ICF Policy Group

OPRA Guiding Principles

**The comments that follow are based on the assumption that this doc is a position or policy statement on the service delivery system versus just the ICF aspect of the service delivery system.**

1. Ohio’s ~~residential~~ (**since day services are referenced below, the realignment relates to the entire DD service system …not just residential)** service system could benefit from a voluntary**… will significant realignment occur if its voluntary?** re-alignment. As **the population at** Developmental Centers **decreases** ~~downsize~~ and individuals choose **community** services provided by the private sector, the system ~~should~~ **needs to** encourage and incentivize ~~placement of individuals~~ **people living in settings that meet their needs** ~~in the least restrictive setting possible~~. This should include movement as desired by the individual from ICF to waiver and vice versa, without impediment or unnecessary barriers.
2. As ~~the state spends fewer dollars~~ ~~on~~ **DODD reduces the revenue provided for** developmental center services, ~~the resulting savings~~ **revenue** needs to be re-~~invested~~ **allocated to** ~~in both~~ ICF and **HCBS** Waiver programs; insuring the long term ~~sustainability of community based services~~ **success of people making the transition from an institution to the community**. ICF’s **and HCBS Waivers** are serving more individuals with complex behavioral and medical needs. Reimbursement needs to cover costs associated with serving a higher needs population.

1. ICF’s are a vital component of the DD service delivery system and must remain an option in the residential services array. ICF’s vary in services provided and in populations served. Many possess “community character” **if this term is used it would be helpful if language was included defining it a little.** as described in Olmstead documents. These homes are part of a greater community and offer residents full community participation and integration. We do not believe that “institution” can be defined by a funding stream alone.
2. ~~Funding~~ **DODD** needs to incentivize the **transition to a** **community based** service system **they** envisioned. This includes promoting/assisting with private ICF downsizing initiatives, rewarding downsizing and system efficiencies via the reimbursement structure, removing **administrative** barriers to movement between ~~residential~~ funding streams and providing for adequate staff training and wages. The downsizing of private ICF’s should remain (voluntary)…**.why?**
3. The acuity instrument needs to **be updated and revised to** adequately measure the wide range of needs of those receiving services, ~~including the provision of behavioral and medical supports.~~ **and the impact that moving from and institution will have on a person’s needs.** There should be clear and consistent instructions for completion. It needs to be adequately field tested prior to adoption and monitored for accuracy once in use. The allocation of funding ~~across all providers~~ needs to be equitable as determined by ~~acuity~~ **by the needs of the person** and standardized costs of doing business factors **for ICF and HCBS Waiver providers** , not a provider’s ability to subsidize cost.
4. **Data supports that** ~~P~~ private sector services ~~should be considered~~ **are** cost effective alternatives to ~~more expensive~~ publicly ~~run residential and day/employment~~ **operated** services. Developmental Centers ~~should~~ **need to** ~~continue the transition of~~ focus~~ing~~ on specialized care and the provision of training resources. County Boards of DD ~~should be encouraged~~ **need** to **continue** develop**ing** partnerships with the private sector for the transition of ~~their ICF’s and day/employment~~ **the** programs **they operate**. ~~Integrated~~ **C**ommunity ~~employment~~ **integration of services done correctly** is a **formidable** goal and ~~should also~~ **needs to** include ~~the outcome of one reimbursement mechanism~~ **all components of the service delivery system** ~~that includes both~~ **including** day array and active treatment so as not to develop and/or promote two separate and unequal systems dependent on where an individual resides.