**Agenda Topics:**

1. **Welcome-Introductions**
2. **Guest Presentation: Rachel Hendrickson, Solutions Representative for Medisked email:rachel\_hendrickson@medisked.com 866-633-4753 ext. 709**

(refer to scanned documents and powerpoint presentation attached---please feel free to contact Rachel directly for a personalized presentation at your agency.)

1. **Guest Presentation: Christopher Albaneze (Campaign-Marsy’s Law Ohio)**
2. **Efficiencies and Simplification Quick Update—priorities----BECKY**
* MUI/UI Rule and Process Review-Update and Action plan---- (Meetings scheduled monthly through Nov 2017); Refer to notes on July 18th meeting. Meeting scheduled for August 22, 2017 9:30a.
* Members discussed that using the words significant and serious risk still leave room for interpretation. Recommend to remove that phrase from the proposed rule and adjust the Program Implementation Category, as well.
* DODD State Work Group MUI/UI Rule---Meeting Summary 7/18/17:
	1. Reviewed draft definition of Neglect discussing the words significant and serious (left to interpretation). Discussed person centered planning and accepting risk with more independence, etc.---new draft rule with definition to be reviewed at next meeting
	2. Reviewed draft definition of Program Implementation-again discussed use of words significant/serious and the contents of the person centered planning process. New rule to reflect language regarding person centered planning/independence resulting in some risk. New definition to be presented for review at next meeting.
	3. Reviewed misappropriation draft definition and decided on $20 threshold for MUIs. All unknown or missing will start at UI (provider does investigation) until it rises to level of MUI or you are finding that a theft occurred. At that point, provider would call MUI and law enforcement. Missing medications also be investigated. Peer to peer also at $20-so that limit is the same.
	4. Reviewed unscheduled hospitalizations and the need to address care coordination. Regarding current UI/MUI rule, it was recommended to further define ADMISSION and the length of the admission criteria for reporting. New draft to be reviewed at the next meeting.
* Provider Certification Rule and Process Review-Update and Action plan
* Timely and accurate authorizations; audit protocol/ OACB and OPRA committee update (meeting scheduled for August 28th, 2017 for State Work Group)
1. **The GED Debate (refer to handout)**

Discussed different opinions presented by members. Group discussed these in depth. The group recommended that we address this in many different ways:

* 1. Continue Current waiver of GED/HS diploma (but consider that it is good for more than one year)
	2. Continue Alternate path to GED/HS diploma conversations and programs
	3. Continue pilots for Licking County/PATHS
	4. Propose HPC position (not responsible for medications) but can do all other HPC functions WITHOUT HS diploma/GED—allow providers flexibility in this option (WOULD REQUIRE LANGUAGE/RULE CHANGES)-recommend to present to OPRA Board at next meeting.
1. **Open Discussion:**
* Hospice in ICF rule and process added to ICF meeting
* Important ICF Reimbursement meeting scheduled for Sept. 14th---All ICF’s should have someone attend as it is a critical meeting.

**Schedule:**

* Check the OPRA calendar online for additional events
* Next meeting: Sept. 18th, 2017