**About OPRA**

The Ohio Provider Resource Association (OPRA) is a trade association of almost 170 organizations that provide Medicaid-funded long-term services and supports to individuals with developmental disabilities. OPRA works with its members, legislators, administrative agencies and other stakeholder groups, including individuals with intellectual and developmental disabilities (I/DD), their families and other community-based organizations, to shape public policies that impact individuals with I/DD. OPRA’s ultimate goal is to promote a statewide long-term services and supports structure for individuals with I/DD disabilities that is rational, sustainable, efficient, accountable and meets the needs of individuals receiving supports.

**Background**

Ohio’s long-term services and support system for individuals with intellectual and developmental disabilities (I/DD) pays for services so individuals with I/DD can live in a setting of an their choosing that meets their needs, can build job-readiness skills, find and maintain employment, partake in social activities, and to access services to make homes and workplaces accessible. The majority of these services are provided by Direct Support Professionals (DSP) who are either employed by private businesses or who independently contract with the Ohio Department of Developmental Disabilities (DODD). DODD, in partnership with local County Boards of Developmental Disabilities and private businesses provide separate, but interconnecting piece of the long-term services and supports infrastructure. In this white paper, OPRA examines some of the top issues Ohio’s Medicaid-funded long-term services and supports system for individuals with I/DD continues to face and proposes a variety of approaches to improve service delivery.

**Workforce**

A variety of well-documented factors has been increasing the need for the number of direct support professionals (DSP) who support individuals with intellectual and developmental disabilities (I/DD). An increase in diagnoses such as autism has increased the number of individuals eligible for services. Individuals with intellectual and developmental disabilities are living longer, extended the amount of time someone may receive services. State and federal policy initiatives in support of non-congregate settings, combined with the desire of individuals with intellectual and developmental disabilities for person-centric living arrangements, social outings, and employment opportunities is increasing the overall number of DSPS needed to safely support individuals. Instead of one DSP supporting 10 individuals at one community outing, today’s state and federal policy direction may need three DSPs to support the same 10 individuals at different settings across a community. With all these factors, United Cerebral Palsy has predicated in their *Case for Inclusion* report that as of 2016 Ohio would have to grow home and community-based services by 183% to meet demand. This was the second most needed percentage of needed growth behind only Texas.

In Ohio, Medicaid reimbursement rates for services have not been built with an automatic inflationary adjustor and do not automatically increase as the state minimum wage increases. These rates were modeled off of paying DSPs a minimum wage in XXXX and have not risen since. Despite stagnant rates, providers have had to increase their wages to remain a viable employment option. In 2015, the average hourly wage of an Ohio DSP was $10.24 and increased to $11.23 in 2017. Medicaid funding rates also do not account for the current amount of overtime businesses providing these services incur resulting from a high demand for services and high DSP turnover, which averaged above 50% in Ohio in 2017. Nationally, in 2016 DSPs earn a median of $11.41 an hour. As wages and overtime take consume increasing percentages of reimbursement for services without any increases in base reimbursement rates, agencies are left with fewer dollars that can be allocated for things like administrative needs, robust employee benefits like health insurance plans, continuing education opportunities, and quality improvement and service transformation initiatives.

While agencies continue to increase DSP wages, they have no kept up with the cost of living and remain significantly less than living wage. The average wage of $11.23 is still below the federal poverty line for a family of four. In Ohio XX% of agencies report that their DSP’s are receiving some sort of financial or medical assistance from state sources.

Unlike other direct care positions like home health or personal care aides, the scope of practice of a DSP expands beyond assisting with activities of daily living (ADL). DSPs serve as teachers, nurses, personal trainers, dieticians, crisis counselors, physical therapists, occupational therapists, chauffeurs, accountants and job coaches

DSPs can be responsible for certain delegable health related activities DSPs. Under the supervision and delegation of a registered nurse, DSPs can perform medication administration; including helping individuals manage diabetes (being responsible for the administration of insulin). Direct care workers in other service systems such as aging, do not pass medications and perform only the most basic of medical tasks. DSPs also help individuals with intellectual and developmental disabilities to become active members of their community. To effectively facilitate community participation, DSPs must intimately understand the interests and desires of the individuals they support and match community opportunities for individuals to meet other people with similar interests and desires. DSPs help individuals with intellectual and developmental disabilities find and maintain employment. This requires DSPs to know their own job as well as the job of the individuals they are supporting.

Understanding the role of the direct support professional is crucial to understanding their significance to the long-term services and supports system for individuals with intellectual and developmental disabilities and understanding why proper compensation is essential.

The combination of the inability for agencies to pay employees a living wage, the significant job responsibilities, including supporting individual with complex medical and behavioral needs, numerous regulatory barriers, and today’s low unemployment is making it difficult for agencies to attract and retain the number of employees required to meet current need or plan for the future need of an aging and growing population of individuals eligible to receive services.

**Regulatory and Administrative Burden**

As long-term services and supports for individuals with intellectual and developmental disabilities (I/DD) are funded by tax payers at the local, state and national level, there is a certain necessary level of regulatory oversight to ensure funds are spent in a responsible manner. Businesses must be versed in regulations specific to Medicaid-funded services for individuals with I/DD promulgated by the Ohio Department of Medicaid, the Ohio Department of Developmental Disabilities (DODD), the federal Centers for Medicare and Medicaid Services, the Ohio Department of Health and Opportunities for Ohioans with Disabilities. DODD promulgates the majority of the rules regulating services for individuals with I/DD which currently has over 100 administrative rules that businesses providing services must follow.

DODD shares the responsibility of regulatory administration and enforcement of these over 100 regulations with the 88 local county boards of developmental disabilities. The sheer volume of regulations and often local nature of regulatory enforcement can unnecessarily complicate service provision. Each county board has their own interpretation of each rule, which can lead to significant variation in local administrative processes. For businesses providing services in more than one county, this can cause significant inefficiencies in service provision. Businesses tailor their service provision to what each specific county has set in place instead of one set of processes. Agencies and the individuals they support can not afford such inefficiencies outside of their control that takes agency time and resources away from the individuals needing and receiving services.

One example highlighting this issue most prominently is the lack of a single individual service plan (ISP). The ISP is central to the provision of service as it authorizes agencies to provide and bill for services. County Boards of Developmental Disabilities have the authority to develop their own service plan so long as they include certain specific information. How does this impact DSPs providing care across county lines and how does this directly impact agency efficiencies?

As a result of the multi-level regulatory environment, there exists a significant administrative burden from the amount of documentation and time used to gather documentation for each compliance review. Each regulatory entity can have their own compliance auditing procedure. In some instances, there has been no established audit protocol, leaving the review up to the discretion of each individual reviewer.

When agencies feel it is necessary to hire additional administrative team members, this takes away from agencies being able to pay DSPs higher wages and implement innovative service delivery.

In addition, agencies providing long-term services and supports to individuals with intellectual and developmental disabilities are subject to regulation by the Ohio Department of Transportation, the Ohio Board of Nursing, the Social Security Administration, and XXX (there are several – let’s fill in the blanks).

**IT**

The complexity of the regulatory and administrative system has lead the Ohio Department of Developmental Disabilities to employ their own custom-made IT platforms. While this allows for a degree of customization, it has caused significant issues for agencies. Few of the platforms are interoperable and causes information to be entered into multiple places instead of one single upload. There is unnecessary administrative burden resulting from multiple online applications used to bill, approve services, coordinate services, and certify agencies. There are numerous inconsistencies between the systems and the systems are consistently unreliable. These issues result in delays in services and in payment on a regular basis. The speed at which certain regulatory changes are implemented and require IT new IT platforms or revisions to old ones does not allow for proper end-user beta testing. Issues resulting from the IT infrastructure highlight the interdependence of three stakeholders. When one party cannot function because of an IT issue, it impacts the ability of the other two parties to do carry out their functions.

Over the past 3 years changes in systems such as the Provider Certification Wizard, Medicaid Service System and the Level of Care portal have had such significant issues that, at times, agencies have not been able to bill for services provided, threatening their ability to make payroll.

In 2016, a large portion of the agency community had to go through recertification through a now defunct IT platform. The platform had many flaws and required documentation to be mailed or uploaded to the platform. Agencies had 90 days to complete this process or their claims would be denied. Significant issues in how the re-certification process was carried out by DODD. Agencies would send in documentation and then it would get lost in office. When agencies revised their applications, they would get sent to the end of the virtual line for the application to be reprocessed. Due significant pushback from agencies, the platform has since been replaced and will be tested to the same extent in early fall of 2019.

Similar issues with the Medicaid Service System (MSS) have recently prevented county boards of developmental disabilities from authorizing services. This has prevented agencies from being able to bill and receive payment for services provided.

**Impact on Individuals Served**

Starting in 2014, the state of Ohio has consistently increased the availability of community-based services by increasing the number of funding slots. This has been intended to allow more individuals to receive funding for services in the community of their choice at lower staffing ratios. While the slots have increased, the reimbursement rates within these slots have not. In some cases, the rates are insufficient for agencies to safely support individuals in the setting of their choosing, forcing many agencies to turn individuals away from services.

**Solutions**

OPRA believes a series of interventions will help ease some of the workforce shortages currently experienced by providers. First, rates paid to agencies for the provision of service need to provide a living wage to DSPs providing any Medicaid service. Reimbursement rates need to be able to sustain a $15 hourly wat to any DSP providing Medicaid-funded long-term services and supports to individuals with intellectual and developmental disabilities.

The system needs to remove regulatory barriers to hiring DSPs. This includes allowing potential DSPs under the age of 18 to be employed at agencies providing services in certain, limited situations and removing the requirement that DSPs must have a high school diploma or pass a generalized education development (GED) test. Other direct care professions allow their direct care workers, such as state-tested nursing assistants (STNA), without such requirements to provide supports without a high school diploma or GED .

OPRA believes the system needs to find ways to accept and integrate technology into the provision of services. Integration of technology helps reduce the need for the overall number of DSPs to provide adequate support to individuals with intellectual and developmental disabilities. Technology use can decrease DSP burn out, improve DSPs’ experience of work, and decrease DSP turnover .

As a system, stakeholders need to do collective audit of the regulations and procedures that have been put into place for the provision of Medicaid-funded long-term services and supports for individuals with intellectual and developmental disabilities. Stakeholders need to ask: why was this regulation or procedure put into place and does it ultimately improve the quality of care? Is it essential to health and safety? Can a regulation be simplified? Is it necessary to the provision of service?

After auditing system regulations, the system needs to streamline interpretation of rules and regulations and provide for consistent application across the entire state. One method to achieve this is through training opportunities. Joint training ensures that all stakeholders hear one unified message and that each party understands what is expected of the other. OPRA believes streamlining these communications will have a secondary impact of relieving some of the DSP workforce shortage. The complexity of the system, documentation requirements, and current gotcha mentality from regulators makes the job more stressful, resulting in long-term staff leaving the field.

**Conclusion**

Ohio’s long-term services and supports system for individuals with intellectual and developmental disabilities is experiencing an unprecedented Direct Support Professional (DSP) and frontline supervisor staffincrisis. This workforce shortage, coupled with a regulatory and administrative oversight system that exacerbates the workforce shortage, threatens the sustainability of long-term services and supports for individuals with intellectual and developmental disabilities. Continuing to allow these issues to go unaddressed will have significant repercussions for individuals with intellectual and developmental disabilities.