OPRA Board of Trustees

Consent Agenda

March 26, 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 - Rapback**

The state is user testing the Automated Registry Check System (ARCS). ARCS will be one portal for providers to enter data for all registries. The state is preparing to extend Rapback to DD and other providers. OPRA members will participate in piloting this new system. The timelines are on slides #13 and 14 of the Stakeholders Update (see handouts).

**3. SSA and Program Management**

DODD training currently taking place. (handout at board meeting due to file size) It was very high level and SSA’s asked a lot of questions that could not be answered. Discussing joint trainings with OACB. They would like to wait a few months. As the rule just went into effect, they would like some time for the dust to settle and for people to gain experience which can be brought to a training session. The OPRA Spring Conference will provide an opportunity for DODD to provide an overview of the rule and how changes will impact providers of service and team members. They will also discuss the recent Rule trainings giving highlights and updates of issues and questions raised.

**4. Behavior Support Rule**

February 21 meeting was discussion on latest draft. OPRA, OACB and DC staff felt it was a step in the right direction. DRO opposed most changes. After receiving comments, DODD went back to the drawing board and drafted another version in an attempt to deal with our issues. Mark, Anita discussed with DRO. Meeting on 3/19 was productive and many of our issues are being addressed. DODD is drafting another version based on the 3/19 discussion. They are trying to “fix”: ICF issues (NOT exempt ICF’s from rule, but include language from CMS regs to make it more compatible), prohibition on rights restrictions to be lifted with proper assessment and oversight. The HRC committee structure is still a problem. The ARC and Project Stir offered to provide family members and individuals to serve on committees. The required training for HRC members has been pared down. Will share next draft as soon as it is available.

**5. Level of Care**

DODD has obtained the necessary number of LOC pilot assessments (418) needed for Truven to develop the scoring algorithm and analyze the tool for any potential issues with MOE (maintenance of effort). It is estimated that it will take 2 months to complete this task. The LOC group will then reconvene to discuss. Meeting with DODD on 3/28 to discuss timing of LOC and emergency admissions.

**6. Companionship Exemption**

Some info has been shared with DODD per request. Information pulled from Survey Monkey and sent to small number of members, Vorys and OACB. Meeting with OACB, DODD and members on 3/27 to discuss transition plan and next steps.

**7. Video Conferencing**

Have used the system several times now. We learn a little something each time and the feedback continues to improve. Have been in communication with provider (Blue Jeans) after each session to work through bugs and improve functioning. Blue Jeans is increasing availability of remote function in March, so we should be able to offer unlimited access. Have not yet heard about date for this, should be soon.

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

**1. Waiver Pilot**

Champaign, Shelby, Logan and Preble counties have joined the pilot. Orientation and training meetings are being held. The new counties that were brought into the project are counties where existing providers already involved with the Pilot are located. Consultant, Jean Tuller is in the process of working with the new counties to get them up to speed on the development of outcome based service planning. We are coordinating with DODD regarding the weekly billing process as well as introducing them to the Alchemist program.

Providers are working on getting their plans entered into the Alchemist program to begin looking at the projected costs of outcome based service plans.

Several national and international leaders, DODD, OACB, OPRA and DDA are scheduled to participate on February 20th in the second Illuminators conference call. The agenda includes an update on the waiver pilot and other systems being based on managed care principles (CO, PA, NY and other states).

The Waiver Pilot continues progress nicely, receiving both statewide and national recognition. The new participants have been working on establishing rates and coming up to speed with the planning piece of the project.

OPRA is hosting a webinar at the end of the month to introduce the pilot participants to the Alchemist software.

The OPRA Spring Conference will host a double session regarding the Waiver Pilot-providing updates and lessons learned thus far in the project.

**2. ICF Reimbursement Work Groups**

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. All meetings in the past month have been cancelled and the DSP wage group was disbanded (DODD felt scope of work was outside of the group). Meeting with stakeholders on 4/02 (not DODD) to see if we can reach agreement. Per statute, rollback to be eliminated. Rate setting, ceilings and IAF reviews to be discussed at board meeting.

**3. Waiver Rate Increase**

The information on the rate increases effective July 1, 2014 have been published. OPRA is checking to see if this includes the money unused in SFY2014.

**4. AOF Direct Care Workforce Coalition**

Advocates for Ohio’s Future have decided to have a health and human services direct care workforce coalition. The first meeting of the leadership of the coalition occurred on February 28th at OPRA. The coalition leadership determined the scope and membership. Our plan is to have the represented workers include our DSP’s and other system direct care workers who are similar to our DSP’s. For example, those direct care workers who are required to have a GED or HS diploma, pass a background check and have a minimum of specialized training. It is thought that this will include Aging, Developmental Disabilities, Disabilities and Behavioral Healthcare. Our goals are to impact DSP wages, benefits, training and supervision; improve the quality of care; enhance the work experience of direct care workers; and create more direct care jobs.

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

**1. Health Home Project**

Mark met with DOM and DODD analysis leadership to discuss the IDD-specific health home concept in more detail and mapped out the work for a data collection and analysis team. The next meeting of this team is April 2nd.

**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. No update.

**3. Employment First**

A new employment data collection system is targeted to launch by the end of this month. The Employment First Taskforce and Advisory Committee recommended that a statewide data collection system be built to capture employment outcome data for all people in employment services. Providers and county boards report on individual-specific employment services utilized, locally-funded services provided, industries hiring individuals, hours worked and wages earned by individuals. Reporting will take

place as individuals apply for services and then at least annually, or as status changes occur. The system was developed under the guidance of Dr. Robert Cimera, the nation’s leading expert in the monetary costs and benefits of vocational employment programs for people with disabilities. The information collected will be analyzed to identify policies and practices that lead to successful employment outcomes for individuals with developmental disabilities.

Jason Umstot will be joining the OPRA team on March 31, 2014 and will coordinate OPRA’s employment initiatives.

**4. Adult Foster Care**

At OPRA’s request, DODD is convening a group to discuss the underutilization of adult foster care. The first meeting is at CDC on Thursday, March 27th at 1:30.

**D. DODD Strategic Planning Leadership Group**

The group met in March along with other interested parties to hear a presentation by Robin Cooper of NASDDDS about the new CMS regulations. Following Robin’s presentation, the group discussed the potential impact of these new regulations.

It has not been determined what feedback will be put into practice by DODD.

The next meeting will be all day on April 1st. It will include a presentation and guided discussion on Creating Work Opportunities and Learning from Change. Speakers will be from Vermont, Rhode Island and Oklahoma. Board members interested in attending should contact Mark or Jorji, as we only have 4 slots each (8 total) for OPRA.

**E. Independent Contractor Model**

OPRA members participated in a webinar by an independent contractor management firm. Some of the webinar participants are also members of the OPRA HR Committee. Here are the HR Committee’s thoughts following that webinar. The onboarding process that was shown during the webinar may be difficult for employees to handle. Many DSPs in our organizations prefer a routine schedule that clearly identifies what they need to do and when they need to do it.  Tracking expenses, obtaining insurances, and completing background checks could be a few of the problems for both the independent contractor and the employer. If a DSP is interested in becoming their own employer they currently have the option of becoming an independent provider.  While the duties associated with the two positions are quite different, they both allow a person to be their own employer.  This thought also raised concerns about scheduling and retention. During the webinar, there was no focus on how switching to an independent contractor model would enable a higher quality of care. Being able to provide an increase in wages would be great, but the decrease in organizational control may offset the benefit. The HR Committee felt this was an interesting idea and concept but did not see the connection to the services we provide. We will have one additional conversation, with the IC workgroup and then make final recommendations. This is a controversial strategy and we will continue to move thoughtfully and patiently.