***OPRA Board Consent Agenda***

***January 25, 2017***

***NOTE: Some of the information is carried over from the update given at the Board retreat last month. Updates are in green font and underlined.***

***A. Workforce Sustainability and Quality Focus Area***

**1. Waiver Pilot**

The budget bill contains language that allows DODD to request authorization from CMS to do a daily or weekly rate in the IO waiver. The final report on the waiver pilot was completed and sent to OHT. The report recommended the state look into residential habilitation as a waiver service. DODD released a draft rule for residential habilitation with a daily rate. DODD expressed a willingness to consider a weekly rate instead. The OPRA Waiver Kitchen Cabinet is recommending that the board and OPRA consider the weekly billing unit proposal by DODD.

**2. Threshold for Exempt Status** An injunction was issued by an Obama appointee, federal Judge in Texas on November 22nd, essentially blocking the implementation of the Department of Labor (DOL) overtime rule. The DOL was granted their motion for an expedited appeal, but the timeframe for the court’s decision is after the inauguration. Members of Congress have said they plan to use the Congressional Review Act to nullify the rule. Rumors are that the rule is a Week One priority for the Trump administration. Bottom line, it seems that the rule will not survive, but will require ongoing monitoring. We continue to watch the lawsuit, but every signal out of Washington indicates that this rule will not survive. Democrats in Rhode Island, Connecticut, Maryland, Wisconsin and Michigan may propose state-level versions of the OT regulation.

**3. Shared Living Services** (the expansion of this service is expected to assume some of the demand for DSP workers and allow providers to take on new individuals in other services – see C.2. below for more information)

**4. Healthcare Integration Workgroup** (the integration of LTSS and healthcare funding , services and outcomes is expected to result in more flexibility for individuals and providers, thereby increase margins and the ability for providers to structure DSP pay higher to achieve outcomes in both LTSS and healthcare – see C.1. below for more information)

**5. DSP Pilot - Community Connections, Career Partnerships-Ohio**

OPRA member providers participating in the pilot are: Heinzerling, CCHS and ViaQuest for students from Franklin Heights High School in the South-Western City Schools District. Janice Hall has been engaged as the project manager for C3P(O).

All 12 students enrolled in the C3P(O) program at South-Western City Schools finished the program and earned their Certificate of Initial Proficiency (CIP) from DSPaths. 10 of those students plan to continue on to earn their Certificate of Advanced Proficiency (CAP) next school year. Over 90% of the students plan to work in the IDD field after high school graduation. Most of the students now plan on attending college.

There are 4 new groups in the program in the 2016-17 school year with 3 new school systems. Our C3P(O) curriculum and credential received approval Ohio Department of Education as an approved credential.

The first C3P(O) newsletter went out and received positive feedback. Attendance bonuses for the first semester were awarded to 5 students at Medina Schools.

Trish Otter, Diane Beastrom, Janice Hall and Mark met with the Cleveland Metro Schools and they are evaluating the possibility of implementing C3P(O). If they decide to do that, it will likely be in the 2018 – 19 school year.

OPRA had a vendor booth at the OACB conference and shared info on C3PO with conference attendees. Janice and OPRA staff will be meeting with Kelly Miller and staff to discuss the project. The Compliance Unit was unaware of C3PO and considered citing a provider for having someone under 18 engaged with residents. The citation was not issued and they requested more information.

An all-day C3P(O) retreat was held on January 19th, to discuss the program model and expansion of the program inside and outside of Ohio. We decided to hold off on national expansion, until the pilot was completed in Ohio (about one year). More details will be discussed as they are agreed upon.

Anyone interested in C3P(O) is encouraged to contact Janice at [jhall@opra.org](mailto:jhall@opra.org).

**6. Provider Information and Selection Tool Pilot**

This pilot will allow families and individuals to write reviews of providers, and will encourage a new “customer service-oriented” culture among DSP’s. (see C.7. for additional information)

**7. Direct Care Workforce Workgroup**

Lisa Reed (RHDD) is chairing and Anita is staffing the new OPRA Direct Care Workforce Workgroup. OPRA established this workgroup in 2015. The workgroup reviewed reasons DSP’s leave and brainstormed solutions. Top 3 reasons: lack of transportation, lack of child care, poor supervision. Worked with Lucas County Family and Children First Council on a grant to pilot solutions to these problems. OADSP also involved. Grant was awarded. Pilot is one year in duration and started July 1, 2016.

Bridges out of Poverty training is a major component of the grant. Members have been requesting the training. We are in contact with Bridges out of Poverty trainers and are negotiating regional BOP training for 2017. There are licensing issues that need to be reviewed and addressed. Washington County Family and Children First Council received a BOP grant and have opened up 2 free training sessions to OPRA members.

OPRA had a vendor booth at the OACB conference and shared information on our workforce initiatives.

**8. ODDC Marketing Grant for DSP Recruitment**

On Friday, December 8th the Ohio DD Council awarded OPRA a $35,000 grant to create statewide marketing materials targeted to recruiting direct support professionals. All materials will be generic with consistent messaging so that they may be customized and used by providers across the state. The first meeting of interested stakeholders will be at 12:30 on Thursday, December 5th. This meeting will be designed to help craft the message. All products are anticipated being finished by the end of March 2017.

**9. DD Awareness Day**

Direct care issue will be worked into the agenda for the DD Awareness Day, by highlighting the value of the work.

**10. Compensation and Benefits Survey**

A one page summary was developed for distribution.

***B. Efficiencies and Simplification Focus Area***

**1. Licensure and County Board Accreditation/National Accreditation**

The Partnership is continuing to pursue abbreviated reviews for county board accreditation and licensure. Mark Davis and John Pekar are coordinating this effort for the Partnership. The Partnership sent a letter to Director Martin, requesting a meeting to discuss making this effort a priority. We will follow up with Director Martin at a later time due to the current system reform workload. The Partnership will continue to pursue this issue in ~~2016 and~~ 2017.

**2. SSA and Program Management**

CMS has informed DODD that an end date is needed, for county boards to discontinue delivering HCBS as the boards also deliver TCM. DODD negotiated a 10-year timetable for county boards to be out of delivering HBCS. OPRA is working with COG’s and county boards, to develop private provider capacity and on other transitional preparation.

**3.** **ODH and DODD Streamlining**

The budget bill contained language that gives DODD the authority to delegate licensure reviews to ODH. The administration has said they intend to follow this path. It has been reported that ODH has begun doing ICF surveys on behalf of DODD, in some instances. We have been told by DODD and ODH that they will begin phasing this in beginning on January 1, 2017. A DODD webinar held on 12/12 regarding the new licensure process. To date, no member has reported having a joint survey. We are continuing to monitor.

**4. Provider Certification Process**

OPRA continues to have conversations with DODD on provider and system stakeholder frustrations with the provider certification process. The last meeting was with DODD was at the OACBDD Fall Conference the first week of May. OPRA has an initial draft of legislation to address the lapse of certification issue. DODD is concerned that any substantive attempt to band-aide PCW risks breaking the whole system. A subsequent meeting to discuss the wide difference of opinion in next steps is being scheduled.

**5. Heightened Scrutiny Review Process**

Heightened scrutiny memo was released by DODD prior to stakeholder input/communication. There has been an inconsistent process and outcomes for these reviews by DODD and the Ohio Department of Medicaid. OPRA is working with OACB, DODD and ODM to resolve these concerns. A meeting with DODD to discuss these issues is scheduled for 12/14. The outcome was generally positive and a follow up meeting is scheduled for 2/21. Lisa is providing strategies and tips to meeting the HCBS Setting Rule at the OPRA Day Services Meeting on Monday 1/23, as well as working with Members one on one when requested.

***C. Quality, Accountable and Sustainable System Reform Focus Area***

**1. Healthcare Integration Workgroup**

Mark continues to make national connections at CMS, providers, managed care company, US Congress and others associated with doing similar research. Director Martin is considering partnering with CERIIDD and may have a proposal to CERIIDD by the end of 2016. OPRA had engaged an epidemiologist and consultant to help with the feasibility, funding and start-up of CERIIDD. We are working on our start-up business plan. We explored an Ohio GRF budget ask for CERIIDD funding, but the legislature asked that we continue conversations with the administration and legislature.

Energy continues to grow around the CERIIDD project - On April 11th , Mark Davis and Lisa Mathis traveled to Washington, D.C. and met with leaders of the Administration for Community Living (ACL), including Commissioner Aaron Bishop, Director John Tschida, Program Specialist Katherine Cargill-Willis, Deputy Director Dr. Jennifer Johnson, Dr. Dawn Carlson from NIDRR, and Terrill Curtis to discuss the need for epidemiologic research investigating the relationship of LTSS, healthcare, and quality outcomes for individuals with IDD. Interest was strong enough that a follow-up meeting was requested, although a date for the meeting has not yet been confirmed.

Dr. Julie Gentile, M.D. and Director of Intellectual Disability Psychiatry at Wright State University is interested in CERIIDD and is the latest member of the CERIIDD leadership team.

CERIIDD applied to the IRS for 501(C)3 status. We hope to hear back by February 2017. CERIIDD held its first board meeting on August 24, 2016. CERIIDD also applied for a DUNS number (Data Universal Numbering System) so that we are able to receive grants from the federal government. We should receive our DUNS number sometime mid-January. CERIIDD received approval of its 501(C)3 status and its DUNS number. We are currently working on registering CERIIDD in the System for Award Management (SAM) so we are edible for federal grants.

The Letter of Intent requesting funding for CERIIDD from Robert Woods Johnson Foundation (RWJ Foundation) has been submitted. OPRA hopes to hear back from RWJ sometime during the first quarter of 2017. In mid-November, the RWJ Foundation notified CERIIDD that our request for funding was denied. The CERIIDD team is currently considering other funding options, including a promising opportunity offered through the Administration for Community Living. We are also considering contracting with a grant writer.

OPRA continues to have discussions with key stakeholders about the startup of CERIIDD. OPRA may ask for state funding for Ohio research. CERIIDD leadership and Illuminators will begin to have joint discussions about CERIIDD and Illuminators will act in an advisory capacity to CERIIDD.

The CERIIDD leadership team led a conference call with the CERIIDD Illuminators on November 29th, 2016. Robert Budd, the CEO of Family Residences and Essential Enterprises, Inc. reported that similar research is being done in the state of New York and is being funded by the NY Department of DD Services. Mark met with New York folks who have a state legislated grant to do research on the health of people with IDD. CERIIDD will continue to discuss a possible joint project with these folks on January 24th.

On November 21st, 2016, the CERIIDD team met with Teresa Kobelt and Hope McGonigle from DODD to discussion collaboration between DODD’s epidemiological researchers and CERIIDD. They seem willing to share data and a second meeting is scheduled in January. The second meeting with DODD was positive and we will be continuing our conversion with them concerning data.

On November 30th, 2016, Mark, Christine and Lisa met with Dr. Groshen, the Commissioner of the Bureau of Labor Statics and her team. Although the focus of the meeting was around the workforce shortage, we did get a chance to brief them on CERIIDD. We also touched base briefly with staff of Rep. Stivers and Sen. Portman.

The CERIIDD team has reached out to Jini Kim and her start up company Nuna. Ms. Kim has taken complicated and siloed Medicaid data and transformed into highly usable, interactive, and flexible real time data. Ms Kim’s brother has autism spectrum disorder (ASD).

**2. Shared Living Services**

We convened a stakeholder meeting on June 17, 2015 with interested members, county board SSAs, advocates and the Department to create a statewide Strategic Marketing Plan focusing on recruiting host families and educating families and SSAs about Shared Living as a model.

On September 1, 2015, the consultant delivered the revised marketing plan to OPRA and OACBDD. The plan was discussed with DODD on September 22nd. Carolyn Knight of Ohio DD Council has indicated an interest on the part of Council to review the plan to see how Council might assist. DD Council approved our project request and awarded $20,000 to help fund the marketing plan. DODD has indicated that they have the capacity to perform most of the tasks listed in the marketing plan and will take the lead. In a meeting with DODD and OACB it was decided that Council funds will be used primarily for the development of the video(s). OPRA and OACB will assist. It remains clear the DODD expects Shared Living to grow significantly and that there are many challenges to realizing DODD’s vision for Shared Living expansion.

The education and implementation phase has begun. DODD is actively doing outreach to county boards, families and providers. OACB and OPRA had sessions at their upcoming conferences on shared living.

**3. ICF/IID**

DODD established 4 ICF work groups in 2015: Reimbursement, Quality, Process and Overarching. All groups provided input to PCG for reimbursement re-design.

PCG Recommendations: IAF will be replaced with the ODDP. Change capital reimbursement to a FRV (Fair Rental Value) system as is currently used in nursing homes.

13 quality measures developed across 4 domains – Quality of Life (community and participation) and Quality of Care (health/wellness/safety and staffing). Meeting quality measures will result in an add on to funding. DODD has 6 – 10 million set aside. Hope to implement in 2018.

Have requested all data used by PCG in re-design so that accounting firms can analyze.

ICF Employment Pilot: Received funding and is underway. No further updates at this time.

Downsizing: 605 approved. 106 complete.

Conversion: 446 approved. 187 complete.

Exit waiver/diversion waiver enrollees: 5 (goal 1,136)

Preadmission counseling: 85 individuals. 72 selected ICF. 13 selected waiver.

ICF meeting scheduled for 12/15 to discuss PCG recommendations and next steps. OPRA has not supported moving forward with the reimbursement re-design, as we believe it is not complete. Questions remain and as designed, the reimbursement negatively affects smaller ICF’s, which is the opposite of DODD’s original stated intent. Additional the Fair Rental Value component is confusing at best and again penalizes smaller homes. DODD has re-engaged PCG. We are anticipating budget language and additional meetings very soon.

**4. Trauma Informed Care**

We continue to host education about trauma informed care. There was a session on trauma informed care at the Fall Conference.

**5. Business Intelligence Tool**

Data has been collected from DODD that identifies all providers in the State of Ohio and the counties which they offer services. This along with the OPRA Provider Capacity Survey that was collected in recent weeks, are being used to categorize providers throughout Ohio. In addition, requests have been made for DODD to provide the amount of individuals being served by geographical locations and their acuities. This information should aid OPRA members in making an educated decision on increasing their services and where to potential develop their business within Ohio. Relevant, current and correct data will enable OPRA to advocate for sustainable solutions across our Medicaid and Medicare systems. OPRA is researching systems necessary to automate and maximize the value of our data visualization software.

The updates for Tableau have been purchased and we are now waiting for the new IT support to install the new server. Once the new server is installed, we will download the program and Tableau will be up and running!

**6. CMS Regulations on Definition of Community, Conflict-Free Case Management, Person-Centered Planning – State’s proposed transition plan**

OPRA continues to advocate for a sustainable plan to implement the new CMS HCBS regulations. Ohio’s transition plan received Initial Approval from CMS and is likely to receive final approval too.

**7. Provider Information and Selection Tool Pilot**

Cuyahoga and Coshocton Counties, along with 5 OPRA members in those counties, designed and implemented a provider information and selection tool pilot. The pilot contains a website that is a “Trip Advisor”-type tool for people to obtain useful information on providers. DODD is aware and supportive of our efforts.

DODD and OACB approved funding and are partnering with OPRA on the new website. January 15, 2016 was the implementation date for the pilot. The website is up and running, with about 1% of individuals in the pilot have submitted reviews.

The Provider Guide Plus (PG+) planning committee has decided to expand the PG+ pilot to all agency providers in Cuyahoga and Coshocton Counties as well as Knox County. This will be done by the end of 2015. Our plan is to expand PG+ to the entire state by the end of next year. The pilot was expanded to all agency providers in Cuyahoga, Coshocton and Knox counties.

**8. Employment First/Day Services**

Jeff Davis and Lisa Mathis have focused on developing ways to support OPRA members to transition toward community-based day services and competitive employment, as well as build private provider capacity in order for the county boards to disengage from direct care. Individual and group meetings have been held with superintendents, county boards, OACB, and private providers in an effort to pinpoint barriers and build on successes.  It seems that the current challenges are facilitating communication between agencies that perhaps is unprecedented.

At the OPRA Spring Conference, SWOCOG superintendents returned for a follow-up session and superintendents from SOCOG hosted an informational meeting for any interested parties.  Stacy Collins from DODD presented on the future of Adult Day Services in Ohio. Stacy confirmed that DODD will be posting proposed day rules and rates sometime in May for public review, and that the new rules are planned to go into effect on October 1, 2016.

Lisa Mathis and Jeff Davis continue to bring county boards and providers together to encourage collaboration and build provider capacity.

OPRA members are encouraged to participate in the Employment First/Day program Workgroup that is held monthly.  The workgroup includes presentations by and conversations with DODD, OOD, county boards and other key stakeholders.

In May ODD publicized a new fee schedule that will negatively impact OPRA members providing OOD services. Lisa and Jeff are working with OOD to accomplish the following objectives:

·         OOD should reconsider the proposed fees, especially for Tiered Job Development. -  the proposed fees are much too low.  Seven OPRA members have put forth the effort to collect data in support of higher OOD fees.  This data is currently being analyzed and  will be presented to OOD after release of the new and revised OOD fees

·         OOD should unbundle mileage and report writing

·         OOD should create an enhanced fee schedule for Supportive Employment

In November, ODD sent out yet another proposed fee schedule. OPRA’s response to the proposal included the three points below:

* The necessity of minimizing documentation requirements for providers
* The need for further clarification of who qualifies for Supported Employment
* The need to closely monitor the employment success of individuals with the most severe disabilities to ensure the new fee schedule facilitates employment for this population.

DODD has also publicized new rules and rates for day services and employment. Notable changes include DODD proposal of using 15 minute units for billing, the discontinuation of a combo code and day rate, and the addition of career planning services. Stay tuned for further clarification  and guidance from OPRA concerning these proposed rules and rates.

Implementation of the new Waiver Day Array rules has been delayed pending CMS approval. Despite the delay in the implementation of the new rules, DODD has decided to eliminate the combo code on November 1st. OPRA is working with DODD to come to a reasonable solution concerning the elimination of the combo code.

The OPRA team was able to negotiate a reasonable solution for the elimination of the combo code while awaiting implementation of the new rules. Director Martin wrote a letter supporting providers in the use of vocational habilitation or day support billing codes when providing a combination of services. This billing option will be available until the new rules go into effect.

DODD responded to the Request for Additional Information (RAIs) from CMS concerning the day array rules in late November. DODDs responses to CMS have been made available to members upon request. The new rules are still expected to be implemented on April 1, 2017.

Guidance from OOD and DODD has been released concerning the WIOA and providers utilizing a 14(c) certificate. This guidance has been presented at several OPRA meetings and forwarded to members.

The new day array rules and braiding of DODD and OOD funding will be addressed by DODD and OOD employees at the 2016 OPRA Fall Conference.

Based on member input, another session explaining braided funding has been added to the OPRA 2014 Spring Conference. This session will include case studies.

As of 1/19/17, proposed DODD and OOD rules and rates are still anticipated to be implemented on April 1st. The proposed OOD rules are currently being reviewed by CSI and the proposed DODD rules are currently being reviewed by CMS.

**9. ABLE Act Training**

OPRA has done several trainings on the ABLE Act and its implementation in Ohio, the first state to have these new accounts. The STABLE accounts in Ohio allow individuals with disabilities to create savings accounts that don’t impact their Medicaid eligibility and prepare them to pay for services directly. The investment income in a STABLE account is free from federal tax. People from other states are permitted to open a STABLE account and about half of the accounts opened initially, are from out-of-state folks.

The ANCOR State Association Executives Forum hosted a presentation by the Ohio Treasurer’s Office on the STABLE Account program.

**10. Waiver Pilot**

The OPRA Waiver Kitchen Cabinet is recommending that the board and OPRA consider the weekly billing unit proposal by DODD. (Please see A.1 for additional information.)