Stacy clarified that while Ohio ISP branding will no longer be visible, required assessment and planning templates must still be completed in specific formats and order, though providers can choose their implementation method. She agreed to follow up with Alan regarding the definition of high-risk providers and to check with Becky about the July 1st implementation of the updated ADS rule regarding physical environment changes. The discussion concluded with Scott raising concerns about increased citations related to inducements guidance and community activities, though this topic was not fully resolved during the meeting.

Community Services Compliance Guidance Discussion
Stacy clarified that there is no agency directive to increase focus on community-integrated services, but compliance questions continue regarding authorization and inducements. Scott suggested developing additional guidance on the intersection of inducements and authorized community services, which Stacy acknowledged as a common request from county boards. The discussion then shifted to broader fraud, waste, and abuse initiatives in Medicaid, including a moratorium on providers, new ODM rules, and House Bill 795, with Scott explaining the origins of recent reporting and advocacy efforts against expanded EVV requirements for congregate settings.

EVV Expansion and Moratorium Updates
Scott explained that while the expansion of EVV might not initially appear to apply to their services, the current rules and bill language could potentially impact waiver homes using daily billing or MRC, as well as ADS services delivered in residential or community settings. He noted that advocacy efforts are underway to clarify and refine the language to ensure precision and exclude services not intended for inclusion. Scott also provided updates on the moratorium, clarifying that

moving or switching service locations is allowed, but opening new sites is not, and mentioned ongoing high-risk provider concerns and the potential for Ohio to follow CMS's lead on extending the moratorium beyond November if necessary.

Provider Moratorium and Regulatory Updates
Scott explained that the moratorium's primary goal is to prevent new providers from entering the space while the state addresses fraud and abuse issues, rather than stopping all provider growth. He noted that while established providers like ADS are being impacted unintentionally, the measures align with desired risk-based monitoring approaches. The group discussed updates on the interRAI assessment rollout, with Keith sharing concerns about questions regarding family support during the process. Scott provided updates on HB 225, noting that problematic elements had been amended, and introduced a federal bill (HR 8736) that would lower the age requirement for 14C employment to 18. The conversation ended with a discussion of new definitions for integrated community settings in the updated ADS rule, which will affect CI billing rates for groups of four or fewer receiving services in qualifying settings.

The next Day Array Committee will be held jointly with Employment Services Committee scheduled for September 3rd @ 10:00am

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

OPRA Employment Services Committee Report
Thursday, July 2, 2026
10:00am-11:30am

Quick recap

The Employment Service Committee meeting focused on discussing current challenges with Ohio's Office of Vocational Rehabilitation (OOD) services, particularly summer youth programs and overall referral processes. Jay Burns and Kelly Rodriguez from OOD provided updates on recent rule changes, including streamlining language around rehabilitation technology to assistive technology, and shared that 71 providers are participating in Summer Youth with 919 distinct employers across 1,891 work sites. However, providers reported significant challenges with referral numbers being down substantially from previous years, with some organizations receiving fewer referrals than expected while having developed multiple sites. Participants discussed issues including high staff turnover at OOD affecting communication, counselors being behind in planning for summer programs, and problems with the site tracking tool not matching provider availability. The committee also reviewed various employment-related technology resources shared from national discussions, including task analysis apps, visual scheduling tools, and AI-assisted assessment platforms. Finally, the group discussed concerns about OOD documentation software, with providers expressing frustration about limited reporting capabilities in Britco and the need for more responsive customer service from vendors like Setworks and Primary Solutions.

Meeting Summary

Employment Services Committee Meeting

The meeting began with Kimberly entering a Zoom meeting training and asking colleagues to only interrupt if necessary. Scott welcomed attendees to the Employment Service Committee meeting at 10:01 AM and announced that the meeting would be recorded. He noted that the committee had not met for a couple of months due to a conference and thanked everyone for their attendance before turning the meeting over to Nicole and Justin.

VRP Schedule and Heat Safety

Jay Burns from OOD announced a minor update to the VRP schedule effective immediately, clarifying that rehabilitation technology now includes assistive technology to better align with federal regulations, though rates remain unchanged. Jay also acknowledged the challenges providers face during the heat wave while managing the Summer Youth program, which currently involves 71 providers working with 919 distinct employers across 1,891 work sites. While still accepting new students, the program is slightly behind last year's participation numbers, though providers have been adapting safety measures including hydration, shade work, and backup tasks to protect students in extreme heat.

OOD Service Numbers and Transition

Kelly reported strong service numbers for OOD, with over 3,500 referrals and 21,000+ individuals in service status as of June 1st. Scott asked about the federal RSA transition from Department of Education to HHS, and Jay explained that while the departments are forming a partnership to

streamline services, OOD plans to continue operations as usual without changes to eligibility or local operations. Scott also inquired about challenges with summer youth participation and referrals, but Kelly did not provide specific feedback on regional differences or issues with the referral process during the discussion.

Summer Youth Program Challenges

The meeting discussed challenges with the summer youth program, where Kelly reported a slight decrease in statewide numbers but noted increased referrals over recent years, while Jay mentioned that summer youth numbers are being tracked but a full analysis will not be available until after summer ends. Paul shared significant concerns about the program's performance, explaining that their organization went from serving 40 people last year to an expected 17 this year, which is less than half the budgeted capacity of 48 slots. Paul expressed frustration about the low referral numbers despite following proper procedures, and Jay acknowledged the feedback while committing to work with colleagues on voc rehab and operations sides to address the issues and potentially reconvene a summer youth work group.

Summer Youth Referral Challenges

The meeting focused on discussing challenges with summer youth referrals and overall referral processes. Kate from UCP explained that newer counselors were still adjusting their caseloads and that timing misalignments occurred, with OOD not starting summer youth cases until later in the year while sites were already preparing. Jay and Kelly from VR noted they would follow up on tracking data from 14C work centers, though current data wasn't available. Participants shared mixed experiences with services, with some agencies like Justin's withdrawing from summer youth programs due to staffing challenges, while others reported varying levels of success depending on regional coordination and communication with OOD.

Youth Program Technology Challenges

The meeting focused on challenges with the summer youth program and employment services in Ohio. Providers discussed issues with site tracking tools, referral processes, and payment denials, particularly for internships. They also reviewed technology resources for employment services, including various apps and platforms for task analysis, visual scheduling, and vocational support. The group expressed concerns about current OOD documentation software, with participants sharing their experiences using different platforms like Britco, Setworks, and Primary Solutions. Key challenges included outdated interfaces, limited reporting capabilities, and lack of responsive customer support. The discussion highlighted the need for improved technology solutions that integrate well with existing services while providing better documentation and reporting capabilities.

The next Employment Services Committee will be held jointly with the Day Array Committee scheduled for September 3rd @ 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 Health Care Committee meeting scheduled for Thursday, June 18th was cancelled.

The next Health Care Committee meeting will be held in-person at E.C.I., Inc on Thursday, August 20th @ 10:00am.

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

OPRA Biz/Ops Committee Report
Wednesday, May 20, 2026
10:00am – 12:00pm

Meeting Summary

AI Implementation in Business Operations

The Business Operations Committee meeting focused on AI implementation, introducing two guest speakers: Katie Blumhorst and Justin, who presented on practical AI applications in business operations. Katie shared examples from Capabilities, demonstrating how AI can be used for note-taking, translation, training development, scheduling, and internal audits, while emphasizing the importance of proper implementation including setting personas, context, and constraints for AI tools. Justin highlighted specific tools like Google Gemini and discussed the value of using multiple AI models to get different perspectives, noting improvements in AI note-taking capabilities over time. The presentation included practical examples of AI usage in service provision, staff training, and organizational operations, with both speakers stressing the importance of human oversight and responsible AI implementation.

AI in the Workplace Risks

Chaz Billington and Adam Billington from the Vorys Labor and Employment Group presented on AI in the workplace, covering what AI is, risks in the workplace, vendor onboarding processes, and liability concerns. They discussed two main risk areas: employee use of unsanctioned AI tools and organizational use of AI systems, with particular focus on enterprise-level employment decisions. The presenters highlighted several cautionary tales, including lawsuits against Workday, Intuit, and Sirius XM regarding discriminatory AI algorithms.

Adam discussed the challenges and best practices for implementing AI systems at the enterprise level, emphasizing the importance of starting small, focusing on data quality, and building strong partnerships between business and tech teams. Adam and Charles discussed key considerations for data and security when working with AI vendors. The discussion also covered the importance of ongoing auditing and monitoring to ensure vendor compliance and meet legal requirements, such as data retention requirements, FCRA-related liability, and algorithmic discrimination concerns. They recommended creating an AI task force, developing comprehensive policies that link to existing policies like proprietary information and BYOD policies, and conducting regular training. They also introduced their AI research tool for HR questions and encouraged attendees to sign up for regulatory updates.

OPRA Biz/Ops Committee Report
Wednesday, July 15, 2026
10:00am – 12:00pm

Meeting Summary

OPRA Audit Preparation Meeting

Christine opened the July meeting of OPRA's Business Operations Committee, welcoming both new and returning members. The agenda included guest speakers Liam and Suzanne from VORES

to discuss preparing for possible audits due to increased pressure on Medicaid providers, as well as Ronnie from Anne Grady sharing insights from their recent audit experience. The meeting was scheduled to cover additional hot topics and allow for open discussion on fraud, waste, and abuse efforts.

Medicaid Audit Best Practices Presentation
Suzanne Scrutton and Liam Gruz from the Vorys Law Firm presented on best practices for handling Medicaid audits, highlighting recent increases in audit activity due to federal and state initiatives targeting fraud, waste, and abuse. They explained that providers can be audited for various reasons, including data mining, previous issues, complaints, or random sampling, and discussed both pre-payment and post-payment audit types. The presentation covered the different entities conducting audits, including DODD, Ohio Department of Medicaid, and the Ohio Auditor of State. The meeting focused on the process for Medicaid audits conducted by the Auditor of State, outlining a typical timeline of 4-6 months from notification to completion. The discussion covered key stages including the entrance conference, documentation requests (which can number 300-500 records), and the importance of organizing records properly within 30 days. The discussion covered recent trends showing increased compliance exams, particularly in behavioral health and home health settings. Finally, they presented best practices for handling audits, emphasizing the importance of accuracy, timeliness, and proper documentation of care rendered.

Legal and Audit Records Discussion
Christine discussed the importance of maintaining records from the past six years, including COVID-related leniencies, and offered assistance in locating these records if needed. Doug, representing Choices in Community Living, inquired about the process of engaging legal services, to which Suzanne explained that OPRA members receive two free hours of legal services annually and offered to schedule a preliminary call. Roni raised a question about the opportunity to include responses in audit findings, which Liam addressed by requesting more information about the specific type of audit conducted by Anne Grady Corporation. Christine encouraged feedback on future topics for the committee and noted the evolving nature of audit practices under the new regime.

DODD Claims Review Requirements
The team discussed concerns about new DODD claims review process allowing reviewers to conduct random financial audits during normal reviews.

Audit and Compliance Updates Meeting
The group discussed Senate Bill 315's impact on EVV requirements, with Christine acknowledging ongoing confusion around the bill's language and lack of guidance from ODM. Scott provided an update on OPRA's new pooled employer plan retirement program partnership with Transamerica and Oppenheimer. The conversation ended with discussions about certification challenges, particularly regarding NPI number requirements and FBI background checks, with mixed reports from providers about requirements varying across different certification offices.

The next Biz/Ops Committee meeting is scheduled for Thursday, September 16th @ 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

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, June 17, 2026
9:30am – 1:00pm

Meeting Summary

This residential resources meeting focused on Senate Bill 315 (House Bill 795), which addresses fraud, waste, and abuse concerns in Medicaid services. Rachel led the discussion through key provisions of the bill, including EVV requirements with GPS tracking for certain services, new oversight measures for providers, and expanded definitions of credible allegations of fraud. The group discussed implementation challenges, particularly around GPS requirements and their impact on staff privacy, as well as concerns about billing for "on behalf of" services when individuals are in hospitals. Christine explained that while the bill removed the ban on family caregivers, it still requires additional validation processes for high-risk providers and creates new requirements for provider enrollment and oversight. The meeting also covered the current provider enrollment moratorium implemented by Governor DeWine on May 14th, which affects certain new provider enrollments but does not impact existing services or individuals receiving support. Participants shared experiences with interRAI assessments, with most reporting positive experiences and minimal changes in questioning compared to traditional DDP assessments. The discussion concluded with updates on upcoming waiver rule changes, including requirements for in-person level of care assessments and environmental accessibility services now being included in the self-waiver.

Medicaid Fraud Bill Discussion
Rachel led a residential resources meeting focused on Senate Bill 315 (House Bill 795), which addresses fraud, waste, and abuse in Medicaid services. The bill originated from concerns raised during a May House Medicaid Committee hearing about discrepancies in home health services, particularly regarding family caregivers and EVV requirements. After public testimony and advocacy efforts from disability organizations, the bill was modified to remove the family caregiver provision that would have eliminated payments to family caregivers, though some EVV carve-outs for DODD services remained in the final version sent to the Senate.

House Bill 795 Status Discussion
Rachel and Christine discussed the status and implications of House Bill 795, which became Senate Bill 315 and is awaiting Governor DeWine's signature. They reviewed key provisions of the bill, including exemptions for certain services from EVV requirements, new oversight measures for providers, and expanded definitions of fraud and credible allegations. The discussion highlighted concerns about GPS requirements for EVV visits and NEMT, with Christine explaining the concept of breadcrumbing. Participants were encouraged to share their agency's specific concerns and questions about the bill's impact.

EVV Program Data Capture Concerns
Christine explained that while the EVV program requires multiple data capture methods including apps, telephony, and manual visits, concerns remain about upcoming benchmarks that could penalize providers for using manual entry when technology fails. She advised providers to engage with their vendors about data storage capabilities and backup plans, particularly regarding GPS connectivity issues. Regarding Russ's question about exemptions for congregate living sites, Christine clarified that while the original amendment aimed to keep EVV only in current services, the final legislation included broader carve-outs for people with developmental disabilities regardless of waiver type, though the specific interpretation still needs clarification from ODM.

EVV and GPS Requirements Discussion
The group discussed EVV and GPS requirements, with Christine explaining that ODM canceled recent stakeholder meetings and there are currently unknowns about implementation changes. Rachel raised concerns about GPS tracking privacy, which Christine addressed by noting that GPS data should remain within the EVV system and not accessible to other state agencies. The discussion also covered on-behalf-of-time billing, particularly for hospital visits, with Christine clarifying that properly documented services in ISPs could serve as a defense against potential claims flags.

Hospital Billing and Medicaid Updates
The group discussed challenges with billing for services provided to individuals in hospitals, particularly around benefit redeterminations and staff support. It was explained that billing for one-on-one hospital visits gets flagged and is typically not funded, while another noted that MRC staff can be sent to hospitals without billing issues. The discussion then moved to a moratorium on new Medicaid provider enrollments announced in May, which is scheduled to last at least six months. Rachel clarified that the moratorium does not prevent existing providers from serving new people or individuals from moving to new locations, and confirmed that licensing new residential facilities

can continue during the moratorium. The conversation ended with a discussion about interRAI assessments, with Rachel seeking feedback on recent assessment experiences.

DDP Assessment and Waiver Updates
It was reported that recent assessments went well with minimal changes from typical DDP assessments, though they included more mental health focus and required staff presence during evaluations. The team discussed upcoming waiver rule changes, including requirements for in-person SSA visits every 6 months and updates to environmental accessibility services now being included in the self-waiver with a $15,000 budget cap. The group noted they are still awaiting updates on the MedAdmin rule and AV rule from the department.

Ohio Provider Certification Updates
The meeting focused on provider certification and compliance issues in Ohio's developmental disabilities system. Teresa provided updates on the department's provider certification work group, which aims to implement changes by July, including new certification requirements and a provisional certification period for new providers. The group discussed concerns about provider relocations without proper notification, with mixed experiences reported among attendees. Stephanie from DODD announced upcoming initiatives including new documentation templates for independent providers and a training session on preparing for provider compliance reviews scheduled for June 25th.

HPC Compliance Review Process Updates
The meeting discussed new compliance requirements for reviewing claims documentation during regularly scheduled compliance reviews. The process will begin July 1st for providers billing 15-minute HPC units, with a focus on verifying that billed units match documented service time. During reviews, providers will need to access service documentation from the previous three months, including time-in/time-out records and EVV reports, with 10 random claims being reviewed per provider. The implementation will start with 15-minute HPC providers only and will be integrated into the existing compliance tool, with 90 days notice required for updates.

New Claims Review Process Concerns
The group discussed concerns about new claims review processes and high-risk provider designations. Teresa clarified that risk levels are defined in Ohio Administrative Code and emphasized that fraud involves intent, while mistakes in documentation may result in plan corrections rather than fraudulent labels. The team expressed concern about providers being labeled as fraudulent based on single claims or documentation errors, particularly regarding EVV requirements, and agreed to await further clarification from the department about the review process and required documentation.

ICF Compliance Review Changes
The meeting discussed compliance review changes and Senate Bill 315's impact on ICF providers. Teresa clarified that compliance reviews will only examine 10 sampled claims rather than all claims, which was incorrectly reported earlier. Participants identified potential vulnerabilities in the ICF system, with someone highlighting therapeutic leave days as an area of concern due to scrutiny over pre-approvals and documentation. The discussion also touched on the strengths of the ICF system's oversight mechanisms and the need to further enhance these systems while demonstrating their value to legislators.

Audit and Cost Report Updates

It was discussed recent audit experiences where cost reports are being scrutinized more heavily, including questions about legal fees and challenges with billing shared staff between locations. The group learned that three current audits are expected to continue until the end of June with similar levels of scrutiny. Rachel shared positive news about potential approval for StationMD telehealth services in the cost report, with CMS reviewing updated language for the state plan. Scott Marks provided an update on PUCO regulations, explaining that ICF services are considered indirect compensation for transportation and therefore not subject to higher-level safety regulations under PUCO.

ICF Regulatory and Survey Updates

The group discussed recent regulatory updates regarding ICF bundled services, with Scott Marks reporting that PUCO has determined nursing facilities are included as indirect payments, though this interpretation is not yet in writing. Rachel presented QCore data showing concerning survey activity with only 14 recertifications completed in Ohio by March, though the data accuracy may be affected by ongoing system migration. The conversation ended with updates about an upcoming survey regarding ICF capacity for serving additional populations, and reminders about upcoming training opportunities including new supervisor training on June 23 and CEO/DOO training on July 29.

The next meeting of the RR committee is scheduled for August 19th @ 9:30am.