**Comments on Proposed Statute Change to O.R.C. 5111.232**

**Submitted by OPRA and OCDD**

Thank you for sharing in advance the draft amendment to Ohio Revised code Section 5111.232. We appreciate the opportunity to provide feedback and offer suggestions. Please see below our assessment of the work to date and a recommended solution that we believe is the most efficient and least costly use of available resources to accomplish the desired outcome.

**Individual Assessment Form (IAF)-Previous Study**

The Department’s recent RFI described its initial efforts with OSU’s Government Resource Center as selecting…”a small sample of ICF/IIDs and residents to gather information on how providers are completing the IAF.” No mention is made of a statistically valid study. In the synopsis to the proposed amendment the Department refers to “results from a statistically valid study” as rationale for conducting independent IAF evaluations on all ICF residents.

We would take considerable exception (and fundamentally disagree) with the premise that a valid study/review of any type was conducted. Feedback from a number of providers who were visited indicates that the reviewers **did not** interview or spend time with individual residents. If reviews were completed it was without face to face contact with those purported to be reviewed; and if face to face meetings did occur, then completion of the IAF was done differently in different locations violating statistical method integrity. Completing an IAF without direct interaction with the individual is in direct conflict with the current instructions and previous training on completing the IAF and to the recently released Department RFI which sets a clear expectation of face to face interaction. In addition we know of no provider who even knew that IAFs were being completed. As a result we have no information to date that would indicate a statistically valid study was completed.

**Department Proposal to Complete IAFs Using DC Staff**

The Department’s recent RFI envisions 5800 completed IAFs by April of 2013. Given the Departments own time frame of 3 hours per review this would require approximately 17,400 hours of staff time (not including travel). This project could cost as much as 3 million. The lack of qualified responses to the RFI rightly reflects the incredible staffing and logistical challenges inherent in completing the task.

The Department has announced that the reviews will now be conducted largely by staff from developmental centers. The required staff hours alone make this a daunting proposition. Adding to this the RFI required that reviewers have experience performing types of assessments that measure resource needs. We do not believe DC staffs have the needed previous experience in completing these types of assessments. Given the time frames, practical complications, training required and costly dollar investment in DC staff time we do not believe this is the proper approach to perform IAF assessments for 5800 individuals by April 2013.

**Proposal**

The simplest, most efficient and cost effective approach to achieving the desired outcome is to train providers to complete the IAFs according to clarifying instructions, based on their original intent, in order to gain consistency of application across providers.   OPRA and OCDD will gladly assist in coordinating the logistics of providing statewide training. Concurrently the Department could create a follow-up review process for a statistically relevant sample of individuals to ensure inter-rater reliability and begin conducting exception reviews. In addition, the Department should reinstate quarterly rate adjustments based on the quarterly IAF submissions. This would eliminate any incentive to "game the system" by inflating March quarter scores.