Meeting Minutes from Core Team- Proposal Subcommittee

October 19, 2020

11:00a

Welcome and Introductions

Attendance: Lori Stanfa (OACB), Scott Marks and Jeff Johnson (OPRA), Debbie Jenkins (OHCA), Kathy Phillips (OWN), Kim Hauck, Lyndsay Nash, and Stacy Collins (DODD)

Review Submitted Proposals:

OHCA: Debbie Jenkins (reviewed submitted proposal)- they are open to flexibility

- Reviewed main points of proposal:
    - Phased in approach (1/1/21 (phase 1), 4/1/2021(phase 2))
    - Increase group size gradually- increase to 12 under phase 1 and 15 under phase 2 (not including staff)
    - Acuity C individuals, remainacuity C. Everyone else would be at B level. (phase 1), traditional codes (phase 2)
    - Requires change to ODH order for both phase 1 and phase 2
- Appendix K (for phase 1 and 2): continue STEP options, reimbursement needs to stay the same, add location flexibility. Continue to allow day services in alternative settings.
- Increase use of remote day supports via technology
- Allow people to exceed budget limitation through administrative review, based on needs
- **Comments/Questions Phase 1:**
    - Debbie noted this all depends on Covid-19 numbers.

OPRA: Scott Marks and Jeff Johnson (reviewed submitted proposal)

- Reviewed main points of proposal:
    - Group size and cohorts- raise numbers to 12-14 individuals, no longer count DSPs in group size, continue cohorts.
    - Multiple rate proposals presented (see document)
    - Transportation needs to be included in this work and evaluation of rate options.
    - STEP continue, allow option for people to go to facility as needed
    - Appendix K/Emergency- retainer or emergency rate enhancements.
- **Comments/Questions:**

- Kathy has been doing the split shift and has been working well but it doesn't work well residentially. I.e. residential providers are controlling individual choice. When people are living with family, this is when it is helping. This brings up the question about the difference between HPC and Step.
    - Scott discussed how this has been an ongoing conversation. Main difference should be intended outcomes.
- Lori reviewed and pointed out the pros and cons of each but wanted to focus on 1 and 3 for future discussion.
- Lori mentioned that OACB is okay with allowing people to go to facilities within STEP, included in OACBs proposal.
- Kathy asked about how providers would move into between rate proposals 1 when groups can change……Scott mentioned if we establish cohorts, people should stay in cohorts and this should be outlined in the team process.
- Questions and comments centered around rate proposal 1. Some concerns were identified that would require additional conversation and detail outlined.
    - Main concern: Providers indicating they couldn't serve people in larger groups forcing only acuity c options.

OACB-Lori Stanfa (reviewed submitted proposal)

- Reviewed main points of proposal
    - Increase group sizes to 15 people.
    - Maintain cohorts
    - Return to acuity rates and budget for individuals assigned to them pre-pandemic.
    - Individual enrolled in level 1, AAI budgets can be exceeded in accordance with combined cap currently available.
    - Continue STEP, open to discuss more flexibility
    - Administrative review is available for when teams believe an individual needs cannot be met within individual budget.

<u>Comments/Questions:</u>

1. **Capacity:** Aging guidance was reviewed around capacity and allowing providers to determine capacity. The group will need to discuss how building capacity is outlined.

2. **Cohorts:** Discussion around cohorts. DODD is not in support of serving people out of identified cohorts. Concerns were expressed with how to operationalize this moving forward with DSPs/individuals due people getting sick, having to quarantine, etc. the logistics make this very difficult. Daily cohorts are possible, but ongoing cohorts make it difficult.
3. **Transportation:** the question was asked that transportation be discussed within this work. OPRA feels transportation does need to be discussed, groups are only ranging between 4-6 people per vehicle.
4. **Group Size-** If we go up to 15, it feels like we are back to normal and we are not back to normal. Biggest concern is larger groups during the cold months. It was asked providers be able to maintain reimbursement for smaller groups during the cold months, due to COVID-19 concerns and keeping people safe and keeping DSPs employed.
5. **Appendix K**- relief for providers during this emergency should another shut down occur.

Common Themes:

- Phased in/incremental approach
- Increase group sizes (#'s range from 12-15), no larger than 15. Do not include DSPs as counted within the group size, only people served.
- Keep cohorts but we need to further outline some details of these cohorts.
- Continue STEP options, allow option to access a facility within STEP, as needed
- Appendix K
- Administrative Review
- Ongoing monitoring as positive cases continue to rise

Two Main Approaches:

- **Approach 1**- incremental approach (OHCA proposal and #3 OPRA)
- **Approach 2**- OPRA rate proposal #1

Follow Up:

1. DODD needs to evaluate the 100 providers (according to data) who are no longer billing. Do they plan to resume?
2. DODD will return two modified proposals based on proposals submitted for review on Wednesday 10/21 at 2:30p
    a. **Approach 1**- incremental approach (OHCA proposal and #3 OPRA)
    b. **Approach 2**- OPRA rate proposal #1