There are a lot of changes taking place in Ohio's developmental disabilities system. One of the significant changes is a new rule from the federal Center for Medicare & Medicaid Services (CMS), which says that Medicaid funds can no longer be used to provide waiver services in or adjacent to settings that have the effect of isolating people.

DODD convened a CMS Transition Plan Committee comprised of stakeholders from across the DD system to identify which settings currently are not in compliance with the new CMS regulations, and develop recommendations for how to bring them into compliance.

Join members of the committee to learn more about the CMS rule and what the state is doing to ensure we're in compliance, ask questions about the transition plan, and learn how you can review the plan and provide feedback.

Tuesday, December 2 **6-8 p.m.**	**Hamilton County Board of DD – Queensgate Office** 801 W. 8th Street, Cincinnati, Ohio 45203
Saturday, December 6 **10 a.m.-12 p.m.**	**Ohio Center for Autism and Low Incidence** 470 Glenmont Avenue, Columbus, Ohio 43214
Tuesday, December 9 **6-8 p.m.**	**ESC Conference Center** 6393 Oak Tree Blvd South, Independence, Ohio 44131
Thursday, December 11 **5:30-7:30 p.m.**	**Athens County Board of DD – Beacon School** 801 West Union Street, Athens, Ohio 45701
Tuesday, December 16 **6-8 p.m.**	**West Toledo Public Library** 1320 Sylvania Avenue, Toledo, Ohio 43612

More information about changes to Ohio's developmental disabilities system – including the new CMS rule, the letter from Disability Rights Ohio, and the work of the Strategic Planning Leadership Group – is available online at DODD.Ohio.Gov/OurFuture – you can use the "Feedback" feature of the site to quickly and easily provide comments and ask questions. Also, watch *Pipeline* for more information.

Ohio | Department of Developmental Disabilities

40 YEARS TOGETHER, WE ARE OPRA

Advocate. Educate. Connect.

OPRA—PROJECT NURSING

OPRA believes that systemic change within the human service fields in Ohio will place an increasing spotlight on the nursing field. Nurses in Ohio's DD system would benefit from a structured forum to identify issues, share ideas and propose solutions. Nurses in home health are largely unrepresented and left to independently maneuver through a myriad of regulations and expectations.

OPRA recognizes an opportunity to help shape nursing and health care policy, particularly in the developmental disability and home health fields, that will result in better service delivery and better outcomes for the individuals served. OPRA also recognizes the opportunity for increased membership as we can structure a membership package for individual nurses.

Our goal is to create an internal structure that allows nurses to determine issues of importance and policy objectives. Much of the ongoing activity will be self-directed and not require additional internal capacity. Below is an initial outline of next steps:

OPRA Nursing Committee

- Establish a permanent OPRA Nursing Committee (Anita will staff)
- Identify purpose and appoint Committee Chair
- Identify and provide regular trainings including but not limited to Train the Trainer trainings
- Establish regular meetings with DODD nurse

Nursing Membership Activities

- Establish dues structure
- Identify nursing market
- Develop membership materials
- Establish separate List-Serve

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OPRA Committee on Efficiencies and Simplification

Consistent with OPRA's Strategic Plan, OPRA believes services to individuals with disabilities can be dramatically improved by adhering to the following principles:

1) Unleash the potential of Ohio's DD and OOD private providers by reducing the cost and complexity of providing services in the state.
2) Allow private providers the freedom and flexibility to operate and innovate without intrusive and counter-productive mandates.
3) Promote a fair and predictable playing field by standardizing processes throughout Ohio.
4) Improving government efficiency, effectiveness, transparency and accountability thereby achieving better results at a lower cost.

OPRA will establish a permanent member committee on Efficiencies and Simplification whose sole purpose will be to identify barriers to efficient and effective service delivery and suggest policy initiatives to remediate. The committee will also develop proactive initiatives designed to improve system performance and governmental monitoring and regulation.

The committee will be member driven with the ultimate goal of providing specific policy recommendations (with Board approval) for OPRA staff to act upon. Consistent with the Nursing Committee, the Efficiencies and Simplification Committee will not add additional burden to OPRA's internal capacity but will actually add additional benefit by a member-lead focus on burdensome and counter-productive regulation that will result in identifiable action steps.

Next Steps

- Creation of Committee
- Appointment of Chair
- Announcement and marketing of Committee and its purpose

Benefits of Committee

- Highlighting focus on efficiencies and simplification
- Structured member driven process and activity
- Development of specific policy initiatives
- Allows OPRA staff to focus on achieving outcomes

MEMORANDUM

TO:	THE OHIO DEPARTMENT OF DEVELOPMENTAL DISABILITIES
FROM:	OPRA, OHCA, VFA AND OACBDD
SUBJECT:	RESPONSE TO BUDGET ISSUES PRESENTED BY DODD
DATE:	OCTOBER 1, 2015

ICF Budget Recommendations for Consideration

The set of budget issues Director Martin presented at the recent ICF Reimbursement Workgroup meeting include potential responses to the Disability Rights Organization's demands as well as related concepts. Within that complex of issues, we recognize that accelerating the pace of ICF conversions to waivers is of paramount importance to the department.

While we believe that we and our members are acting in good faith to implement the agreement memorialized in House Bill 59 in keeping with the five year time horizon set by the legislation, we offer additional recommendations below that we believe would be helpful in accelerating the process. Numerous and well known issues have prevented agencies from engaging in ICF conversions. We have attempted to address each of them below.

We also wish to emphasize that we believe it is completely unrealistic to assume the solutions that DRO and others expect can be achieved in a budget neutral fashion. More state funding, both Medicaid and non-Medicaid, has to be appropriated.

Our goal is to reach consensus on a way to move the entire system forward. A lawsuit will only serve to tie up financial resources that could be used for conversion/downsizing and other reform efforts and prolong any real progress for years to come.

General Policy Recommendations

1. **The Need for Data: In order to analyze the costs associated with system reform, it is imperative that we know how many people want to move and what type of setting they desire. We recommend that a survey be conducted to determine the extent and scope of the issue. The Government Resource Center at OSU could be engaged. Real numbers can then be determined and more highly focused planning can begin. For example, ICFs with significant numbers of Class 6 individuals could be targeted for analysis, consultation, and assistance relative to possible conversion to waiver.**

2. **One Page Service Summary: We recommend the development of a one page, standardized service summary that should be discussed with individuals and guardians annually. It will list the service package available in each service area. This could help to insure people are regularly reviewing their service options.**

3. Staff Recruitment/Retention Data: We recommend that DODD keep data on staff retention and recruitment in the DC downsizing efforts (the new state-admit homes). We believe there could be useful data obtained that would have broader implications for the field as a whole.

4. Case Studies: We recommend that case studies on successful conversion efforts be gathered and shared with the field as a whole. Could learn from unsuccessful efforts as well – food for thought.

ICF Based Incentives to Convert

Because conversion from ICF to waiver is voluntary, it has to be driven both by a perception on the part of providers that it is "the right thing to do" and by financial and programmatic incentives. The incentives can be divided into two groups, one relating to the ICF (the "from" state) and the other relating to the waiver (the "to" state). ICF based incentives could include the following:

ICF Reimbursement Incentives: The following incentives should be funded outside of any statewide mean cap on ICF rates.

a. Expand Three Month Cost Report: ICF operators have capital (e.g., mortgage) costs that cannot be paid when a portion of a facility's beds are converted. While the three month cost report provision helps with this problem, the ceiling also should be waived in conversion situations.

b. Case Mix Score: A retroactive adjustment to the remaining ICF's case mix score should be permitted when lower acuity individuals move out through a conversion.

c. Non-Extensive Renovations: Expedite decisions on renovations associated with downsizing or conversion.

5. Capital Program for Converting Entire ICFs:

a. Assistance With Sunk Costs: When an entire ICF is converted, the recommendations in #5 do not help. We recommend that DODD commit non-Medicaid funds (as determined in #1.) over the next biennium to provide debt relief such as through buying back beds.

b. Prioritize Most Non-Integrated Settings: There are settings such as those attached to nursing facilities, that would like to convert but don't have the resources to do so. We recommend that DODD begin with these facilities as a way of demonstrating reform. This will also provide additional cost and programmatic data that can be used in further efforts. Beds could be purchased outright or the facilities re-purposed.

6. Development Rule: As currently written, Development Rule approval is obtained through a subjective, group review process. We recommend that definitive conditions be outlined

in the rule so as to expedite approval of conversion and downsizing proposals and simplify planning by interested providers.

7. Licensure/Certification Surveys: We recommend expediting surveys to reduce the risk ~~of~~ when developing new, smaller settings via downsizing or conversion.

8. Other ICF Rate Recommendations:

   a. ICF Rates: On the whole, ICF rates have been stagnant for many years, which in addition to not recognizing increased operating costs is inconsistent with the philosophy of moving ICFs to a higher acuity model. We would like to see a portion of the dollars saved as the result of conversions targeted back to the ICF program for a rate increase.

   b. Active Treatment Rate: As the active treatment rate is lower than the HCBS day services/employment rate, it results in individuals being provided day services/supports in less integrated settings. We recommend that the active treatment rate mirror that of HCBS, so that individuals will have the opportunity to choose between an increased number of willing providers.

Waiver Based Incentives to Convert

The waiver system must have adequate capacity and resources to meet the needs of those individuals being converted from the ICF system to waivers and to attract provider interest in converting. To achieve this, we support system change that will lead to long term sustainability of Ohio's waiver system.

9. Waiver Slots: In addition to waiver slots resulting from ICF conversions, we support prioritizing ICF residents for waiver services/development of state funded waiver slots specifically for those residing in ICF's who wish to move. This recommendation requires additional funding. It cannot be supported by shifting dollars from ICFs.

10. Waiver Rates: In order to serve those currently receiving HCBS, as well as those new to waivers, we recommend the following:

    a. Time limited rate increase (more than 52 cents) for waivers serving people moved from ICF.

    b. Implementation of weekly rates.

    c. Inclusion of nursing in waivers as appropriate, coupled with better integrating services by granting SSAs ability to authorize state plan nursing as well as waiver nursing.

d. **A waiver rate increase that is not funded solely via savings in the ICF system. Staff recruitment and retention are crucial to a successful HCBS system. New GRF is necessary to achieve this.**

e. **Expansion of shared living.**

11. **<u>Program Specialist:</u> The level of staff supervision and oversight is an issue given the current rate structure. In order to succeed in conversion efforts, we believe additional supervision is needed. We recommend that state funded Program Specialist Services be provided for those moving to converted settings.**

12. **<u>Provider Involvement</u>: Give providers more input into filling waiver slots and developing service plans for conversion waivers. These are areas of significant "cultural" difference from the ICF program.**

Non-Medicaid Initiatives

13. **<u>Housing:</u> Safe, affordable housing is a barrier for many. We recommend the allocation of capital funds and a partnership with HUD and/or other housing authorities to increase the availability of affordable housing stock. Allow participation of providers addition to non-profit housing corporations.**

14. **<u>Room and Board:</u> This is an issue for individuals who live in (or wish to live in) the community, but cannot support themselves adequately given the limits of their resources. We recommend that DODD make available R&B funds to support individuals who choose to move as part of a conversion or downsizing effort.**