

Medication Administration Certification

And the New

Medication Administration Information System - MAIS

Purpose: To create more valid and comprehensive information about Unlicensed DD Personnel (DDP) who have DODD Certification to administer medications for achieving informative outcomes to improve health and safety standards.

Current MA Database: tracks – Names, Dates of certification and an RN Trainer.

New MAIS:

Employer: will gather data from PCW per tying the Provider Certification of Individual or their Employer Agency to the DODD Provider Certification data

Site: Where the DDP are working (and passing medications)

Supervisor: The rule states the employer has oversight responsibility – we will now know who that responsibility really is assigned to.

DD Personnel: will now mandate personal contact information including e-mail

CEUs: will be identified by the RN Trainer who validates the requirement and the Instructor (if other than the RN

Skills: will record which of the skills were actually checked, by whom and when

Performance: Will contain categorical notations with documentation upload to address when persons have performance problems and must be taken off med pass duty – retrained – and if/when reauthorized to administer medications. The details will be uploaded to DODD secure data storage and not visible to nurses or public.

DODD Review: If multiple med pass deferrals, MUIs or other problems noted the renewal process will not be automatic by the RN Trainer – the system will trigger a DODD review.

IMPORTANT DATES: On **Aug 31** the old MA will go dark. Any certifications that are expired more than 90 days on that date will not transfer to the new system.

MAIS is expected to go live some time **Sept 14- 21**. Classes can be held 9/1 – MAIS live, but certifications will have to be issued by entering the data when the new system is on-line.

Anita Allen

From: list-manager@opra.simplelists.com on behalf of Mark Davis <mdavis@opra.org>
Sent: Friday, June 28, 2013 9:32 AM
To: opra_members@opra.simplelists.com
Subject: Ohio's 3DD² Budget: Our Shared Victory

Ohio's "DD" Budget: Our Shared Victory

Several weeks ago, I sent you an update on the status of critical "developmental disabilities" components in the just-approved Senate version of House Bill 59, Ohio's budget bill. Yesterday, the legislative budget process has concluded. In short, we were extremely successful.

I am pleased to report that each of the items of high importance to OPRA members and stakeholders that our staff and members were fighting for remained intact in the budget bill's final language. Those include:

- **Increase in Waiver Rates.** \$5.4 million in additional funding in FY14 and \$10.9 million in FY 15 for waiver provider rate increases in the Individual Option waiver reimbursement system. Coupled with \$5.4 million that was originally in the administration's budget, this would total \$16.2 million in FY 15 – the first ever increase since the system's inception in 2005. OPRA will work with other stakeholders to determine how this new money will be distributed - among what specific services.
- **ICF/IID Reform.** Revisions, based on an OPRA-led compromise, in the provisions that govern reform for intermediate care facilities for individuals with intellectual disabilities (ICF/IID). These include elimination of the rollback in FY 15, elimination of the proposed flat rate for RAC-4, mitigation of DODD's IAF scores in the re-basing project, retention of the ICF reimbursement formulary in statute, targets for downsizing larger ICFs to smaller ones, and conversion of ICFs to waivers.
- **Removal of New Staff Certification Requirement.** Removal of provisions that would have created a DSP (direct support professional) certification requirement. New language calls for establishment of a work group to review and recommend potential policy changes in the area of core competencies for direct care workers to the legislature, by December 31st.
- **IDD-Specific Health Home.** Authorization of the Directors of Medicaid and Developmental Disabilities to establish a "health home" system that may provide coordinated care for people with chronic health conditions and developmental disabilities.

OPRA was the only "DD" advocate to play an active role in securing all four of the above provisions in the budget bill. Efforts by OPRA staff and members only were directly responsible for the waiver and health home provisions. And OPRA provided a strong leadership role on the other two. We should be proud, collectively, of these achievements. Our successes will help stabilize our waiver and ICF systems, benefiting our direct support professionals and the individuals they serve.

Our work is not finished. On a separate note we remain disappointed the General Assembly has not yet acted on the extension of Medicaid to low wage workers, leaving employers to face daunting, even disastrous, increases in health care costs and further stranding 275,000 Ohioans without health care insurance. Many of