

Waiver Sustainability Group
Waiting List, Workforce and Budgets Subcommittee
December 19, 2011

Charge

The subcommittee was asked to develop recommendations for three primary areas upon which the sustainability of the Ohio IADD waiver system will depend: Waiting List, Workforce and Budgets.

Recommendations

Waiting List

1. We recommend having additional data that will provide clarity on:
 - a. Who is waiting (demographics and what service(s) they are receiving presently)
 - b. What they are waiting for (services)
 - c. When they estimate needing the service(s)
 - d. What is the estimated cost of the needed service(s)
 - e. Who and how many are truly un-served versus receiving a service and waiting for a different one, more of the same, or a different funding stream?
2. Clarity on what the federal and state requirements are for having and maintaining a waiting list for waiver services

Workforce

1. An increase in the waiver rates is needed
2. Providers will share their average direct support professional wage and benefit data pre and post waiver rate increase (this will need to be done in compliance with anti-trust regulations)
3. Additional data is needed specific to:
 - a. County board direct care staff average wage and turnover
 - b. State Developmental Center direct care staff turnover
4. Support creative reimbursement pilots, such as the weekly rate pilot, that may provide model solutions that:
 - a. Move the focus of our system from inputs to outcomes
 - b. Allow providers to be more creative and flexible in designing and implementing outcome-focused interventions
 - c. Provide more budget predictability and sustainability for funders
 - d. Align incentives to influence stakeholder behavior and achieve system outcomes

Budgets

1. Determine where the \$883,000,000 in nonmatched funds is being spent
2. Maximize funds that are matched while maintaining critical services that are not eligible for federal match (maximum potential increase in funds per person in our system is about 52%)
3. Collect and analyze data on cost of services at the system level, to determine adequacy of rates/what services ought to cost (for example and based on August 2011 data, average spent per person per year was \$28,116 – is that the right number?)
4. Collect data on provider cost of providing Medicaid services including an analysis of the variance in cost to the system for a public provider (DC and county board ADS) versus a private provider.

Respectfully Submitted,

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