OPRA Board of Trustees

Consent Agenda

January 22, 2014

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

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

No update. The Partnership has not met since the last OPRA Board meeting.

**2. Background Checks - Rap Back**

No update. The plan remains 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.

**3. SSA and Program Management**

Announcement of joint DODD and OACB training in 2014. No further update. Meeting for 1/21 cancelled.

**4. Behavior Support Rule**

There was much discussion on rights restrictions at the 12/13 meeting. OPRA is gathering examples of health and safety related rights restrictions to share at next meeting, which is in February. No changes have been made to HRC make up/training requirements, qualifications of plan authors and oversight provisions. A draft has been sent out to the membership for review/comment. Meeting with OACB prior to February meeting. There seems to be agreement on our issues.

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

CMS rejected the State of Ohio proposal. The state is working on an alternative approach to be presented to stakeholders on 1/30/14. (see attached)

**6. MAIS Implementation Issues**

Resolved issue with DODD about the requirement that staff have personal email addresses in order to “qualify” for medication administration courses. Communication sent to OPRA members and the field (see attached).

**7. Level of Care**

Nothing to update.

**8. Direct Care Worker Advisory Workgroup**

The Office of Health Transformation has issued the final report of the Direct Care Worker Advisory Group. The Workgroup was initially designed to 1) Determine core competencies 2) Designate which direct care workers should meet core competencies 3) Determine whether existing regulatory requirements are equivalent or similar to core competencies 4) Identify funding sources that could be used to assist direct care workers in meeting core competencies 5) Recommend policies that may be incorporated in legislation the General Assembly intends to consider.

Final recommendations of the Workgroup are as follows:

1) The workgroup analysis revealed six core duties: a) Maintain clean and safe environment b) Promote clients’ development c) Assist with activities of daily living d) Communicate client information to authorized persons e) Perform administrative tasks f) Participate in professional development activities.

2) The workgroup determined that Ohio Department of Developmental Disabilities (DODD) waiver providers already meet the core competencies applicable to workers in those settings

3) The Workgroup determined that DODD waiver providers already have regulatory requirements that substantially address the core competencies and that those regulatory processes verify their attainment. The report confirms this through acknowledging the training requirements defined in OAC 5123 that are verified by periodic DODD reviews of agencies and independent providers, including verifying that the training requirements are met.

4) The report recommends that Aging, DODD, Health and Medicaid establish criteria and procedures to assure that each direct care worker under the regulatory oversight of those agencies meets the core competencies standards. There was discussion and explicit understanding that DODD can continue to verify that direct care staff have met existing training requirements through periodic reviews and sampling.

It is clear that this Administration expects its individual agencies to ensure that individuals providing direct supports have met the required staff training under their respective certification rules. We can expect a heightened focus during reviews. It is important to note that DODD was very helpful and supportive during this entire Workgroup process.

**9. Companionship Exemption**

Next step is to analyze data to determine next steps. Some info has been shared with DODD per request.

**10. Video Conferencing**

Video conferencing system is installed, tested and ready for production. Plan to use video conferencing system for legal and compliance training on 1/21/14. We hope this goes smoothly. Figuring out the quirks has been challenging.

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

**1. Waiver Pilot**

Several national leaders, DODD, OACB, OPRA and DDA participated in an Illuminators conference call about the waiver pilot and other systems being based on managed care principles (PA and NY).

Champaign, Shelby, Logan and Preble counties have agreed to join the pilot. We will be increasing the numbers by over one hundred individuals.

As an OPRA led initiative, the providers are working with the Developmental Disabilities Association from Vancouver, CA utilizing a program they developed, to demonstrate the costing out of outcome based plans. Staff from DDA came to Ohio last week to provide regional training with the pilot providers.  The individuals from DDA and also Jean Tuller the Change Consultant, and Teri from OPRA traveled to each of the pilot regions and did presentations and training with the pilot providers. A joint meeting was held with the Department, County Board participant counties and the provider participants on Thursday, yielding an update for the pilot and training regarding Alchemist, DDA’s costing out tool.

As a result of the early successes of the waiver pilot, Jean Tuller, our consultant from Oregon, has been contracted by DODD to assist in the development of and training related to the new SSA Rule. She will be traveling with the folks from the Department and working to emphasize outcome based, person-centered planning.

**2. ICF Reimbursement Work Groups**

We are waiting on rules. As of this writing, they are not available. DODD has 3 initiatives for the MBR: clean up language on indirect ceilings (clarify ceilings are set every other year/rate is adjusted annually), remove the bed count (currently at 600) from downsizing/conversion language to allow for more beds if needed, penalty for late submission of cost reports to start on 3/31 (or later if extension is granted) due to need to set rates without rollback quickly.

**3. Waiver Rate Increase**

The new rates are in effect as of January 1, 2014. Working on strategy for approach to July 1, 2014 rate increase as well as future rate strategies.

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

The Supreme Court of the State of Ohio upheld the action of the state to expand Medicaid by using the controlling board for the appropriation.  OPRA is very pleased with this decision, which allows the extension of health care coverage to low-wage workers to proceed under Medicaid expansion.

To read the decision go to:  <http://www.sconet.state.oh.us/rod/docs/pdf/0/2013/2013-Ohio-5632.pdf>

Low-wage DSP's will be able to access affordable health care and OPRA members will save about $20 million dollars annually as a result of Medicaid expansion.

OPRA released a Medicaid expansion guide for employers to use with employees. (see attached) The HR Committee has requested a one page guide to distribute to employees that will be drafted this month.

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

**1. Health Home Project**

The OPRA health home proposal was presented to DOM and DODD leadership, including Director McCarthy and Director Martin. DOM staff are working on OPRA’s data request agreement. Directors McCarthy and Martin have asked for another meeting on 1/24/14 to discuss the concept of a health home being a bridge to a coordinated care organization.

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

OOD has had multiple conversations with the Federal Government and believes that a resolution can be found through statutory change. They are intending to make the changes through the MBR. No language has yet been seen.

**3. Employment First**

The subcommittees continue to review of the priorities that were identified by Local Leaders teams during the Needs Assessment process. Attached is an overview of the priorities identified in each of the six topical areas, and proposed action steps to address them. Seven multi-agency community planning teams have partnered over the past several months to look at their community resources and identify and prioritize needs related to systems change. This overview is the culmination of that work, and a guide for the future statewide replication plan. (Handout)

***D. Medicaid Reform***

The Governor signed S.B. 206 on 12/19/13 with an effective date of 3/20/14. No appointments to the committee have yet been announced. The bill sponsors are Senators Burke (R) and Cafaro (D).

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

CMS released 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 talked with Barb Edwards and CMS staff about the rule. The rule will have a significant impact on DD services. The rule is likely to impact pre-vocational/ADS services, institutional respite, licensed waiver settings and non-licensed congregate settings. ANCOR and OPRA will continue to analyze the rule’s impact on our service system. (see handout for OPRA’s preliminary summary of rule)

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

No status change, awaiting DODD’s initiation of a stakeholder group to make recommendations to Director Martin on how to improve the DD system. As in last month’s consent agenda, Tom Musto of CRS in Toledo will represent OPRA.

**G. DODD Strategic Planning Leadership Group**

January meeting cancelled due to inclement weather. Next meeting in February.