OPRA Policy Committee
December 17, 2018
10 a.m. – 2:00 p.m.

Attendance: Jeff Johnson, Rich Johnson, Wylie Jones, Ryan Knodel, Brenda Smith, Jo Spargo, and Abbey Summers

Policy Committee Structure

- Jeff Davis gave an overview of the new Policy Committee structure.
  - Any member is welcome to attend the Policy Committee but there is a core group of voting members.
- Jeff Davis welcomed Jeff Johnson from Weaver Industries and Brenda Smith from RVI as new voting Committee members.

Policy Committee White Paper

- Jeff Davis lead the Policy Committee in a discussion on topics for a proposed white paper. Topics discussed were based on the Policy Committee focus areas determined at the September meeting. The committee discussed the below areas.

1. **On-Site, On-Call Services**-
   a. Viability of current utilization of OS/OC.
   b. Options/solutions to OS/OC.

2. **ICF Issues**
   a. 4 new budget initiatives (outlier, capped rates, speed up transition to new funding system for remaining providers, increased bed tax).
      i. Issues with the fact that some of these conflict with negotiations made during the previous budget process. These would roll back funding that was committed during the budget process last year and will have significant impact on the future funding of the ICF system.
      ii. Coupled with decreased occupancy, increased bed tax will have significant financial impact on providers.
      iii. OPRA is opposed to the initiatives.
   b. Questions remain on how a new director and governor will impact these negotiations.
   c. Sprinkler requirement starting July 2019.

d. Shifting nature of population being served in ICFs. OPRA and the Policy Committee will have to help ICF Members figure out the future role of ICFs and serving those with complex, significant challenges.
    i. Will have to work with the new administration to show the challenges of accomplishing this in a capped system.

3. Staffing Crisis

a. $13/%15 budget ask.
b. Expanding the pool of potential workers (GED requirement, training instead of a GED, age requirement).
c. Use of supplemental technology.
d. Address increasing supervisor turnover, DSP turnover and overtime.

4. Reduce Administrative Burden/Rule Simplification And Review

a. Reduce regulations, regulatory burden and unfunded mandates.
    i. Ask the system what is necessary to provision of care and how can we make processes more efficient?
    ii. Ask how do changes in each of these topics make service delivery less cumbersome?
    iii. Consistent rule interpretation between county board, DODD staff, and providers.
b. Potential for provider deeming with accrediting bodies like CARF or CQL.
c. Provider certification.
    i. May help with staffing crisis.
    ii. Look at new provider certification requirements and reducing requirements for existing providers to weed out truly bad providers.
d. Development rule.
e. 50% rule.
    i. Need robust understanding how the enforcement will impact on individuals receiving voc hab services (preserving choice and preserving income).
    ii. How 50% rule interacts with HCBS setting rule.
    iii. Need for certain employment rates to be raised (group employment).
    iv. What needs to be in place (staff, funding, other regulatory changes etc.) before 50% rule is enforced in DODD for the enforcement to be successful
    v. Understanding of relationship between wages and benefits of individuals served and inducements. Need consistent definition of inducements.
        1. Look at the various compensation methodology and benefits for individuals served.

2. DODD's future role of compliance with DOL and CMS regulations regarding inducements (training and possible incorporation into provider compliance tool).

f. Transportation.
g. Housing.
h. DODD systems interoperability.
i. Ethics training for provider staff as part of certification.

5. EVV

a. Ideally there would be a delay for a year to learn more about how EVV impacted providers from Phase 1.
    i. Would like understand impact on fraud collections, impact on provider's utilization rate.

6. Technology and tech enabled supports

a. Effective use of technology.
    i. Impact on providers (financial and workforce) and impact on individuals utilizing technology.

7. Role of the County Board

a. Knowledge of Medicaid, admin rules, EVV, importance of ISP meeting, dual diagnosis.
    i. What is in SSA rule (role of SSA) v. actions and expectations of SSAs.
    ii. Understand provider experience and the "gotcha" mentality.
b. Focus on the role of SSA and keeping SSA's educated on ever changing job description.
    i. Role of SSA in educating families on provider environment.
c. Combined training with CB (eliminate us v. them, increase collaboration between SSA and providers, provider choice (what does this mean, role of SSA in provider choice).
d. Understanding future of county board if DODD services gets rolled into managed long-term services and supports (MLTSS). How does this relationship evolve if DODD services are rolled into managed long-term services and supports?
e. Single ISP.
f. What happens to funding CBs are currently using to subsidize their provision of direct care as they divest from services and how can this be used to support providers?
g. How to support individuals with high behavioral needs and support the providers who support those individuals (approving lower ratios and more intense case management?)?

8. Supporting individuals with dual diagnosis in all settings

a. Adequate funding.
b. Realistic expectations of county boards.
c. Consistent application of rules and supports.

9. OOD – rules and relationship with the agency

a. Additional funding for all services.
b. Change in business relations team.
c. Continual provider relations improvement.