**Agenda Topics:**

1. **Welcome-Introductions**
2. **Efficiencies and Simplification Quick Update—priorities----BECKY**

* MUI/UI Rule and Process Review-Update and Action plan---- (Meetings scheduled monthly through Nov 2017); Next meeting tomorrow July 18th.

**Update from 6/27/17 Meeting:**

**Recommendations:**

1. NEGLECT
2. Revise definition of Neglect (Category A)---Adding intentional and actual harm component
3. Add category such as Inattention to program services outlined in individual’s service plan (treated as a UI unless during course of provider internal review, it raises to level of Neglect above)
4. All neglect allegations (unless obvious intention and harm) will be initially investigated as #2-if once investigation reveals should be A, will change category, etc…
5. Guidance document to be released to outline examples of each and FAQs
6. LAW ENFORCEMENT NOTIFICATIONS
7. Must meet criminal act to report
8. Need to address allegation of abuse (call immediately)
9. Neglect, exploitation, failure to report, peer to peer, misappropriation (called when investigation shows that it’s considered a criminal act, therefore---does not have to be immediate upon allegation)
10. FILING MULTIPLE MUIs ON SAME INCIDENT (OR FILING IN DIFFERENT LOCATIONS FOR SAME INCIDENT)
11. Look at event based reporting (ie: incident reported, investigation opened initially based on category A-B-C, category can be changed during course of investigation)
12. One investigation packet with one prevention plan (cause contributing factors, actions, etc…) even if multiple locations, multiple categories, etc…
13. Not selecting “Category” also removes some of the stigma for staff, individuals, families, etc.. (ie: instead of you are being investigated for Neglect---there is a situation that I am looking into---) Also helps county, provider admin time/burden.
14. REFERENCE TRAUMA INFORMED CARE APPROACH
15. All IA’s, providers, law enforcement are engaging in this TIC training/culture….would like to place in the MUI rule for how things are to be approached considering individual and staff trauma informed culture. Global view of underlying causes and contributing factors—true team approach.
16. Requirement for IA’s to complete TIC training
17. PEER TO PEER
18. UNSCHEDULED HOSPITAL
19. PREVENTION OF ABUSE (proactive approaches)
20. QUESTIONS-MUI RIGHTS RESTRICTIONS, ISSUES

* Provider Certification Rule and Process Review-Update and Action plan
* Timely and accurate authorizations; audit protocol/ OACB and OPRA committee update (meeting scheduled for July 19th, 2017---update to follow)

**Guest presentation: Ed Stazyk (Manager of MUI, Cuyahoga County Board) and Martha DiLorenzo (Rosemary Center)**

***Successes and Pitfalls of collaborative MUI/provider project in Cuyahoga County regarding hospitalization MUIs. (refer to attached document handed out at meeting)***

1. **Ohio State Biennial Budget Update and Discussion---JEFF**
2. **Discussion Groups/Action Plans:**
   1. Compliance/Internal review possibilities

* Develop survey tool-based on member interest, scope, foucs, willingness to participate and travel
* Training necessary for those participating on ODH and DODD survey process/rules/consistency (possibly 6 month follow up with ODH and DODD, etc…)
* How would be funded? Look for grants—outside funding (for development of survey, tools, training, etc.)
* Consider partnering with CARF like program “OPRA Plus”--possibly consider OPRA different levels of membership, etc…
* Create database shared resources citation lists, example approved Plan of Corrections, etc…
* Create membership MENTOR program
* Create actual products based on mock survey, mentoring, follow-up etc…
  1. Joint Training/Policy opportunities
* Counties could assist with providing/paying for: OSHA, HIPAA, CPR, First aid, MUI, Med Admin, Cooking class
* Lunch and learns (joint county and providers)
* DSP lunch and learn training tracts
* Budgeting/credit classes for DSP supports
* Scholarships for Trauma Informed care; Autism training etc…
* Role playing; individual stories about impact DSPS have made in their lives, etc…empowering sessions for DSPs
* MUST HAVE NON-GOTCHA policy for trainings
* How to complete investigation trainings: provider staff and county staff together
  1. Workforce, Recruiting, hiring opportunities, DSP initiatives
* Resources for providers (from County) PT, OT, Speech, Respiratory, Rec Therapy, Psych evals
* Crisis response teams to come on-site to assist
* County covers screening for DSPs-new employees
* Benefit Banks---volume of providers by county or region that can partner for reduced costs car insurance, health insurance, child care, etc….
* Uber for individuals in plan
* Uber for DSP transport when car suddenly breaks down
* Crisis loan program for DSPs
* Trips program for paying for staffing during individual vacations, etc..
* DSP MENTOR network-develop—how expand PATHS work with DSP council etc…
* Community Colleges-reach out-STNAs work for providers during college-seek credits?
* Clear career track and options for provider positions-education, experience, what do to meet requirements for advancement, etc…
* Gold standard type providers—county provide scholarships for trainings/conferences etc…

d. Youth transitions OOD/Day services---OPRA Policy outreach and increased focus, benefit---will discuss at next meeting (only one OOD provider present)

1. **Open Discussion:**

Request to discuss Hospice in ICF rule and process next meeting—added to agenda

**Schedule:**

* Check the OPRA calendar online for additional events
* Next meeting: August 21st, 2017