OPRA Board of Trustees

Consent Agenda

December 11, 2013

***A. Efficiencies and Simplification Focus Area***

**1. Licensure and County Board Accreditation/National Accreditation**

The Partnership (OPRA, OSCBDD and APSI) is committed to an abbreviated review/deeming for organizations that hold national accreditation that meets or exceeds Ohio’s regulatory standards. Organizations may already request an abbreviated review for DODD provider certification. The next phase of our advocacy efforts are focused on DODD licensure and county board accreditation. DODD is hesitant to work with us on this, but the Partnership will continue to advocate for it.

**2. Background Checks - Rap Back**

The state of Ohio received a federal grant to implement an online shared registry for background checks that includes Rap Back. This will allow HCBS providers to voluntarily sign up for immediate notifications of employees being convicted of a prohibited offense. We are getting clarification from the state if ICF providers will have access also.

The state is planning to have the provider enter in one screen, their employees’ information with the system then auto-populating the various registries. This is not a certainty as they are negotiated with a vendor that runs the AG’s sex offender data base. It is intended to save administrative time while providing immediate notifications. The plan is to complete user acceptance testing in the first quarter of 2014, pilot the system sometime between February and April 2014 and then make the system available to all providers between April and July 2014. (Handout)

**3. SSA and Program Management**

Beginning of planning stages for joint OPRA and OACB training in 2014. Our Clinical Coordination concept paper was shared with the ICF Reimbursement Work Group per request. Topic was funding for community based services. (Handout)

**4. Behavior Support Rule**

DODD seems to have this on the fast track. Several issues are problematic and require additional work – make up and training of HRC members, rights restrictions, qualifications of plan authors, county board and DODD oversight. Next meeting is 12/13. (handout)

**5. OHT Streamlining/DODD Licensure/ODH Certification**

No change since last meeting. Proposal sent to CMS. State is awaiting CMS decision or discussion. The state expects to have an update by December 12/13.

**6. MAIS Implementation Issues**

Held interactive session with DODD on 11/14. One of the unresolved issues is the requirement that staff have personal email addresses in order to “qualify” for medication administration courses. Volunteers from HR and IT are meeting to develop recommendations for the membership.

**7. Level of Care**

DODD does not have enough data to conduct reliability/validity testing on new tool. We are working to secure additional volunteers. Meetings continue. Implementation pushed back till later in 2014.

**8. Direct Care Worker Advisory Workgroup**

The Direct Care Worker Advisory Group (created by statute and chaired by OHT) has now met four times with the statutory goals of determining/establishing  core competencies for direct support professionals in multiple human service systems and determining  which DSPs should meet these core competencies (see attached Draft DCW report for background). Consistent with this administration’s past behavior they believe there should be a consistent set of core competencies for all direct support professionals regardless of system. This is of specific importance to them with respect to Medicaid funded services.

Underlying this effort is the administration’s clear determination that all providers who bill Medicaid are properly trained and certified. They are clear that if a provider of service is not properly certified they will not be paid. And they want a structure in place to ensure that certification requirements are met.

As such they presented a set of core competencies for DSPs established by the DSW Initiative and asked each agency to determine if their certification/ training requirements for DSPs met these core competencies. DODD presented to the group that current rule training requirements did indeed meet and are consistent with the proposed core competencies. We are very appreciative of DODD’s support and efforts.

As a result of all agencies responses it seems that independent providers in the Aging system are the only identified group at this point that do not have in place structured training and certification processes. The immediate goal of the administration at this point is to put in place structure around those providers. This will likely involve a testing procedure for these individual providers. We are not included in that testing process per the administration. It will remain the responsibility of each agency to prove via rule(?) that they have a procedural verification process in place (see attached dsw language). Exactly what that means is unclear but DODD is confident we will not have to do anything different than we do now. We are watching carefully.

**9. Companionship Exemption**

First meeting with members and Vorys on 11/06. DODD and OACB representatives attended. Survey sent to entire membership. Need to do one more push before data can be analyzed. Once this is done, work group members will meet to discuss recommendations for broad distribution to membership. ANCOR is working with the USDOL and CMS to ensure these agencies’ understanding of the impact of this change on individuals served and providers.

**10. Video Conferencing**

Meeting with equipment installers on 12/09. Need to learn how to use equipment and ascertain what portions of the system need to be attended to. Need to verify remote locations and determine need (or not) to switch cable provider.

***B. Reimbursement Transformation for Workforce Sustainability***

**1. Waiver Pilot**

The pilot is showing considerable success.  Through targeted training and leadership of the pilot, participating counties and providers are working collaboratively to develop person centered/outcome based service plans. A great deal of enthusiasm and excitement has begun to be generated across the pilot counties as well as the state.  As a result, DODD has agreed to increase the size of the pilot. Review of the preliminary utilization of the weekly rate reimbursement will determine the number by which is expands. OPRA is working with the Department and OACBDD to target counties and providers that will participate. Counties are actually volunteering to get involved with the expansion.

Each of the existing participants have converted to utilization of the weekly reimbursement rate. DODD is working to reconcile payments.

Over $400,000 has been invested in technology for participants to invest in hardware and/or software. Participants are demonstrating efficiencies and benefits of utilizing technologies in the provision and monitoring of services.

As an OPRA led initiative, the providers are working with the Developmental Disabilities Association from Vancouver, CA utilizing a program they have developed, to demonstrate the costing out of outcome based plans. Staff from DDA will be coming to Ohio in mid-January to provide regional training with the pilot providers.  Data will be gathered in the end to demonstrate these results and generate recommended changes to our current system.  (Handout)

**2. ICF Reimbursement Work Groups**

The following sub-committees are actively meeting: State Admission ICF’s, Certified Public Expenditure and DSP Wages. The first meetings were held in November, which were generally organizational. OPRA is gathering wage data for the DSP group to consider. The ICF Reimbursement group has been working on the RAC groups. There was a call with the ICF members on 12/02. There were no objections to increasing the RAC groupings to 6. The next meeting of this group is on 12/17. Given no objections from other groups, DODD will need to write rules to implement this new structure for the 2015 rate setting process.

**3. Waiver Rate Increase**

DODD held a public hearing November 19th on proposed rules 5123:2-9-24 (HCBS Transportation under IO and Level One) and 5123:2-9-30 (HCBS Homemaker/Personal Care) for purposes of the waiver rate increase. The Department intends to have the rules and new rates in effect by January 1, 2014. The rate for on site/on call will increase 4.6%. The rate for transportation will increase 12.5%. DODD plans to request that dollars that are unspent in SFY14 be moved to SFY15 via the controlling board. DODD has sent out guidelines for the increases and was kind enough to give OPRA headlines for our efforts. See below.

**“From:** Oliver, Kimberley [<mailto:Kimberley.Oliver@dodd.ohio.gov>] **On Behalf Of** Hoffine, Debbie **Sent:** Friday, November 15, 2013 11:00 AM **To:** Oliver, Kimberley **Subject:** Waiver Rate Increases

Good morning,

After successful negotiations by the Ohio Provider Resource Association, the legislature approved additional funds to support front line staff serving individuals with developmental disabilities.  A workgroup, including DODD staff, members of OPRA, OACB, the ARC, OHCA, VFA, SDA, as well as other stakeholder representation was formed to determine how the funds would be utilized.   The initial phase will result in an increase to the base homemaker/personal care - on-site/on-call (HPC-OSOC) rate and the base transportation rate for both independent and agency providers serving individuals enrolled in the Individual Options (IO) and Level One Waivers.

The proposed rates are available in appendices to rules 5123:2-9-04 and 5123:2-9-30 under the “Rules Under Development” link on DODD’s website.  They are scheduled to be effective January 1, 2014.

Specific implementation guidelines are attached for your convenience.

Sincerely,

Debbie Hoffine

Operations Administrator

Medicaid Development and Administration”

**4. Medicaid Coverage for Low-Wage Workers**

The [Governor's Office of Health Transformation](http://healthtransformation.ohio.gov/) (OHT) announced recently that low-income families will be able to apply for Medicaid benefits on the state's new online eligibility system beginning December 9, nearly one month ahead of schedule.  The online enrollment options are part of a new eligibility system that Ohio launched October 1st.  [Ohio Benefits](http://www.benefits.ohio.gov/) is a self-service website that makes it easier for Ohioans to learn what type of health care coverage may be available to them.  Originally, children and parents were scheduled to start applying for Medicaid benefits on the system starting January 1, 2014. According to OHT Director Greg Moody, Ohio’s health care coverage website is working well.

There are three pathways we have discussed to obtain Medicaid expansion. The preferable pathway was through the legislative branch and that is not going to happen now. Another pathway was through the ballot initiative. That initiative is still active, but is sponsored primarily by organized labor. The OHA and managed care plans have suspended their support of the ballot initiative, pending the outcome of the third pathway. The third pathway was for the Governor to implement Medicaid expansion and gain approval from the controlling board for the appropriation authority. This has occurred with the leadership of the governor, speaker of the house and senate president. Since then, a group has filed a case with the Supreme Court of Ohio in an attempt to stop Medicaid expansion through this pathway. We are anxiously awaiting the Supreme Court of Ohio ruling on Medicaid expansion, and their ruling is expected this month.

With Medicaid expansion, employees of OPRA members who earn less than 138% of poverty may be eligible for health care coverage effective January 1, 2014.  A subcommittee of the OPRA HR Committee will be issuing guidance on how OPRA member employees may gain access to affordable health care coverage through the Medicaid program, how OPRA members may communicate the availability of Medicaid coverage to their employees and how to help eligible staff decide whether to take employer-sponsored coverage or Medicaid. It is estimated that Medicaid expansion will save OPRA members $20 million annually.

***C. Future Opportunities and Unmet Needs***

**1. Health Home Project**

Health homes are authorized in the Patient Protection & Affordable Care Act (Obamacare), Section 2703. The option to add health homes to state plan services has been available to states since January 2011. It is a new state plan service to provide enhanced coordination of health care services for people on Medicaid and IDD is an eligible chronic condition if accompanied by either another chronic condition or the risk of developing another chronic condition. States receive 90% FMAP for the first 8 quarters of health home services.

The OPRA health home work groups, including medical, program, executive, IT and government relations staff has been meeting since May 2011. The work group developed a draft proposal that will be finalized and presented to Director Martin on December 18th.

The OPRA health home strategy includes:

* Individuals with IDD and not being served by an ICF as target population
* Designated providers are IDD certified/licensed
* Provider-specific per member per month (pmpm) rates that reflect differences in team composition and approaches to care coordination, may need to have tiered rates as with SPMI health homes in Ohio
* Need to manage enrollment to capacity
* Use health homes as a transitional strategy to an accountable care organization or coordinated care organization
* An evaluation component has been drafted by an epidemiology Ph.D. student at OSU, to evaluate the efficacy of IDD specific health homes and what revisions may help improve the outcomes from these health homes.

The OPRA IT work group is researching IT requirements for an IDD specific health home.

Barb Edwards at CMS expressed her desire for an IDD specific health home to OPRA. Greg Moody and John Martin have also been supportive. Please see the handout for additional information.

**2. Opportunities for Ohioans with Disabilities at risk of losing millions in federal funds**

The US Department of Education recently warned that Ohio was improperly spending federal funds on programs designed to help disabled Ohioans obtain jobs, and said it might order termination of dozens of contracts with local providers.  [Opportunities for Ohioans with Disabilities (formerly RSC)](http://ood.ohio.gov/) [Executive Director Kevin Miller disagrees](https://asoft8225.accrisoft.com/opra/clientuploads/Governmental/Legislative%20Update%20-%20linked%20docs/2013/2013-12-05/K.%20Miller%20Response%20to%20RSA%202013-11-22.pdf) with the US DOE's Rehabilitative Services Administration's (RSA) findings.  RSA's draft findings put at risk about $40 million for rehabilitation services, including nearly $10 million in local funds that match federal funding. RSA also said the state lacked internal controls necessary to ensure that the use of federal funds by third parties complied with federal requirements.  At issue are case management and other administrative activities that OOD's local private and public partners perform, which RSA says are not eligible for federal funding because they are not vocational rehabilitation services.  OOD has 73 third-party agreements in place this fiscal year with state and local agencies, including the Ohio Department of Alcohol and Drug Addiction Services (ODADAS); the Bureau of Workers' Compensation; mental health county boards; mental health and recovery services; alcohol drug and mental health services; and developmental disability county boards.  The programs are targeted toward employment services for transition-age youth, people with alcohol or drug diagnoses, mental and emotional disorders, developmental disabilities and workers' compensation recipients.  The root cause of the feds concerns are still being determined. It may have to do with more with the case management function, but we are going to have to wait to find out. [Read more of the agency’s response to RSA](https://asoft8225.accrisoft.com/opra/clientuploads/Governmental/Legislative%20Update%20-%20linked%20docs/2013/2013-12-05/OOD%20Response%20to%20RSA%202013-11-22.pdf).

**3. Employment First**

DODD is considering bringing in “Subject Matter Experts” on a couple of different topics including funding realignment and conversion from facility based to community based services. The idea would be to have these experts meet with teams of people including providers and county board staffs from across the state to provide intense and target expertise in assisting with making changes to the system.

The Promising Practices sub-committee has strongly recommended, that especially for the Provider Transformation group, this might be a way to pull in or reach out to some of the folks who may not be invested or convinced that community employment is not here to stay.  We suggested a statewide offering similar to the “Collaboration Symposium” and then take it to target areas or regions for hands on training and mentoring.

OPRA is advocating that OPRA, OACB and DODD collaborate to sponsor a “Take Your Legislator to Work Day”.  The objective would be to raise awareness about the benefits of hiring individuals with disabilities and the belief that employment and careers should be the expected and preferred outcomes of all publicly funded services for individuals with disabilities, i.e. Employment First. The goal of Take Your Legislator to Work Day is to ask employees with disabilities to invite their legislator(s) to visit their workplace to show first-hand the power of community-integrated employment for people with disabilities. We believe that bringing legislators into workplaces and demonstrating first-hand the impact employees with disabilities have on the workplace will do more to educate them on the power of integrated employment than simply reading fact sheets.

Participants will be asked to do the following:

·        Provide a 30-45 minute tour of their workplace highlighting where the employee works and the

job duties they preform,

·        Introduce the legislator to the employee’s co-workers and employer, and

·        Discuss their experience working in a job in the community

***D. Medicaid Reform***

Am. Sub. S.B. 206 passed the House this week with amendments. The bill sponsors are Senators Burke (R) and Cafaro (D). The House concurred and the bill will be sent to the Governor for his signature. (see handout – SB 206)

The bill requires the Medicaid Director to implement a reform to the Medicaid program that limits the growth in the per recipient per month cost of the program.

Requires that the cost growth for a fiscal biennium be not more than the lesser of:

(1) The average annual increase in the Consumer Price Index medical inflation rate for the Midwest Region for the most recent three-year period, weighted by the most recent year of the three years; and

(2) The projected medical inflation rate determined by an actuary under contract with the Joint Medicaid Oversight Committee (JMOC) or, if JMOC disagrees with the actuary's rate, the projected medical inflation rate that JMOC determines

Creates Joint Medicaid Oversight Committee (JMOC) to oversee the Medicaid program on a continuing basis.

Requires JMOC to (1) review how the Medicaid program relates to the public and private provision of health care coverage, (2) review the reforms the Medicaid Director is to implement, and (3) recommend policies and strategies that encourage self-sufficiency and less use of the program and improvements in statutes and rules concerning the program.

***E. HCBS Waivers – Definition of Community***

CMS is preparing to release their new rule including the definition of community for HCBS services. The definition will apply to the IO, Level One, SELF and TDD waivers for DD. Mark Davis, ANCOR staff and lobbyist met with Barb Edwards and CMS staff. It is widely held that the rule will be released this month. The rule may have a significant impact on DD services. However, until we see the final rule, the specific impacts are conjecture. That being said, it is likely to impact pre-vocational/ADS services, institutional respite, licensed waiver settings and non-licensed congregate settings. OPRA commented in June 2011 on the rule being proposed by CMS. (For OPRA’s and ANCOR’s comments, see handout.)

**F. *DODD Stakeholder Group on Abuse and Neglect/Provider Compliance***

TV Channel 5 in Cleveland ran a 3-part series including a horrific report of an incident with a woman with IDD. She was brutally, sexually assaulted by a provider’s staff member. The story also admonished DODD for not acting in a timely manner with providers who had significant compliance violations. In response to this series, DODD is starting a stakeholder group to make recommendations to Director Martin on how to improve the DD system. The group will meet 3 full days over 3 months. Providers, county boards, advocates and Disability Rights will have representatives on the group. Tom Musto of CRS in Toledo will represent OPRA.

The Director also plans to put provider compliance review reports on line. This is at the request of Senator Skindell from Lakewood. DODD prefers to have this statutory requirement as part of the MBR and not as separate legislation, and that the reports are posted on line only after completely through the process.

**G. DODD Strategic Planning Leadership Group**

Director Martin initiated a strategic planning leadership group that first met in November. He cited his rationale for this group as:

* Forces and trends outside our system are unsettled and active. Implications could have a significant impact on Ohio
* Forces inside our system are unsettled and active
* Differential impact of the economy and legacy programs
* The need to explore new opportunities and options
* Understanding the impact of recent initiatives

DODD chose 4 topic areas after the first meeting: Aging (people with disabilities, caregivers and workforce), listening to people & outcomes based planning, transitions & work, changing systems & collaboration. OPRA asked that DSP issues have prominence and then the Arc asked that DSP issues be a separate topic area. The group and DODD agreed. The group is to provide DODD with recommendations for the next biennial budget and 10 year benchmarks. Jorji Milliken and Mark Davis are representing OPRA. Please see handouts for more information.

**H. Advocates for Ohio’s Future**

Advocates for Ohio’s Future elected co-chairs, executive committee at-large members, committee chairs and vice chairs for 2014. Mark Davis will remain as co-chair and Col Owens of Legal Aid Society of Southwest Ohio is co-chair. AOF leadership is rounded out by representatives from: AARP, Ohio Association of Community Health Centers, Public Child Serving Association of Ohio, Ohio Council of Behavioral Health & Family Services Providers, Ohio Association of Area Agencies on Aging, Mental Health and Addiction Advocacy Coalition, Ohio Chapter of the National Association of Social Workers, United Way of Central Ohio, Center for Community Solutions and Ohio Association of Foodbanks. AOF now has over 450 endorsing organizations throughout Ohio. The primary focus of AOF in 2014 will be the elimination of poverty, that will include sustainable jobs (including DSP wages, benefits, training and supervision). For more information or to endorse AOF, go to: [www.advocatesforohio.org](http://www.advocatesforohio.org).