

**SWOT Analysis**  
**OPRA Strategic Plan Activity**  
**June 2016**

**A. Workforce Sustainability and Quality Focus Area**

**1. Waiver Pilot**

The budget bill contains language that allows DODD to request authorization from CMS to do a daily or weekly rate in the IO waiver. The final report on the waiver pilot was completed and sent to OHT. The report recommended the state look into residential habilitation as a waiver service. DODD released a draft rule for residential habilitation with a daily rate. DODD expressed a willingness to consider a weekly rate instead. The OPRA Waiver Kitchen Cabinet will evaluate the draft rule and research residential habilitation in other states.

**2. Threshold for Exempt Status** (the mitigation of the impact of this new regulation would help with funding wages for DSP's – see B.3. below for more information)

**3. Shared Living Services** (the expansion of this service is expected to assume some of the demand for DSP workers and allow providers to take on new individuals in other services – see C.2. below for more information)

**4. Healthcare Integration Workgroup** (the integration of LTSS and healthcare funding , services and outcomes is expected to result in more flexibility for individuals and providers, thereby increase margins and the ability for providers to structure DSP pay higher to achieve outcomes in both LTSS and healthcare – see C.1. below for more information)

**5. DSP Pilot - Community Connections, Career Partnerships-Ohio**

OPRA member providers participating in the pilot are: Heinzerling, CCHS and ViaQuest for students from Franklin Heights High School in the South-Western City Schools District. Janice Hall has been engaged as the project manager for C3P(O).

All 12 students enrolled in the C3P(O) program at South-Western City Schools finished the program and earned their Certificate of Initial Proficiency (CIP) from DSPaths. 10 of those students plan to continue on to earn their Certificate of Advanced Proficiency (CAP) next school year. Over 90% of the students plan to work in the IDD field after high school graduation. Most of the students now plan on attending college.

There will be 2 - 3 new groups in the program in the 2016-17 school year. Anyone interested in C3P(O) is encouraged to contact Janice at [jhall@opra.org](mailto:jhall@opra.org).

**6. Provider Information and Selection Tool Pilot**

This pilot will allow families and individuals to write reviews of providers, and will encourage a new “customer service-oriented” culture among DSP's. (see C.6. for

additional information)

### **7. Direct Care Workforce Workgroup**

Lisa Reed (RHDD) is chairing and Anita is staffing the new OPRA Direct Care Workforce Workgroup. OPRA established this workgroup in 2015. The workgroup reviewed reasons DSP's leave and brainstormed solutions. Top 3 reasons: lack of transportation, lack of child care, poor supervision. Worked with Lucas County Family and Children First Council on a grant to pilot solutions to these problems. OADSP also involved. Grant was awarded. Will start pilot process on July 1. Pilot is one year in duration.

### **8. Compensation and Benefits Survey**

The OPRA Compensation and Benefits Survey provides industry data on wages, benefits and turnover for DSP's. It is a useful advocacy tool for OPRA in educating the administration and legislature about our DSP crisis. It is also helpful for members in operating their businesses.

### **9. Overtime Survey**

The OPRA overtime study was used successfully, to advocate for flexibility in staffing HCBS services. (see attached survey for results)

### **10. Rate increases for DSP wage increases**

OPRA helped to secure a 6% rate increase for certain HCBS waiver services and 2% for the ICF reimbursement system, with both being directed primarily toward DSP wage increases. This was clearly communicated as a "down payment" and that more funding for wages will be required to achieve a sustainable workforce.

## ***B. Efficiencies and Simplification Focus Area***

### **1. Licensure and County Board Accreditation/National Accreditation**

The Partnership is continuing to pursue abbreviated reviews for county board accreditation and licensure. Mark Davis and John Pekar are coordinating this effort for the Partnership. The Partnership sent a letter to Director Martin, requesting a meeting to discuss making this effort a priority. We will follow up with Director Martin at a later time due to the current system reform workload. The Partnership will continue to pursue this issue in 2016.

### **2. SSA and Program Management**

CMS has informed DODD that an end date is needed, for county boards to discontinue delivering HCBS as the boards also deliver TCM. DODD negotiated a 10-year timetable for county boards to be out of delivering HCBS. OPRA is working with COG's and county boards, to develop private provider capacity and on other transitional preparation.

### **3. Threshold for Exempt Status**

ANCOR's advocacy has highlighted DD provider's almost sole reliance on Medicaid, our strong desire to pay our staff fairly and to be able to afford to stay in business. OPRA members heavily participated in a data collection effort by ANCOR. This regulation has the potential to have a major impact on provider's viability and we will actively participate with ANCOR in their efforts on this regulation. Mark is co-chairing the ANCOR national campaign to impact the regulation. A lobbyist, consultant and PR firm have been engaged by ANCOR for the campaign. OPRA members and Mark have participated in several meetings with lawmakers in DC in hopes of securing legislation for provider relief and to impact the DOL regulation. It is possible that the regulation could be released as early as April. ANCOR continues to work on building partnerships to impact the rule and to gain funding too.

US DOL published the OT rule on May 18<sup>th</sup>. For the synopsis of the rule and more information go to: <https://www.dol.gov/featured/overtime/>. The rule is effective on December 1, 2016. DOL issued a notice of nonenforcement for IDD Medicaid residential providers in settings of 15 or less beds. The ANCOR team is working to get clarification from DOL on a few points of the rule and is meeting with Sec Perez and his staff on May 26<sup>th</sup> in DC. Mark talked with VP Biden, Sec Perez and Sen Brown about our appreciation of the nonenforcement policy and the need for additional funding to implement the rule successfully. The ANCOR SOS Campaign (more information at [www.disabilitysos.org](http://www.disabilitysos.org)) continues to work on legislation and education. The legislation would create additional federal funding for IDD Medicaid providers over a 3-year period to allow states and providers to implement strategies to effectively implement the rule. Ohio federal legislators may play an important role in any solution for DD providers. The education is focused on the content of the rule, the impact on providers, the status of the rule implementation and strategies for coping with the rule.

### **4. ODH and DODD Streamlining**

The budget bill contained language that gives DODD the authority to delegate licensure reviews to ODH. The administration has said they intend to follow this path. It has been reported that ODH has begun doing ICF surveys on behalf of DODD, in some instances. This is not moving at the pace we had anticipated.

## ***C. Quality, Accountable and Sustainable System Reform Focus Area***

### **1. Healthcare Integration Workgroup**

Mark continues to make national connections at CMS, providers, managed care company, US Congress and others associated with doing similar research. Director Martin is considering partnering with CERIIDD and may have a proposal to CERIIDD by the end of 2016. OPRA had engaged an epidemiologist and consultant to help with the feasibility, funding and start-up of CERIIDD. We are working on our start-up business plan. We explored an Ohio GRF budget ask for CERIIDD funding, but the legislature asked that we continue conversations with the administration and legislature.

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Energy continues to grow around the CERIIDD project - On April 11<sup>th</sup>, Mark Davis and Lisa Mathis traveled to Washington, D.C. and met with leaders of the Administration for Community Living (ACL), including Commissioner Aaron Bishop, Director John Tschida, Program Specialist Katherine Cargill-Willis, Deputy Director Dr. Jennifer Johnson, Dr. Dawn Carlson from NIDRR, and Terrill Curtis to discuss the need for epidemiologic research investigating the relationship of LTSS, healthcare, and quality outcomes for individuals with IDD. Interest was strong enough that a follow-up meeting was requested, although a date for the meeting has not yet been confirmed.

Dr. Julie Gentile, M.D. and Director of Intellectual Disability Psychiatry at Wright State University is interested in CERIIDD and is the latest member of the CERIIDD leadership team.

The Letter of Intent requesting funding for CERIIDD from Robert Wood Johnson Foundation (RWJ Foundatin) is nearly ready and we plan to submit it by the end of this month.

### **2. Shared Living Services**

We are convening a stakeholder meeting Wednesday, June 17<sup>th</sup> with interested members, county board SSAs, advocates and the Department to create a statewide Strategic Marketing Plan focusing on recruiting host families and educating families and SSAs about Shared Living as a model.

On September 1<sup>st</sup> b.complex creative delivered the revised marketing plan to OPRA and OACBDD. The plan will be discussed with DODD on September 22<sup>nd</sup>. Carolyn Knight of Ohio DD Council has indicated an interest on the part of Council to review the plan to see how Council might assist. DD Council approved our project request and awarded \$20,000 to help fund the marketing plan. DODD has indicated that they have the capacity to perform most of the tasks listed in the marketing plan and will take the lead. In a meeting with DODD and OACB it was decided that Council funds will be used primarily for the development of the video(s). OPRA and OACB will assist. It remains clear the DODD expects Shared Living to grow significantly and that there are many challenges to realizing DODD's vision for Shared Living expansion.

### **3. ICF/IID**

DODD established 4 ICF work groups in 2015: Reimbursement, Quality, Process and Overarching.

Reimbursement: Working with PCG on development of a new reimbursement system. Will most likely scrap the IAF and replace it with the ODDP. ODDP needs to be time studied. Current discussion on sample size and duration of study. Will need volunteer agencies. Looking to change capital to a FRV (Fair Rental Value) system as is currently used in nursing homes. Early in the discussion, no decision as of yet.

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Quality: 13 quality measures developed across 4 domains – Quality of Life (community and participation) and Quality of Care (health/wellness/safety and staffing). Meeting quality measures will result in an add on to funding. DODD has 6 – 10 million set aside. Formula for disbursement not yet developed. Hope to implement in 2018.

Process: This group assisted with the development of the Options Counseling process and discussed issues with IAF.

Overarching: This group reviews work by the other committees.

ICF Employment Pilot: Received funding and is underway. No further updates at this time.

Downsizing: 605 approved. 106 complete.

Conversion: 446 approved. 187 complete.

Exit waiver/diversion waiver enrollees: 5 (goal 1,136)

Preadmission counseling: 85 individuals. 72 selected ICF. 13 selected waiver.

### **4. Trauma Informed Care**

Kim Kehl is presented “Trauma-Informed Approach: Key Assumptions & Principles” at the Spring Conference as part of the Program Directors track on 4/6.

### **5. Business Intelligence Tool**

Data has been collected from DODD that identifies all providers in the State of Ohio and the counties which they offer services. This along with the OPRA Provider Capacity Survey that was collected in recent weeks, are being used to categorize providers throughout Ohio. In addition, requests have been made for DODD to provide the amount of individuals being served by geographical locations and their acuties. This information should aid OPRA members in making an educated decision on increasing their services and where to potential develop their business within Ohio. Relevant, current and correct data will enable OPRA to advocate for sustainable solutions across our Medicaid and Medicare systems.

### **6. CMS Regulations on Definition of Community, Conflict-Free Case Management, Person-Centered Planning – State’s proposed transition plan**

OPRA continues to advocate for a sustainable plan to implement the new CMS HCBS regulations. Ohio’s transition plan received Initial Approval from CMS and is likely to receive final approval too.

## **7. Provider Information and Selection Tool Pilot**

Cuyahoga and Coshocton Counties, along with 5 OPRA members in those counties, designed and implemented a provider information and selection tool pilot. The pilot contains a website that is a “Trip Advisor”-type tool for people to obtain useful information on providers. DODD is aware and supportive of our efforts.

DODD and OACB approved funding and are partnering with OPRA on the new website. January 15, 2016 was the implementation date for the pilot. The website is up and running, with about 1% of individuals in the pilot have submitted reviews.

The Provider Guide Plus (PG+) planning committee has decided to expand the PG+ pilot to all agency providers in Cuyahoga and Coshocton Counties as well as Knox County. This will be done the end of June/beginning of July. Our plan is to expand PG+ to the entire state by the end of this year.

## **8. Employment First/Day Services**

Jeff Davis and Lisa Mathis have focused on developing ways to support OPRA members to transition toward community-based day services and competitive employment, as well as build private provider capacity in order for the county boards to disengage from direct care. Individual and group meetings have been held with superintendents, county boards, OACB, and private providers in an effort to pinpoint barriers and build on successes. It seems that the current challenges are facilitating communication between agencies that perhaps is unprecedented.

At the OPRA Spring Conference, SWOCOG superintendents returned for a follow-up session and superintendents from SOCOG hosted an informational meeting for any interested parties. Stacy Collins from DODD presented on the future of Adult Day Services in Ohio. Stacy confirmed that DODD will be posting proposed day rules and rates sometime in May for public review, and that the new rules are planned to go into effect on October 1, 2016.

Lisa Mathis and Jeff Davis continue to bring county boards and providers together to encourage collaboration and build provider capacity.

OPRA members are encouraged to participate in the Employment First/Day program Workgroup that is held monthly. The workgroup includes presentations by and conversations with DODD, OOD, county boards and other key stakeholders.

In May ODD publicized a new fee schedule that will negatively impact OPRA members providing OOD services. Lisa and Jeff are working with OOD to accomplish the following objectives:

- OOD should reconsider the proposed fees, especially for Tiered Job Development. - the proposed fees are much too low. Seven OPRA members have put forth the effort to collect data in support of higher OOD fees. This data is currently being analyzed and will be presented to OOD after release of

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the new and revised OOD fees

- OOD should unbundle mileage and report writing
- OOD should create an enhanced fee schedule for Supportive Employment

DODD has also publicized new rules and rates for day services and employment. Notable changes include DODD proposal of using 15 minute units for billing, the discontinuation of a combo code and day rate, and the addition of career planning services. Stay tuned for further clarification and guidance from OPRA concerning these proposed rules and rates.

### **9. ABLE Act Training**

OPRA has done several trainings on the ABLE Act and its implementation in Ohio, the first state to have these new accounts. The STABLE accounts in Ohio allow individuals with disabilities to create savings accounts that don't impact their Medicaid eligibility and prepare them to pay for services directly. The investment income in a STABLE account is free from federal tax. People from other states are permitted to open a STABLE account and about half of the accounts opened initially, are from out-of-state folks.

