



PROVIDER NETWORK MEETING

Date | time 9.6.19 | 10:00am – 12:00pm *Location of Meeting* Lake County Board of DD / Deepwood VGC Training Room

In Attendance

MEMBERS OF: Lake County Board of DD/Deepwood, New Avenues to Independence, REM, Brighter Horizons, Abilities Unlimited, ResCare/RAISE, Laketran, Patty's People First, Brittany Residential, Monarch, Oghosa Home Care, Independent Providers (G.Humble, C.Klimovich, F.Tarasco)

OPRA (Ohio Provider Resource Association)– *Peter Moore*

LCBDD welcomed Peter Moore the Director of the Ohio Provider Resource Association to our Provider Network Meeting.

Mr. Moore shared his story with us as well as his experience in the field. He is new to OPRA (about 3 months) and he has worked supporting individuals with disabilities since 1991, and co-developed the Good Life Network.

What/Who is OPRA? ~ a group of over 170 members that cover a diverse range and represent a large spectrum of services

Mr. Moore wants OPRA to be an organization to support great providers and focus on how to help be a great provider. How to connect providers.

Wants to meet (similar to the Provider Network Meeting setting) as well as meet with providers in their own environment

Spectrum of services- There are many difference among the variety of services (ICF, Licensed Settings, Supported Living, Day Services, etc.) Some examples of different issues affecting different services -

- HPC rate increase- a lot of misinformation. Only applies to HPC. What about day services? Not as easy as just asking for a rate increase
- Voc hab memo/guidance- is going to change voc hab (time limited)

OPRA priorities-

OPRA- wants to start talking about what is our 5 year/10year vision. What niche do providers want to be in?

We need to take a fresh look at the entire service delivery system.

Snowball theory -> CMS has their 'stuff', state packs on more 'stuff', counties/providers may pack on more 'stuff', then it rolls over the people we serve

Complicated system has a direct impact on the ability to hang on to staff

Simplification – what would it take for us to simplify the system? Why is our system so complicated?

TRUST

Not a high level of trust- someone screws up and we need a rule for everyone to follow

What would it take for the department / CMS to trust providers?

What is a reputable provider? Who is a provider that we can trust? <- what makes the provider accountable and successful. Should they be exempt from some of the things required of providers?

FOCUS ON- single assessment / single plan

Most important work going on. Will have consistency across all service settings having 1 plan format. Truly person centered. Training and efforts should come from the plan. Looking at partnerships with teams, SSAs, etc. True training and staff development comes from knowing the people you are serving. Finding a balance of the “required” trainings versus what will get us great services.

We have to say we are either people people or paper people –

If we are people people, need to cut out some of the paper

OPRA wants to help providers do well and succeed, doesn't necessarily mean we need to re-do rules

Provider Training- Discussion regarding the actual training required in rule but thoughts regarding that there should be guidelines, but it should be somewhat up to providers on what is relevant to train on

There is a movement that all DSPs in Ohio should have photo IDs. Issue stemmed from parents being uncomfortable with ‘strangers’ coming to their house to provide services – Thoughts shared on this topic ->

- Why? Another cost ... waste of money...doesn't promote community inclusion ... administratively expensive (turnover)
- Idea of IDs makes sense BUT where does it stop?
 - If parent feels DSPs need a badge, we need to develop a better relationship with that parent (providers don't send new staff people without an introduction to parent)
 - Need to get to the bottom of the issue (sending strangers to a home)

Open to questions / comments:

- Provider Concern- DSP wages versus what other entities (McDonalds) pay – Young DSP staff can't take care of themselves but we have them taking care of others. Providers just “meeting the requirements” not able to go above and beyond, be creative, etc. What is it going to take to get back to just ‘taking care of the individuals’ emphasis on health and safety, not quality of life.
- How to appeal the DSP job and responsibilities to someone when there are other opportunities that pay more with benefits and much less responsibility
 - OPRA talking with Director Davis – can no longer ignore the fact that the complicated system is having a direct impact on providers ability to provide services
 - Rules intended to keep people safe, but it is having the opposite effect, complicating things
 - Gallup studies on workforce-> 3 levels of employee engagement
 - Engaged employees
 - 35% Shows up, on time, offers ideas, positive
 - Disengaged
 - 55% Show up but not “there”, warm body
 - Actively disengaged
 - 10% hate their work, try to pull disengaged people to their side and get allies
 - Our system is creating disengagement.
 - Why do people leave their job? Gallup says they are not getting recognized, don't have a good relationship with their supervisor, culture, money is not the top reason.
 - It is hard to be engaged when all supervisor sees are the problems
 - It is providers responsibility to address the issue, OPRA will help BUT it is also a department issue

- Provider Concern-
 - EVV
 - Great example of lack of trust. Doing to prevent fraud, but how many are really fraudulent? Only a tiny bit
- Provider Concern- General lack of resources –
 - even if have resources, still spread thin
 - Using EVV as an example, instead of using supervisors in a training / coaching capacity, have to pull to cover EVV requirements
- Provider Concern- Trauma Informed Care- part of state’s 8 hour training but not a requirement in rule?
 - State modules are not all in rule, so because the state is doing it should providers be doing it as well?
 - Culturally? Yes it is a good thing to do because everyone has lived through a trauma in their life, considering staff trauma as well
 - Who is talking about the staff trauma?
 - OPRA is looking into how to support agency staff
 - Insurance? Benefits?
 - A study exists that compares trauma to poverty

How can we start to address the issues that we have created in the system?

Mr. Moore’s role- influence state and federal level people to start making changes

- Providers looking for support from OPRA/DODD so they can better support their staff and “chip away at the snowball”
- Is there a way to come together for a state subsidized benefit package
 - How do we go about with the “ask” to get these kind of things

Happy professionals equals happy people served

Starting Advocacy Army (legislative) – starting ~ Jan 1 – wants providers to send someone so they can provide the tools to start having the conversation with local legislators to give them perspective

Need to start having those conversations on a broader scale

Continuity of care for individuals – opportunity for ongoing advocacy when individuals move to a different facility.

Partnership with county boards- more important now than it ever has been

County boards are looking for new and creative ways to initiate conversations and identify resources on how to help, created ERNs, etc.

EVV Updates- Samantha LaSalvia

EVV Phase 2 went live August 5, 2019. All Providers of HPC services billed in 15 minute units and/or IO waiver nursing should be using EVV.

EVV notes should be appearing on billing reports for claims as of August 5 however no billing claims are being denied at this point if there is not a matching EVV record.

Ensure you are staying up to date on information regarding EVV from Medicaid and Sandata. The Ohio Department of Medicaid website has a lot of information regarding EVV.

Lake County Advocacy Council-

Starting an advocacy council for all individuals eligible for county board services

3 components to the council-

1. Provide education and training to peers about self-advocacy, being a good citizen, being a good friend
 - a. Project STIR, Leadership Academy
2. Community Action
 - a. Helping individuals have a voice, how do they advocate in their programs/services/communities/state
 - b. How do they submit comments regarding rule changes
3. Speakers Bureau
 - a. Going out in the community to do public speaking and communication about the agency and services, be a part of the public relation department

Next meeting, September 11- 7pm Administrative Building

Local Workgroup Updates

EMPLOYMENT NETWORK – No updates at this time

ROUND TABLE DISCUSSION

Provider Training Available

- ☆ Monthly training opportunities are available through LCBDD
- ☆ Additional information and calendar of training dates posted on the LCBDD website
- ☆ Training available includes:
 - Initial 8 hour training (for those seeking out becoming an independent provider OR newly hired agency staff)
 - Annual Training (for independent providers or agency staff)
 - CPR/First Aid (for those seeking out becoming an independent provider, current independent providers or agency staff)

Childcare provider availability-

Providers shared that one of the struggles for their staff is finding childcare. Superintendent Elfie Roman shared that we have local certified childcare providers, if there is enough need, we can approach these providers to see if they could set up something for childcare of agency DSP staff members. Please let Elfie know if there is a need to determine if we should reach out to these agencies.

RFP- Swim Gym and More Program

We are looking for providers to take on the Swim Gym and More Program at Broadmoor School. See attached RFP for details.

Inquiry regarding respite during weekend nights so parents can have time away-

LCBDD does have 2 respite options, both a community respite and well as hourly respite at our ICF

Provider Stakeholder Input – *Jodi Travers*

Director of Community Outreach Jodi Travers held a session for providers to give their input regarding what the County Board should include in their next three year strategic plan.

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