**Blueprint**

**Recommendation**

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| **Recommendation Title:** | Service Package |
| **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 and SSAs are less likely to suggest or utilize multiple services for career planning or other service combinations due to the need to stop one service and authorize a new service each time. |

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| **Recommendation Proposal** | An administrative system that incentivizes services from providers to be more fluid, easier for SSAs to authorize, and more flexible to meet the needs of a person within a service package. |

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| **Rationale for Change** | This change improves service delivery and promotes increased capacity/utilization of employment services that are currently underutilized. |

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| **Concisely bullet the recommendation’s positives/upside & negative/downside or list critical questions to debate** | **Pros** | * Drives quality outcomes rather than service-specific compliance * Allows for creativity and troubleshooting without specific service constraints. * Keeps outcomes as the focus |
| **Cons** | * May focus/measure more on big picture outcomes and less on step-by-step actions * Difficulty balancing being person-centered in a less-specific service * May be difficult to develop, write, and measure individual outcomes in a large service package |

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| **Fiscal Implications** | * Time efficiencies create opportunities for SSAs and providers to focus their time on other, more complicated areas. * Potential higher usage of services that have not previously been used * Possible higher rates of employment may reduce the long-term need for vocational habilitation or other all-day services * DODD resources for system work, design, and payment |

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| **Measure of Success** | * Tracking billing codes * Reduced administrative activity through TCM * Flexibility for authorization of services through CPT * The flexibility of service increases positive outcomes for employment through OTS * Increase the number of people entering employment services |

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| **Implementation Tip** | * Will need to develop tools to evaluate and measure the outcomes * How do we support people when they may be struggling to meet the outcome that does not “penalize” the outcome measure? * Find a way to discourage “cookie-cutter” outcomes * Consider examples and recognition of quality outcomes that have been achieved. * Include in the QA assessment tool recommended in the other proposal. |

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| **Note / Reference Material** |  |

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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.