1. The results of the IAF reviews conducted by staff of DODD should not be used to rebase the ICF/IDD formula for FY 14 and FY 15.
* The Director has openly acknowledged the inadequacies of the IAF scoring mechanism. It is particularly inaccurate in scoring those with significant behavioral challenges, including those with sexually related behaviors and offenses.
* The review process was conducted in a highly inconsistent manner across providers, resulting in invalid scores.
* Reviewers are focusing on documentation not previously required by the Department as part of the review process, and ignoring other existing clinical information about individuals’ care needs. The reviewers do not have review experience, as conducting reviews is not part of their regular job duties, and lack meaningful experience with large segments of the clients they are reviewing.
* The appeals process is virtually nonexistent; it has not been clearly articulated to stakeholders and is being implemented in a highly inconsistent manner. Appeal deadlines have passed, and the Department has yet to provide the information providers need to substantiate their scoring results.
1. The current plan to implement partial flat rate reimbursement changes in FY 15 is seriously flawed, and must be revised.
* The proposed flat rate approach exacerbates the acknowledged weaknesses of the IAF rating mechanism. Invalid scores should not be used to set a flat rate component.
* The current review and rebasing process indicates a dramatic increase in the number of individuals scored at the lowest level of acuity. (Individuals with “typical adaptive” needs-Category 4s)
* The Department has estimated that there will be $4m in savings extracted from the care of those in this category 4 group of individuals. We do not understand how a cost based reimbursement system with a fixed rate component makes sense or will be implemented, especially with “savings” targeted from the care of one group of individuals. This just isn’t how care should be organized or delivered!
* The Department indicates that the flat rate component is intended to “rebalance” the system through financial disincentives; without any plan for how the intended alternative community care will be made available to the displaced individuals.
* Assuming that the Department’s review results are accurate—which we are confident is not the case—this is a onetime review by the Department; after this review, providers will continue to conduct the scoring every quarter. Implementing a new and different one time scoring system

by untrained reviewers seems like senseless and potentially damaging disruption that does not accomplish a meaningful long-term goal.

1. It is imperative that the ICF/IDD reimbursement Formulary remain in the Ohio Revised Code, rather than in rules or policy guidance.
* This allows for maximum stakeholder input and legislative oversight as changes are proposed.
* In light of federal requirements about the adequacy of reimbursement to meet individuals’ needs, keeping the formula in statute enables the transparency to assure all stakeholders that this requirement is satisfied.
1. Eliminate the “Rollback” mechanism in the reimbursement formula.
* The rollback was implemented to assure that the total reimbursement for care in the ICF/IDDs remained below a statutorily mandated cap.
* Providers are not insensitive, nor opposed to the budget predictability desired by policy makers. However, the reliance on this mechanism has reached a breaking point.
* The underlying formula issues must be addressed. Even if the Department’s IAF review scoring was within a range of acceptable accuracy, the proposed reduction in reimbursement for those with the lowest IAF scores in order to redirect funds to…is arbitrary…and will cause significant disruption in the system.

Suggested Alternative-Establish a workgroup to develop collaborative models and projects for downsizing and conversion-while keeping the needs of consumers impacted at the forefront.

OPRA members are not opposed to the direction outlined in DODD’s White Paper, the Department’s vision for the future of services in Ohio. The Department’s goal is to reduce the number of ICF/IDD beds across Ohio and to convert ICF/IDD beds to the waiver system. It is important to keep in mind that, unlike nursing home beds in Ohio, ICF/IDD beds are full and there is a waiting list for these services; and community waiver slots are also full, with no available capacity. So, while the policy is worthy of discussion, there is no capacity or resources to enable it to happen without endangering those who need the care. This situation is indicative of a system that requires a comprehensive and planful transformation, not a series of unrelated, untested stopgap “fixes”.

Many providers have indicated a willingness to work with the Department and County Boards to downsize ICF/IDD beds and to determine a mechanism to convert beds to the waiver program. We think that individual provider volunteer efforts can achieve the desired results, if approached collaboratively and with open, transparent communication. We need a structured, communication process with county boards and providers to talk about how this might be accomplished, through a collaborative process with the needs of individuals at the center of the discussion.

We propose the establishment of a representative workgroup empowered to identify suggested models, resources, and pilot projects for downsizing and conversion. This group should produce a written report that should be made public for review. This can happen concurrently with the efforts of providers who have already expressed a willingness to move forward to convert or downsize on their own.