**OPRA Strategic Plan**



**2016 - 2017**

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| **Mission Statement** |
| To support and provide advocacy for community-based service providers to ensure the availability of programs, services, and funding adequate to support and assist individuals with developmental disabilities as they strive to achieve a life of increasing independence, productivity and integration. |
| **2016-17 Focus Areas & Goals** |
| **Workforce Sustainability** | **Efficiencies and Simplification** | ***Mission-Driven,* Quality and Sustainable System Reform** |
| 1. Advocate for average DSP wage of 200% of the federal poverty level, DSP’s receiving average benefits package and funding to sustain.
2. Advocate for re-investment in DSP wages, benefits, training and supervision, and waiting list, of County Boards of DD/DODD budget savings accrued from waiver budgets or efficiencies in County Boards and State systems.
3. Develop and implement strategies to attract, train and retain people to the direct support profession.
 | 1. *Advocate for regulatory standards and implementation practices that are only “useful or necessary”, so that people with disabilities can achieve outcomes that are meaningful to them.*
2. *Advocate for simplification of state reviews of providers, including national accreditation for licensure and county board accreditation, streamlining ODH/DODD review process of ICF’s and HCBS heightened scrutiny reviews.*
3. Advocate for simple, quality-focused and innovative reimbursement models.
4. ~~Assist and advise our partners in the development and implementation of the CMS transition plan/HCBS rule and conflict-free case management.~~
 | 1. *People with intellectual and developmental disabilities have the same opportunities as all Ohioans.*  Integrated community employment initiatives achieve the same employment rate as the general Ohio population while transforming day array services to community engagement.
2. Advocate for adequate funding for all ICF’s *and waiver services*, including responsible downsizing of ICF’s, setting size changes, individual needs and provider incentives.
3. Identify opportunities to improve people with IDD’s health and experience of care, while seeking to reduce the per capita cost of care.
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