**Agenda Topics:**

1. **Welcome-Introductions**
2. **Efficiencies and Simplification Priorities**

* **MUI/UI Rule and Process Review-Update and Action plan----Full review of meetings**

Review of DRAFT rule proposed and member feedback 5123:2-17-02 (refer to attached handouts for draft rule and workgroup updates)

* Discussed proposed changes and updates from MUI DODD work group

Feedback from members

* New neglect definition still needs to be clarified further by adding requiring medical consultation (to eliminate interpretation of serious risk, etc..)
* Need to define significant risk further
* Inquire about one county that has approved prone restraints in plan (approval by county)
* Should supine restraint also be added with prone restraint?
* Questions about “unplanned behavior support” ---like that it takes wording of unapproved out so DSP not feel as though they have done something Wrong! Discussed how DSPs are sometimes left in volatile situations alone and need to be mindful that unplanned behavior supports are required in some instances to maintain safety of all.
* Unscheduled hospitalizations-need to reword or arrange so that it is clear that it is admission or hospital stay over 24 hours-further clarification on preexisting conditions and what is required in the plan
* Systems neglect-discussions on further clarifying the “systems” meaning all involved in the system county, provider, etc…so that it isn’t assumed always that it is the provider’s system—often is a plan issue-county issue and it is only counting against provider. Like that this takes negative pressure off of the DSP!
* Lots of discussion on failure to report-can it be FTR when unsubstantiated? How is FTR being determined? Needs to be in guidance specific to late report vs. Failure to report at all.
* New category Program Implementation Incident-UI-group understands that this is to support that everything is not being thrown into neglect category as a catch all. However, feels this needs further clarification/specifics
* No longer required to remove staff from schedule (except for abuse allegations). Provider must retrain and still take immediate action to protect Health and welfare of individuals.
* Semi-annual report requirement being removed from rule
* Peer to peer-need further clarification of verbal acts to eliminate inconsistency in interpretation.
* Notifications on status when staff pulled from schedule-county to provide updates to provider and guardian throughout process
* Further follow up on deadlines for reporting, sending incident report, timelines for follow-up at next meeting
* Guardians need to be communicated through this process
* Need to clearly define individual receiving services vs. working for provider (how is it handled if individual receiving services is employed at a DD service entity) rule is exclusively prohibiting this.
* Differences in Medicaid/ODH vs. County Board considerations of MUI
* Need to further clarify Law enforcement contact requirements
* Need to clarify when individual returns from family visit with bruises, injuries, marks, etc…
* Significant property-personal value need further clarified in peer to peer property destruction
* Need decision making flow chart for neglect determinations vs. program implementation in guidance
* Should DODD be involved if systems neglect on county?
* Group overall feels that this is great movement and path for changes to MUI—need to continue to address the process and investigatory procedures/practices in how DSPs are treated.
* Consider AG office issues-need to invite them to OPRA
* **DODD Workgroup: Provider Compliance** (resulting from budget language from County Boards); Update from September meeting-overview of action steps (refer to handout on provider compliance group)

Gather member feedback to present at next meeting regarding: (email if any feedback to Jeff or Becky)

Further discussion on benchmarks/milestones for providers

What would provider support look like: for County Boards? For DODD? From provider to provider?

Process discussion

Also need to consider DRO and AG reviews

* **OACB/OPRA full committee work group; OPRA priorities presented to counties (refer to handout on OACB/OPRA)**
1. **Workforce Crisis Priority Update: DSP Ohio ----JEFF**

Reviewed the mock ups for the website, the provider search option, the provider demographic profile information (links are contained in power point)

Is scheduled to go live Nov. 6th

Need providers to prepare so that when subscription profile is ready-they can easily upload the information---open to all providers!

Is free for the first year to all providers---then subscription fee may apply (lots of buy in from counties, DODD, system partners, DD council, etc.) Can add links to own website, videos, etc….

Working on enhancing the marketing materials—which may be used by provider members

Multi-county providers will have to log in separately if information is different from county to county

1. **6% Discussion-direct care**

**Member feedback on 6% proposal for DSPs (60 hour approved training/longevity)—Jeff states there is a meeting this Friday. Members are interested in attending but have not heard anything back from OPRA about this. Members request that this be immediately followed up on with a response/information about who is representing OPRA on this, etc…**

* Why messaging this to DSPS with details like $1.00 increase and publicly
* Why being published in weekly memo when hasn’t been approved by CMS and details are not worked out-last memo today stated that staff training will be open effective Nov 1
* Many factors to consider BWC, PR taxes, admin, fringe benefits, Paid time off, etc…)
* How is the billing going to work? Very important to have detailed billing person involved who understands all of the processes
* What training is approved? Must not carve out those already completed?
* Dept of Labor regulation considerations with staff doing training on own time?
* Staffing shortage-being moved to other locations
* How does this work with CPT, DRA, authorizations?
* Burdensome process-admin costs to county board and provider
1. **ICF Reimbursement Status Update**
* DODD has sent proposed reimbursement to all system partners. They have stated that if we disagree on proposal, they have given the trade associations/accounting representatives until mid November to propose alternate options/proposals. OPRA is working with Bradyware and Plante Moran now on FRV and direct (ODDP assessment component). Gary shared that the ODDP scoring in waiver is not method used in ICF. The ODDP scoring per ICF has many issues and areas of need that are not being considered. Gary is comparing IAF to ODDP Waiver to ODDP ICF and there does not seem to be any statistical logic. Anita will be updating members through ICF list serve. Didn’t address Active treatment, so now working on that and gathering cost report information.
1. **Open Discussion:**

Must continue being proactive---looking at upcoming rules or priorities in the field. Need to take the lead and go to the table with data, informed strategies and member feedback. Cannot be reactive any more.

Subjects that the committee feel need to be next:
 #1 OSOC (which also covers adding Remote Monitoring)

Others: AG office training with this committee, Gold Standard county approaches, Joint training DODD-CB-Provider-family/guardians, PSM (PCW) progress/updates, OPRA Strategic Plan

**Schedule:**

* Check the OPRA calendar online for additional events
* Next meeting: November 20th, 2017 10a-2p