**Blueprint**

**Recommendation**

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| **Recommendation Title:** | Consistency |
| **Sub-Committee** | Quality Assurance & Governance |
| **Recommendation #** |  |

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| **Program** | **Function/Service** | **Statutory / Rule Change Ohio Revised Code Cite** | **Driver Impact** | **Priority Status H=High, M=Medium, L=Low** |
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| **Key Finding** | Providers must adjust quality assurance expectations and requirements for quality assurance processes based on each county that is authorizing services. |

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| **Recommendation Proposal** | Governance and quality should be consistent county to county to establish statewide expectations and increase provider efficiencies.  This proposal will depend on deadlines that will make consistency possible through rule or process changes or prescriptive direction such as:   * OISP * New service timelines * Benchmarks |
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| **Rationale for Change** | The quality assurance process should be the same at every level of the system. This increases simplification for all parties and allows for people receiving services and families to have the same expectations regardless of where they live or move to. At the same time, there must be a recognition and acknowledgement the transition the system has gone through when developing expectations |

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| **Concisely bullet the recommendation’s positives/upside & negative/downside or list critical questions to debate** | **Pros** | * Statewide consistency * Easier for people and their families to know what to expect throughout the state * Service and quality comparison is consistent |
| **Cons** | * Perceived loss of local control |

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| **Fiscal Implications** | * Develop resources to educate the field about expectations * Data collection * TBD – Service Details |

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| **Measure of Success** | * Percentage of counties meeting deadlines * TBD – Service Details |

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| **Implementation Tip** | * Determine measures for success * Find data points to report * Consider piloting process in a few counties with a few providers that cross counties |

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| **Note / Reference Material** | Look to waiting list rule/tool for examples for standards |

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| **Projected Implementation** | | | | |
| **2021** | **2022** | **2023** | **2024** | **Dependency / Sequencing Factor** |
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| **Threshold Question Check** | |
| *Please vet the recommendation against these questions. Please check the left-hand column if the answer is “yes, this recommendation addresses this question.” While few recommendations will meet all threshold points, it is important to ensure that the recommendation is appropriately aligned with consensus system change drivers and advancing the vision.* | |
|  | 1. Does the recommendation address one or more of the identified system change drivers? |
|  | 1. Does the recommendation improve the client experience? Lead to better outcomes for people? |
|  | 1. Does the recommendation advance the delivery of better services for work, non-work or transportation? |
|  | 1. Does the recommendation advance community employment? |
|  | 1. Does the recommendation facilitate serving more clients? Reducing waiting lists? |
|  | 1. Does the recommendation reduce administrative burden? Simplify? |
|  | 1. Does the recommendation unify or standardize approaches across State agencies? County Boards? Multiple providers or settings? |
|  | 1. Does the recommendation represent a modern approach? Embrace technology? |
|  | 1. Is the recommendation affordable – an efficient and effective use of limited resources? |
|  | 1. Does the benefit of the recommendation balance with the cost of implementation/ongoing capacity? |
|  | 1. Does the recommendation help the system serve individual with more severe disabilities or who have medically complex issues? |
|  | 1. Does the recommendation deliver public value? Would most taxpayers feel this recommendation is worthy of the taxpayer’s time, money and trust? |
|  | 1. Does the recommendation move the system toward quality, dependable, equitable service regardless of where an individual lives in Ohio? |
|  | 1. Does the recommendation address racial bias? |
|  | 1. Is this recommendation “necessary to meet the charge” and not just “nice to have”? |

**Instructions:**

Each sub-committee will fill out completely one Blueprint Recommendation Form for each recommendation. Be concise. Report what is needed for the full membership to understand the context of the recommendation, the recommendation itself, and how the recommendation can impact expected outcomes.