**OPRA Policy Committee Meeting Notes**

**February 21, 2017**

**10a-2pm**

**OPRA Offices-Goodale Blvd.**

Those in attendance: Refer to the signature sheet

1. **Introductions of all in attendance and those on-line or via phone**
2. **POWERPOINT-OUTLINE OF MEETING (REFER TO ATTACHED)**
3. **Task grid update from last meeting:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| # |  | Person(s)responsible | Target Date |  |
| P1 | Provide information to members regarding Building Code changes and updates | OPRA | 2/15/17 | Discussions still going on- OPRA to send update |
| P2 | Resend MUI correspondence from Scott Phillips regarding strategies for returning staff to shift during investigation, etc. | OPRA | 2/1/17  | Completed |
| P3 | Invite Teresa back to discuss Autism work DODD  | Jeff |  |  |
| P4 | Send email reminding Teresa K. to send to OPRA for distribution:-list of Dual Diagnosis Treatment Team resources/contacts and info on second assessments-Handouts from meeting via email-Autism OCALI training information-Trauma Informed Care trainers-training resources-NCI Staff Stability survey results baseline survey-Trauma Summit information | Becky OPRA to distribute to members when received | 1/21/17 | Completed |
| P5 | MUI workgroup set up-Rules work group | OPRA and members who indicated they wanted to be involved | Met 2/13/17  | Committee met- follow up scheduled- see OACB and OPRA priorities |
| P6 | Send any certification issues/ information to Jeff so that it can be compiled for discussion with legislatures/DODD. | All members | ongoing |  |
| P7 | DSP WORKFORCE AWARENESS-send in responses to OPRA by Fri  | All members | 1/25/17 | Completed |
| P8 | OPRA to distribute info to members regarding Project STIR | OPRA | 2/1/17 | Completed |

1. **Guest Speaker: Neil -Ohio Coalition for Person Centered Planning**

Neil shared that he has a son diagnosed with ASD and receives services in Ohio. Neil has been a strong advocate for individuals with DD for many years. He is currently active in the Ohio Coalition for Person Centered Planning. Neil shared his experiences with services dating back to the 70’s. In the last budget, the Ohio Coalition for Person Centered Planning was very active. Two amendments made it through House/Senate resulting in delegation letter regarding:

1. Individual rights (guardian rights and relationship) through Ohio’s proposed changes to guardianship rule
2. Distributed many memos to CMS asking Ohio to slow down the HCBS rule

Their website: MyVoice4MyChoice.org has many of the budget amendments, strategies, and copies of correspondence under the website filing cabinets.

Last month, the Ohio Coalition of PCP issued memo in response to CMS in Washington DC (can be found on website). Other states California, Delaware, NY are revisiting sheltered workshops, etc. In addition, Missouri just issued document relooking at their approach to sheltered workshops. (see attachment)

This group focuses on advocacy for those in the lower range of severe to profound functioning level who are often unable to speak for themselves. The focus is to ensure that they are being heard and armed with information to speak up so that their needs are not lost. In the group’s opinion, it is felt that government entities have used discrimination in their guidance with individuals functioning at this level. The biggest issue is that State and CMS have created an “ALL OR NOTHING-ONE SIZE FITS ALL” approach and there must be choices. For example, day service ratios of 1:4 cause issue with those that may need other supports in the community.

1. **WAIVER INITIATIVES**
* Mark Davis discussed State Waiver proposals. The group discussed that the initiatives are supported, however, the roll out and details must be addressed proactively with DODD immediately because if not could be negative result. Money proposed for this budget is in jeopardy as many others are going for this money so we have to be careful on presentation or may just lose it.
1. DSPs employed over 2 years with 60 hour training (rate increase to be paid to provider for units served by this qualifying staff to be used to pay DSP more)

Need to consider: OT factor, DOL concerns, admin/tracking costs, what about DRA congregate settings?, must be careful with messaging (not just 6% to DSP-causes issues if not presented correctly), min wage changes, what happens after 2 years

1. Complex care add-on: 10 criteria in which have to be met-add on to be handled by DODD much like the behavior and medical add-ons.

1. Combining Adult Foster Care and Shared Living. Rates either same or increased. Simpler for DODD.
2. Nurse delegation-target Sept 2017- looking at funding for delegation (not training or coordination of care) Groups polypharmacy and nursing committee will be looking at this and rule review.
3. Independent providers-40 hour limit per week. (compromise between elimination of and not being able to become employees of state)
4. Flat Rate-monthly, weekly, daily rate including OSOC, Transportation, HPC, Remote monitoring—money per person calculated-risk, efficiencies to be maintained by provider (focus on savings to be used for DSP) DODD has asked for input on this. Group to be developed through Policy/CFO OPRA representatives (with hands-on billing experience) to address this and provide detailed feedback and direction on this.
5. Unified Waiver-proposal to look at combining all waivers into one (basically DDP or other assessment determines range and individual has flexibility for how to spend their budget, etc.) ENCOURAGES SELF DIRECTION.
6. On the radar-Federal Block Grants
7. **EFFICIENCY AND SIMPLIFICATION-OPRA/OACB**

**REFER TO SLIDES IN MEETING POWERPOINT (FOR LISTING OF THE PRIORITIES)**

* Joint Letter was sent to Director regarding the imperative need for efficiency and simplification of our complex system. OACB met with their members to identify priorities. In addition, the OPRA Rules group survey determined top three priorities for efficiency and simplification.
* Response received from Director asking for meeting and true priorities to identified.
* OPRA and OACB agree this is not lip service (waste time talking). We want to lead the discussion towards simplification and efficiency---true, honest discussions on realities/expectations and outcomes.

(see priorities on next page)



* Members recommended that we include “Accuracy” in #3 of OPRA priorities. (include that we are supposed to be agreeing to schedules prior to authorization, notify providers of any changes with new agreement, retrospectively adjusting CPT without provider knowledge resulting in rebilling and losing money after 365 days, incorrect authorizations, issues with prior authorizations, audit protocol, etc…)
* Members requested an email to members to explore these categories and what members feel needs addressed in these specific priority areas.
* Discussion regarding no governing standard business rules regarding ISP and CPT.
1. **RULES GROUP UPDATE-MUI/UI**
* Reviewed handouts of MUI concerns by Category (attached)
* Reviewed the Common Goal of MUI approach based on member input with DODD/OACB (attached)
1. **AG OFFICE REVIEW**
* Recently members have been receiving notices and had further reviews from AG office regarding MUIS that were previously closed by counties and state. Reportedly, the AG office is receiving all MUIs from ODH for ICF. They are approaching this from the perspective of further investigation towards the staff. Provider receives notice of items to have available and investigation is done on-site. AG office has offered to come provide training to OPRA regarding this process for members. More to follow….
1. **ICF BUDGET**
* **Proposed ICF budget summary:**
1. 2018 FY-Freeze (rates as of June 30, 2017 will be rates for July 1, 2017) secondary to exceptions related to type 4 filing cost report
2. Protected (remain essentially as is)
3. Indirect (amend stat. formulary to define as “all costs not covered by other ceilings.”)
4. Peer groups previously:

1=9+ besd

2=1-8 beds

3=DC downsized

Proposal for 5 peer groups:

1=16+ beds

2=9-15 beds

3=8 beds

4=4-7 beds

5=DC downsize

(Ceiling to be determined by % over median)

1. Direct-replace IAF with ODDP-ICF scored differently from Waiver

ODDP evaluations thus far seem to not be capturing needs

-this involves permanent law changes

Group recommended running sample ODDP impacts and sharing so that OPRA can address

1. Capital-eliminate ceiling and replace with Fair Market Rental Value calculation

-smaller facilities based on nursing home and larger on assisted living

-renovations not clearly defined

7. Cost report instructions were just received. Clear definitions not present as to what is included. (ie: 4000 for equipment and transportation per bed, etc…)

8. Capital Home office---evaporated in the new rule –ceiling

9. Projected RAC with ODDP---25% IN 4, 5, AND 6 OTHER 25% BETWEEN 1-3 (RAC 1=5%) RAC 6=FLAT RATE OF $179…PER DAY.

1. **BUILDING CODES**
* OPRA has had discussions with Ernie Fischer (Capital Housing Administrator DODD) regarding proposed changes to Ohio Building Codes outlining/defining Custodial Care. This essentially requires if any 4 people with DD are receiving services in same setting, that the setting MUST have sprinkler system installed. This would include day service settings, as well. This is raising many issues and will greatly affect the cost of housing/day service settings. There are meetings scheduled to discuss further and OPRA will be keeping members informed.

**ACTION STEPS/FOLLOW-UP:**

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| P9 | Create OPRA work group CFO/Policy addressing the Waiver initiatives/ evaluate rates send suggestions for committee to Becky  | OPRA |  |  |
| P10 | Notice to ICF committee regarding budget proposals—after 6th meeting-need ICF committee discussion/involvement on approach | Anita/Jeff |  |  |
| P11 | Send follow-up email to members to elicit input on 3 priority categories for efficiency and simplification | Becky |  |  |
| P12 | Set up training with AG office on their process for review for members | OPRA |  |  |
| P13 | Revise Priority wording to include Accurate and any other recommendations from member feedback | Jeff D. |  |  |