Over the past several years, Ohio’s system supporting people with Developmental Disabilities has made incredible progress in promoting self-determination, person-centered planning and services that allow people to live and thrive in their homes and communities. But the COVID-19 pandemic and ensuing staffing crisis threaten that progress. Our system struggles to recruit and retain the workforce and other resources needed to ensure the high quality supports that Ohioans with disabilities need, and so many have worked so hard to attain. The workforce shortage continues to intensify, severely challenging our ability to fulfill the plans and promises made, and threatening the safety and welfare of the people we collectively support.

Stabilizing our system requires a significant investment in funding, resources and regulatory advances, enabling us to turn the corner away from the crisis pose of the last few years and pivot towards a sustainable and successful future. The ideas presented below are intended to confront the workforce crisis and continue the progress Ohio has made towards a person-centered system that meets the needs and accommodates the choices of Ohioans with Developmental Disabilities. To meaningfully address the challenges posed by the workforce crisis, we need flexibility and creativity, and the ability to reimagine aspects of service delivery directly impacted by the shortages.

The COVID-19 pandemic taught us that the system can change, and we are capable of adapting to crisis and working together to ensure that Ohioans with Disabilities have **services** to remain healthy and safe. We present the policy proposals here in the spirit of that partnership and future collaboration on ideas and initiatives that address the current crisis and preserve the progress Ohio has made towards person-centered, high-quality disability services.



**DD System Regulatory Proposal**

1. Reimbursement and Service Design Reform: As part of the Waiver Reimbursement System Modernization Project, we will be presenting a separate proposal that will include actions and items that must be included in the effort and some things that we believe should not continue in order to simplify and prepare our DD system for long-term sustainability. Part of the proposal will include a variety of issues that complicate the current financial structure of DD waivers including reimbursement structures, acuity factors, prior authorizations, etc. Additionally, the proposal will include some recommendations for redefining services in a way that recognizes the broad range of service needs and thus skill sets required for direct support professionals.
2. Individual choice and autonomy:  This proposal seeks to promote individual choice, self-direction and autonomy to the greatest extent possible. To that end we propose:
3. To decrease the over reliance of traditional paid DSPs, the system should fully embrace self-directed services, including participant directed HPC options. Implementation of the new self-directed transportation will provide new options for people with disabilities to get transportation without DSPs providing much needed relief to the system. Participant Directed Goods and Services (DGS) now available to both Level One and SELF waiver enrollees, provides increased access to equipment, goods and services that are available to all citizens and can reduce the reliance on paid staff. Enhanced training on self-direction will be necessary to achieve these objectives.
4. Promote additional self-advocacy at the local level to ensure people with disabilities speak up for themselves, are trained on exercising their rights and understand their responsibilities. Utilize OSDA to provide additional support to county boards to strengthen their local processes and regional groups as needed.
5. DODD will take a leadership role in strengthening and developing Supported Decision-Making as a tool available to consumers across Ohio.  Ohio Revised Code Section 5126.043 currently provides for the designation of authorized person to assist with decisions but the statute is not widely understood and/or utilized by consumers.  This statute is also not viewed by Probate Courts as an alternative to guardianship.  The proposal would be to rescind Ohio Revised Code Section 5126.043 and replace it with a more robust statute which directly recognizes and empowers Supported Decision-Making as an alternative to guardianship.

There are presently twelve states that have supported decision-making laws in place and Ohio should join those states by empowering its individuals with developmental disabilities with this great tool.

1. Remote Supports Rule: Ohio has shown its dedication to being a Technology First state and we believe this service in the waivers can be modified to promote the use of various technology driven supports. Increased flexibility could lead to increased usage and benefit to those who utilize remote supports.
	1. Redefine the relationship between the residential provider and the technology supports provider. Need to address “free choice of provider” in connection with expectations of both the residential provider and the technology provider.
	2. Reconsider rates for active vs. passive remote supports.
	3. Create rate structure that covers small units of service such as virtual health related supports, verification, or assistance with self-administration of medications or well checks.
2. Waiver Nursing & Medication Administration: One of the lessons learned during the pandemic is that there is a desperate need to increase nursing capacity within our DD system. Although waiver nursing was added as a service years ago, utilization is extremely low due to the complex nature of accessing the service. This proposal seeks to make changes in the following areas:
	1. Short-term: work with DODD to develop a streamlined process to permit county boards to authorize waiver nursing to provide much needed reimbursement with severe nursing shortage in Ohio.
	2. Build on current work with DODD, enhance structure and processes to allow for expanded use for medication dispensers and other technology solutions for health-related needs.
	3. OAC 5123-9-37 needs to be revised to allow county boards and councils of governments to provide nursing services particularly now due to lack of willing and able providers.
	4. Long-term: work with DODD to find a way to allow expanded access to waiver nursing, including adding the service to Level 1 and SELF, and increase flexibility for these services. We believe this is being done in other states and would like to reduce the barriers for DD providers to provide waiver nursing services. In addition, we believe that technology related health care services, such as Station MD, should be covered by Medicaid.
3. Develop a workgroup to facilitate discussions with stakeholders to discuss Increased flexibility in development of residential settings that includes parameters in unlicensed and licensed settings.

In particular, specialized services for multisystem youth and adults with significant behavioral challenges are sorely lacking and need bold solutions. Conversations about setting size, while difficult, are necessary to address the sustainability of the system due to the sever workforce shortage.

In addition, flexibility in our current rules may allow for the creation of “intentional integrated communities” or multi-unit living situations which are desired by many people receiving services and their families.

1. Provider Compliance & County Board Accreditation: We believe that provider compliance and county board accreditation need revamped to allow for increased partnership when providers or county boards are in good standing.
	1. Compliance should be focused on providers/county boards who are struggling and not those who have demonstrated consistency in their ability to be in significant compliance with rules and regulations. Providers/county boards in good standing should have access to technical assistance and support rather than being subject to ongoing compliance reviews.
	2. County board accreditation: Given the nature of county board services, we recommend a compliance structure that is different than that of providers and more focused on the actions required from the county board.
	3. Create a very limited self-review compliance tool to be utilized for providers who are in good standing and also otherwise accredited.
2. Provider Certification Requirement: Limited revisions to the Provider Certification rule would assist with addressing the staffing crisis.
	1. Permanently remove the 18 year old requirement for DSPs.
	2. Permanently remove the high school diploma/GED requirement for DSPs.
	3. Discuss appropriate staff orientation and training requirements for adult learners and make the streamlined onboarding flexibilities authorized through the Appendix K permanent.
3. Multi-system Youth/Intensive Behavioral Support ICF Add-on: Unfortunately, the design of this program has not led to the intended outcome of creating additional residential options for children with intensive behavioral support needs. We would like to work with DODD to redesign the program in a way that can meet the variety of needs across the state.
4. ICF Modernization: There are several modifications needed for the ICF program to ensure long term sustainability.
5. While the department and stakeholders spent a lot of effort on creating the current reimbursement structure, there were several concerns that all agreed needed to be addressed in the future.
	1. The acuity scoring for people with high behavioral needs does not accurately reflect the resources needed to serve these individuals, especially if they do not have other medical or adaptive needs in addition to their behavioral needs.
	2. The group agreed to capture additional information on active treatment costs and then revise the reimbursement to address active treatment. Additionally, since then, DODD is getting ready to implement service and reimbursement changes to day and vocational services funded through the waiver. ICF reimbursement should be in-line with waiver reimbursement to allow ICF residents choice in where they receive their day services.
6. The cost reporting for ICFs needs reviewed and streamlined to ensure that only necessary data is being requested. A comprehensive review of the ICF cost report hasn’t been completed in over a decade and it is time to complete this and hopefully reduce some of the administrative expense in completing this function.

Implementation Approach and Timelines

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| Regulatory Item | Budget Ask | Administration Proposal | Timeline/Priority |
| #1 Reimbursement and Service Design Reform with the goals of simplification and long-term sustainability of waiver services |  | Simplify and prepare waiver system to be sustainable.Address reimbursement complexities Address broad range of service needs in residential settings in a way that creates a system that supports the key issues with recruitment and retention of direct support professionals. | Complete majority of proposal by end of June, finalize in first couple weeks of July |
| #2 Promote individual choice, self-direction and autonomy to the greatest extent possible. | Replace ORC 5126.043 with new language regarding supported decision making | Enhance training regarding new and existing self-directed services within DD waivers and enhanced self advocacy strategies. Replace existing supported decision making for people with disabilities. | Begin training for county boards and providers immediately.  |
| #3 Remote Supports Rule |  | Revise remote supports rule to increase flexibility, consider passive vs active supports, create structures for health related technology in collaboration with #5 above (OAC 5123-9-35) | Start with Hamilton County proposal and build upon it to address some additional concerns by end of June with hope to complete by end of summer |
| #4 Waiver Nursing & Medication Administration |  | Improve access and flexibility for waiver nursing servicesAllow CBs & COGs to provide nursing services (OAC 5123-9-37)Medicaid reimbursement for StationMD and other tele-health servicesDevelop reimbursement structure to allow for expanded use for medication dispensers and other technology solutions for health related needs (see separate presentation) | Create proposal by end of June with goal of rule revisions by end of summer |
| #5 Develop a workgroup to discuss flexibility in residential settings |  | Form workgroup with stakeholders to have facilitated conversations. | . |
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| #6 Provider Compliance & County Board Accreditation |  | Transition from compliance reviews to technical assistance for providers in good standing.Create self-review compliance tool for providers in good standing and otherwise accreditedRevise compliance structure for county board accreditation to focus on CB actions. | Create small group within the next month with a goal of creating a framework within 6 months to submit to the department. |
| #7 Provider Certification Requirement |  | One year waiver ends Sept 1st* Remove 18 year old requirement
* Remove HS Diploma/GED requirement

Discuss orientation and training requirements and onboarding flexibilities | Create proposal to submit to the department by end of July. |
| #8 Multi-system Youth/IBSRAO | Remove temp law section 261.130 | Revise Intensive Behavior Support rate add-on rule (OAC 5123-7-28) to create a program addresses unmet needs Review OACB ARPA proposal to build capacity | Temp Law change in BudgetCreate small group to develop alternative proposal to the current IBSRAO program by October. Follow up on ARPA proposal by end of June |
| #9 ICF Modernization | Will eventually be needed, but may not be FY24-25 budget | Request DODD reconvene the ICF reimbursement workgroup to review inadequacies in reimbursement formulaReview Cost Report to simplify and modernize | Create small group to develop recommendations by the end of September |