**OPRA ICF Policy Guiding Principles**

**Member Response and Feedback**

1. **Vote total: 11 “YES” and 0 “NO”.**
2. **The following comments were made:**

* **Put a bullet on number 4 and run with it (system incentives)**
* **I think the argument in #1 could be better supported if they provided a percentage of ICF home settings that serve <12 or 10 or 8. I assume that the smaller setting homes are a high percentage of the ICF’s in Ohio.**
* **#5 Attention regarding the IAF should also focus on case mix score averages. Reimbursement should be based on individual need, rather than a house average. It should be based on admission date rather than FY. This will support higher needs individuals moving into these settings.**
* **Would support language considering NEW ICF development where need exceeds current capacity. This should be clearly stated.**
* **Allow smaller ICF’s to convert to waiver.**
* **Consider language that allows for provider to also own property where services are provided.**
* **I encourage different funding for Board operated ICF’s.**
* **Allow providers to purchase downsized beds so they don’t become “lost”.**
* **#6 suggests OPRA is coming out openly against the public sector, specifically county boards. Why was that language chosen?**
* **Number 6 needs to be more politically worded. (I received a couple of suggestions for this).**