

Anita Allen

From: Weisent, Ann [Ann.Weisent@dodd.ohio.gov]
Sent: Wednesday, October 31, 2012 9:33 AM
To: Anita Allen
Subject: RE: DODD Licensure/ODH Certification Phone-In Update Meeting

Thank you Anita!

From: Anita Allen [mailto:aallen@opra.org]
Sent: Tuesday, October 30, 2012 3:32 PM
To: Hancock County Supt.; Weisent, Ann; Rick.Tully@governor.ohio.gov; Jodi.Govern@odh.gov; Rebecca.Maust@odh.ohio.gov; Haller, Kate; Miller, Kelly; McLaughlin, Connie; Davidson, Heidi; JULIE EVERS; kim.irwin@jfs.ohio.gov; Daniel.Schreiber@obm.state.oh.us; Deanna.Kimball@obm.state.oh.us; Astrid.Arca@obm.state.oh.us; Mark Davis; Gary Tonks; Dana Charlton; Karla Rinto; DPozderac@tlc-mrdd.org; Patricia Colombo; Carol Slight; Deb Lyle; smould@ohca.org; Marilyn K. Weber; jmilkn@yahoo.com; Chris Rafeld; will.mchugh@odh.ohio.gov; Melissa.Bacon@odh.ohio.gov
Cc: Bentley, Jeanne; tbonifas@blanchardvalley.org; mpost@blanchardvalley.org
Subject: DODD Licensure/ODH Certification Phone-In Update Meeting

Ann,

Thanks for the opportunity for input. Our goal remains to have one state agency conducting surveys. Absent that; the following is offered by OPRA for consideration:

- We suggest using the crosswalk that was provided a couple of months ago as a template for further work. This could be used to determine which agency would survey particular standards, so that only one agency is checking compliance on any particular standard. The agencies should rely on each other's findings.
- Agree on which data sources will be used and only use one. For example, MUI data could be pulled from DODD's ITS.
- Agree in advance on the employee/resident sample to be pulled.
- There should be one exit interview and one report/Plan of Correction issued from both agencies. The POC should be completed on-line so that both agencies can review it.
- There should be one follow up visit to review compliance with the POC.
- The agencies should communicate frequently and discuss issues with differences in interpretation of standards and reach resolution before a survey is conducted, and if this is not possible, before a POC is issued.

Anita Allen
OPRA

From: Connie Ament <cament@blanchardvalley.org>
Date: Tuesday, October 30, 2012 2:03 PM
To: "Weisent, Ann" <Ann.Weisent@dodd.ohio.gov>, "Tully, Rick" <Rick.Tully@governor.ohio.gov>, "Govern, Jodi" <Jodi.Govern@odh.ohio.gov>, "Maust, Rebecca" <Rebecca.Maust@odh.ohio.gov>, "Haller, Kate" <Kate.Haller@dodd.ohio.gov>, Kelly Miller <kelly.miller@dodd.ohio.gov>, "McLaughlin, Connie" <Connie.McLaughlin@dodd.ohio.gov>, "Davidson, Heidi" <Heidi.Davidson@dodd.ohio.gov>, Julie Evers <julie.evers@jfs.ohio.gov>, "kim.irwin@jfs.ohio.gov" <kim.irwin@jfs.ohio.gov>, "Schreiber, Daniel" <Daniel.Schreiber@obm.state.oh.us>, "Kimball, Deanna" <Deanna.Kimball@obm.state.oh.us>, "Arca, Astrid" <Astrid.Arca@obm.state.oh.us>, Mark Davis <mdavis@opra.org>, Gary Tonks <gary856@aol.com>,"

~~Clinical~~ Coordination Concept Paper

Clinical Coordination is a service provided to individuals who are in the process of transitioning *or* have transitioned from a Developmental Center to Home and Community Based Services. Clinical Coordination is the acquisition and integration of resources and services designed to meet the multiple needs of individuals and families in order to support a successful transition. Clinical Coordination is provided by community based HCBS providers and includes the coordination of resources on behalf of the individual/family as well as direct support and intervention.

The following services comprise Clinical Coordination:

Assessment: Assessments may be performed directly or secured for the individual from a third party. Assessments areas include but are not limited to: skills, personal needs, service needs, data collection and health and safety.

Pre-transition Planning: Includes assessment and acquisition of housing, utilities, household items, necessary transportation, the physical move and insuring adequate services and supports are in place at the time of the move. May include start up items and management of Home Choice waiver services.

Family/Guardian Support: Includes support, education and transition assistance. May include the establishment of guardianship if needed.

ISP Support: Development of skill development and/or behavioral programs and behavioral/ other needed guidelines for staff. Includes written methodologies for implementation of plans.

Securing and Managing Services: Includes but is not limited to: medical, ancillary services such as occupational, speech and physical therapies, nutrition/dietary, nursing, behavioral health, transportation, specialized medical equipment and coordination of hospital admission/discharge/stay. Includes day and/or employment services and follow up services with Developmental Center staff. Also includes on-going coordination and communication with the service providers and attendance at related meetings, reviews, in-services and training opportunities.

Resource and Benefit Management: Includes benefit acquisition and maintenance, providing or securing representative payee services, day to day management of the individuals resources and managing the individual's participation in the dual eligibles project, Medicaid spend down or Medicaid Buy-in programs. Also includes work on Level of Care and other redetermination processes.

Community Inclusion: Includes assisting the individual to access available community resources, services and recreational opportunities. May include support and communication with community service providers, neighbors and roommates. Includes staff support and education in accessing community based services.

Crisis Intervention: Includes communication and coordination with the individual, staff, county board personnel, law enforcement, medical personnel and other social service agencies.

Consumer Satisfaction and Quality Assurance: Includes face to face time with the individual/family/guardian to assess satisfaction with services and periodic reviews of all services and supports to insure the desired outcomes for the individual.

Day Two

Strategic Plan: The group built off the work accomplished at the end of Day One proposed the following Focus Areas and Goals for 2013-2014.

Focus Areas

1. Efficiencies and Simplification
 - a. Work to standardize billing process and simplify the billing system.
 - b. Reduce duplication of surveys, including ODH licensure, Nursing QA and pursue deeming for CARF and other national accreditation.
 - c. Align the SSA program management functions to clarify who does what and to pursue program specialist as a distinct, separate waiver service.
2. Reimbursement Transformation for Workforce Sustainability
 - a. Implement the waiver pilot and achieve waiver rate(s) increase for provider viability
 - b. Stabilize and modernize ICF reimbursement
 - c. Build capacity for data collection and analysis
3. Future Opportunities and Unmet Needs (note that wording may be more about ends v. policy)
 - a. Implement Supported Employment Policies to create viable, private alternatives

Draft Working Notes

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- b. Create and implement a comprehensive, collaborative statewide policy aimed at effectively serving individuals with behavioral challenges/autism in their home communities
 - c. Seek system policies that create capacity and effective incentives, including access to capital, to support system initiatives (such as Developmental Center downsizing, remote monitoring, private day services)
 4. Membership/Member Services
 - a. Increase membership with a primary focus on personal approaches by Board, staff and members
 - b. Explore options of a flexible dues structure to attract new members and maintain existing membership.
 - c. Develop a comprehensive communications plan.

After reviewed by board members for wording revisions, the strategic focus areas and goal recommendations will be shared with OPRA Committees and members for input. The Board intends to adopt final Focus Areas and Goals at its December or January meeting.

OPRA DRAFT STRATEGIC PLAN