Ohio Self-Direction Summit, April 2023

Summary of Key Findings and Recommendations

Sponsored by UnitedHealthcare

Compiled by Applied Self-Direction

Acknowledgments

We wish to thank the following individuals for contributing their time and expertise to the Ohio Self-Direction Summit. This report is intended to reflect their feedback and recommendations provided as part of the Summit and related meetings.

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Introduction & Approach

The purpose of this report is to provide a synopsis of the key findings and recommendations from the Ohio Self-Direction Summit which was held on Wednesday, April 19th, 2023. This event brought together key stakeholders from across the state including:

- Advocate representatives
- Area Agency on Aging (AAA) representatives
- Financial Management Services (FMS) entity representatives
- Managed Care Organization (MCO) representatives
- Ohio Department of Medicaid and Ohio Department of Aging representatives

The primary aim of the Summit was to identify the current challenges and opportunities for the growth of self-direction[1] in Ohio for older adults and people with physical disabilities and to begin to envision the next steps to support this growth. Please refer to Appendix I for a table of self-direction offerings in Ohio.

The Summit was facilitated by the team from Applied Self-Direction, a mission-driven organization singularly committed to the advancement of self-direction nationwide. UnitedHealthcare sponsored the Summit and hosted the in-person event at their local office in Dublin, Ohio. A portion of the attendees participated in the Summit virtually.

Prior to the Summit, Applied Self-Direction conducted virtual meetings and an online survey with key stakeholders to solicit feedback. Findings from these communications have also been incorporated into this report.

By summarizing the feedback and recommendations received from the Summit, this report may be utilized as a key reference by interested parties seeking to improve and expand self-direction in Ohio.

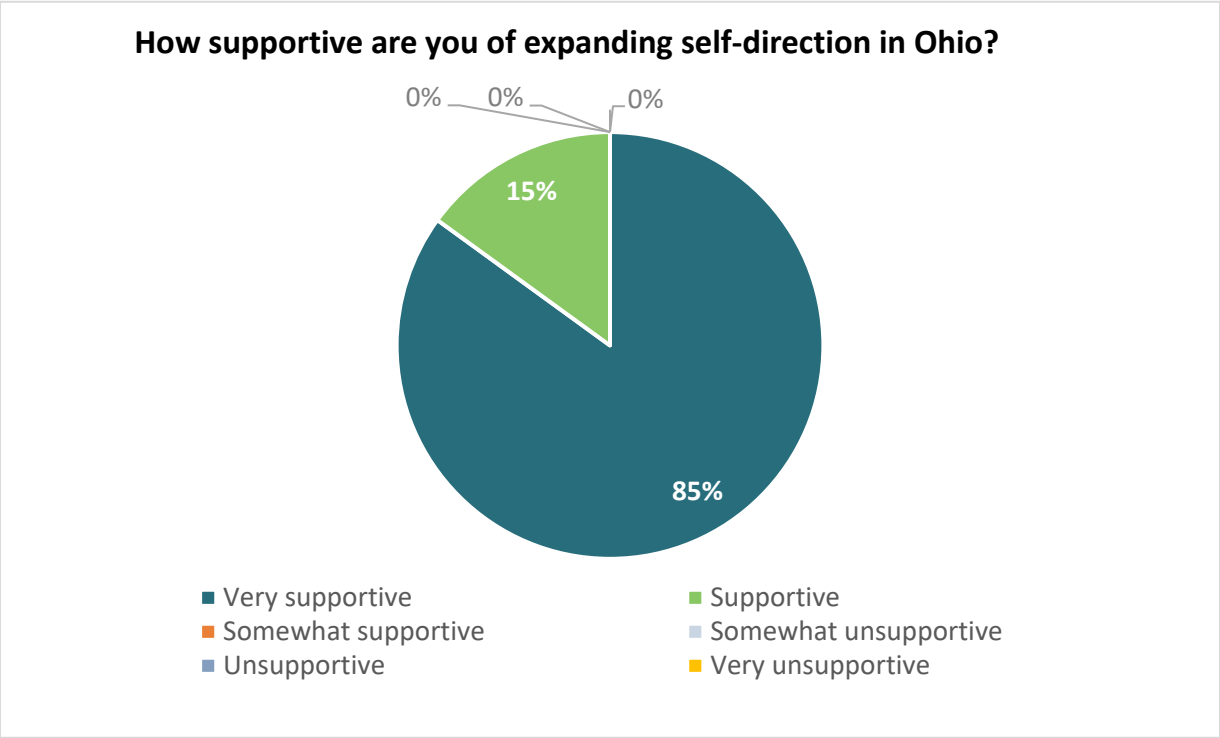
[1] The term 'self-direction' refers to a model of long-term care service delivery that helps people of all ages, with all types of disabilities, maintain their independence at home. While these programs may also be referred to as 'consumer-direction' or 'participant-direction,' the term 'self-direction' will be used for the purposes of this report to reflect advocate preferences in Ohio.

Stakeholder Feedback on the Current State of Self-Direction in Ohio

There is a groundswell of support to advance self-direction in Ohio. Notably, Breaking Silences, a statewide advocacy committee, recently disseminated detailed recommendations to strengthen self-direction to state leadership (see Appendix II). Some Summit participants acknowledged recent efforts at the state level to improve and support self-direction. AAA stakeholders reported that self-direction enrollment appears to be on the rise in Ohio, perhaps due to the ability to access care through family caregivers. Summit participants who responded to a pre-meeting survey showed universal support for expanding the model (see Figure A).

"The Ohio Department of Aging has a spotlight on self-direction."

Figure A



While there is promising support for self-direction, Summit participants advised on a myriad of challenges impeding greater success. The following areas for improvement were identified.

Self-Direction Enrollment is Lengthy and Complex

Information about the program is not readily available. Many advocates found out about self-direction 'on accident' and reported that case managers had never mentioned the option until advocates asked them about it. In some cases, advocates know more about self-direction than their case managers.

Self-direction program documentation uses complex language that is difficult for consumers and workers to understand. For successful enrollment in self-direction to be scalable, either more support is needed for consumers in the enrollment process, the enrollment process needs to be simplified, or both. As the process stands now, significant, step-by-step assistance is needed to walk prospective workers through the arduous application process.

Worker applications must be sent to multiple state agencies for review and approval resulting in duplicate efforts and delays. Following state approval, prospective workers must subsequently enroll with the FMS entity, which adds additional time to the process.

Language and processes vary significantly across waiver programs. One reported issue was that prospective workers inadvertently applied for certification in the wrong program, resulting in significant delays in access to care. Approval to work via one waiver does not easily transfer to another.

"I didn't even know we had self-direction in Ohio until we switched to managed care. And at that point, a lot of my providers were having trouble with billing and essentially not getting paid for probably the first four or five months of that program."

"Well, you know, that's really not worth it. I don't want to jump through all of these hoops."

"If you want to self-direct, you can. It's beautiful, it's wonderful, it's a great service. But, this is what comes with it, so it's difficult."

The background check process is another major hurdle, requiring 30 to 60 days on average to receive results from the State's Attorney General's office. While agency employees are eligible to work for up to 60 days while awaiting background check results, self-directed employees are on hold until approved.

While prospective workers in self-direction are awaiting approval to begin work, they must complete the background check. The background check costs $22 and must be submitted via certified check or money order. Prospective workers may wait for weeks, or even months, to receive any compensation.[2] In some cases, these prospective employees resort to working for an agency during the onboarding process and even choose to stay with the agency instead of self-direction.

[2] The wait time for prospective workers may have improved since this feedback was provided in April 2023. According to the Ohio Department of Aging, "As of July 1, 2023, the provider certification rule for Choices home care attendant has dropped the initial training to be certified. The rule also states the CHCAS provider will receive 8 units of training with each annual structural review. The 8 units are developed by the Individual/AR and the IP. These units may not necessarily have a monetary cost, at this point, the only cost associated with becoming a provider is the cost of the Ohio BCII and if necessary, the FBI review if the IP hasn't lived in the State of Ohio for the last 5 years."

Supports for Self-Direction Need to be Strengthened

FMS entities play a crucial role in providing knowledge and expertise in self-direction and handling administrative and financial functions. AAA stakeholders expressed that FMS-related tasks are not their area of expertise. Currently, the data provided by the FMS to the AAA is overwhelming and difficult to act upon. Case managers need data that is clear, easy to understand, and quickly actionable. Strengthened collaboration between case managers and the FMS in Ohio is essential to ensure consumers receive the best possible services.

> *"We as case managers should be looking out for their health needs, not having to go back and try to untangle the knots."*

Case managers play a crucial role in self-direction. However, most manage large caseloads of up to 80 to 90 consumers. In addition to their regular responsibilities, in order to support self-direction, case managers take on the additional roles of supporting and educating consumers on how to be an employer, providing enrollment assistance to workers, and troubleshooting payroll concerns and fears. This requires significant extra time and expertise on the part of case managers, with no additional pay.

Notably, AAAs in Ohio operating local levy-funded self-direction programs[3] have successfully implemented a service separate from case management to support the administration and success of self-direction.

The Scope of Choice and Control via Self-Direction is Limited

Advocates noted that the extent of their choice and control over their own services once enrolled in self-direction is too narrow. For instance, while there is some ability to set the rate of pay for workers, the potential pay range is limited with most workers making $13-15 per hour. While the Medicaid wage cap is $25 per hour, participants must take employer tax into account when negotiating a rate. Currently, if the individual SUTA rate[4] is at the standard of 2.7%, the maximum pay for workers is around $18 per hour. Participants are also unable to provide benefits to their workers, making recruitment and retention more difficult.

[3] Select AAA manage levy-funded programs from property tax senior service levies, therefore eligibility and purpose are dictated by the local levy. Levy-funded self-direction programs are separate and distinct from the State's Medicaid waiver programs in Ohio and is only available to those eligible for levy funded home care programs. Further context about these programs are outline in this news article.

[4] The State Unemployment Tax Act, also known as SUTA, is a law that requires employers to pay a tax to help fund unemployment insurance programs run by each state.

Many participants also expressed a need for greater control over their own care. In place of required training for workers which may not be applicable case by case, advocates would prefer to oversee training that is personalized to their needs. It was also discussed that some available services under the Medicaid waivers are not currently eligible for self-direction but should be. For instance, it would be greatly beneficial to be able to self-direct nursing services.

Notably, numerous stakeholders expressed frustration that the independent provider model in Ohio is much easier to utilize than self-directed services. As noted in a March 2022 evaluation report on MyCare Ohio[5], "Enrollee use of self-directed options continued to be low. To avoid the administrative responsibilities associated with hiring, training and supervising their own attendants, enrollees often opted for an independent provider, which offered many of the same flexibilities but fewer administrative requirements."[6] While the ease of working with independent providers is laudable, self-direction should be afforded equal or greater choice and control.

Finally, not all Medicaid waivers in Ohio allow for purchasing goods and services as part of self-direction. Only individuals who qualify for certain waivers administered by the Ohio Department of Developmental Disabilities can utilize goods and services, but this is not currently an option for those self-directing services via MyCare Ohio or PASSPORT. Allowing for this offering would enable more people to use their budget creatively in support of their independence and health.

Stakeholder Recommendations to Advance Self-Direction in Ohio

Summit participants put forth the following suggestions to promote self-direction in Ohio:

1. Improve enrollment processes.
    a. Utilize plain language and provide user-friendly materials, such as an accessible program manual.

"Let's make it as easy as possible for everyone working in the system."

[5] https://innovation.cms.gov/data-and-reports/2022/fai-oh-secondevalrpt

[6] According to Breaking Silences Co-Chair Maria Sutter, "Enrollment for independent providers is handled by PCG, who are easier to get a hold of if applicants have questions and seem to have a more streamlined handle on the enrollment process. When you apply to be a self-direction provider, you are referred to ODA for questions, but the individuals who answer your call do not specialize in self-direction enrollment and can rarely help. Also, independent providers must be credentialed by Medicaid and the managed-care companies, but self-direction providers must be credentialed by Medicaid, the managed-care companies, and the financial management service. Both processes are excessively lengthy, but the added step for self-direction providers makes the enrollment time even longer."

b. Review and simplify processes to reduce onboarding time and complexity
c. Provide options to enroll online or using a paper application.
d. Allow for conditional employment enabling self-directed caregivers to begin work prior to completion of the background check and/or other enrollment requirements.
e. Consider authorizing the FMS provider to implement the background check as a way to expedite the process.

2. Strengthen the workforce.
    a. Increase wages and provide worker benefits.
    b. Support self-directed caregivers in covering the expenses of enrollment, including the cost of required background checks and training.
    c. Allow participant employers more control over worker training, as is currently allowable for independent providers.
    d. Develop and maintain a worker registry.
    e. Reduce limits on the number of hours self-directed caregivers are allowed to work and permit overtime.
    f. Include financial penalties to MCOs and FMS entities for breach of contract, including, but not limited to failure to enroll, pay, or correct billing issues for self-directed caregivers in a timely manner.
    g. Allow flexibility in self-directed caregivers' schedules so they are no longer required to be specifically stated on the All-Service Plan. This will allow caregivers to adjust schedules to cover unexpected call-offs, or changes to the consumer's schedule and will not delay caregivers from receiving payment for the hours they work.

Best Practice: Through the Services My Way self-direction offering in Washington DC, participants are permitted to use their budgets to provide workers with sick time, paid time off, health benefits, and overtime.

Best Practice: In California, self-directing participants are permitted to provide their workers with overtime pay.

3. Increase flexibility by allowing for authentic budget authority.
    a. Empower participant employers to determine the wage rate for self-directed caregivers.
    b. Allow for participant-directed individual goods and services.
    c. Assess the budget based on individual needs such that participant employers with higher levels of need receive a larger budget.

"Not everyone's the same, I require more supplies or I may need more hours for aide and nursing services so that just doesn't make sense."

d. Offer total transparency of the yearly budget to the participant employer, so they can personally determine how to allocate their budget to best serve their needs. This includes allowing the budget to cover services such as aides, nurses, durable medical equipment, home modifications (including smart technology), vehicle modifications, and alternative therapies (including acupuncture or exercise-based therapies).

4. Increase flexibility by reducing administrative burden for participant employers.
    a. Participant employers should not be required to obtain prior authorization from the case manager for temporary or one-time changes to their services, such as caregiver schedule changes, that do not affect the overall budget.
    b. Where permissible by federal law, EVV should not be required for self-directed providers.
5. Expand the services that may be self-directed.
    a. Include the option to self-direct across all of Ohio's waiver programs.
    b. Retain non-medical and non-emergency medical transportation services.
    c. Allow for nursing services to be self-directed.
    d. Consider additional services which may be self-directed under CMS rules.
    e. Ensure that self-direction allows for greater choice and control than the independent provider model.
6. Strengthen information and assistance provided to consumers to support them in successfully self-directing.
    a. Create an enrollment coach position to support consumers getting started with self-direction. (Notably this is a model some AAAs are already implementing successfully in the state.)

Best Practice: In Massachusetts participants using the Community Living Waiver are eligible to self-direct a wide array of services including: Individualized Day Supports, Respite, Family Training, Behavioral Supports and Consultation, Assistive Technology, Live-in Caregiver, Individualized Home Supports, Specialized Medical Equipment and Supplies, Transportation, Individual Goods and Services, Individual Supported Employment, Vehicle Modification, Adult Companion, Chore, Home Modifications and Adaptations, Peer Support

Best Practice: In Florida, participants using Florida Long Term Care have the option to self-direct skilled and intermittent nursing services.

Best Practice: Colorado offers extended services such as acupuncture, chiropractic, and massage therapy for individuals with spinal cord injuries and other conditions leading to paralysis served by the state's Complementary and Integrative Health Waiver.

b. Resource AAAs and FMS entities to leverage their expertise and deepen the support they provide to consumers.
c. AAAs and MCOs should proactively share self-direction as an option with their constituents. Consider partnering with the Centers for Independent Living (CILs) to conduct constituent surveys and support outreach efforts.

"I think it would be very helpful to everyone on every waiver to have a resource person to call, learn about self-direction, and help with the process."

"A better global understanding of the intention and philosophy behind self-direction is needed."

7. Promote self-direction to all relevant professionals.

"One thing we all know is that the more everyone involved in the process is educated, the stronger the program can become."

a. Ensure all professionals in the system access education about the philosophy of self-direction and specific offerings in Ohio.
b. Support the larger community's awareness of self-direction, for instance, partner with hospital discharge teams who may help refer potential participants.

8. Engage in consistent, meaningful stakeholder engagement with current and prospective participants.
    a. The State should work with stakeholders to define how Ohio defines self-direction and how it will support program improvements and provide ongoing feedback and oversight.
    b. All professionals supporting self-direction should move beyond simply saying they support the model and demonstrate their support to advocates through their actions.
    c. Professionals and relevant stakeholder organizations should meet with advocacy groups in Ohio to further the dialogue on self-direction. See Appendix III for a list of active advocacy organizations.
    d. Expand engagement to include self-directed caregivers who are underrepresented and under-educated about self-direction.

"I feel that Ohio does a really poor job of getting actual stakeholders that utilize programs to the table."

"I would love to see a tide change. I would love to see you look at us as your equals."

Best Practice: In Colorado the Participant-Directed Programs Policy Collaborative meets monthly with the Department of Health Care Policy & Financing to work together, with transparency, on issues relating to the participant-directed programs.

9. Align language and requirements across waivers to reduce complexity and create consistency.
    a. Use the term 'self-direction' across all waivers and replace other terms such as 'participant-directed.'
    b. Use the term 'self-directed caregiver' across all waivers and replace other terms such as 'provider.'
    c. Streamline enrollment to make requirements and processes the same across each state-operated self-direction program.

"Self-direction is called many different things in different departments. It would be very helpful to change the name to "self-direction" across all programs [in the state] so we all know what we are talking about."

Next Steps

There is strong momentum in Ohio to significantly improve self-direction operations and widely expand the availability of this model. Success will require all relevant stakeholders to do their part. As one advocate noted at the Summit, "Go beyond the commitment that brought you here today. Take a more proactive role in how self-direction can flourish."

If you have questions regarding this report, please contact Molly Morris at molly@appliedselfdirection.com.

Appendix I: Table of State-Administered Self-Direction Offerings in Ohio

	MyCare Ohio	PASSPORT	Individual Options (IO) Waiver	Level One Waiver	Self-Empowered Life Funding (SELF) Waiver
Website	https://tinyurl.com/MyCareOhio	https://tinyurl.com/OHPASSPORT	https://tinyurl.com/IOWaiver	https://tinyurl.com/LevelOneWaiver	https://tinyurl.com/SELFWaiver
Waiver	https://tinyurl.com/MyCareOhioWaiver	https://tinyurl.com/OHPASSPORTWaiver	https://tinyurl.com/IOWaiverApp	https://tinyurl.com/LevelOneWaiverApp	https://tinyurl.com/SELFWaiverApp
Administering Agency	OH Department of Medicaid	OH Department of Aging	OH Department of Developmental Disabilities	OH Department of Developmental Disabilities	OH Department of Developmental Disabilities
Population Served	Individuals ages 65 or older and individuals with physical disabilities ages 18-64 years who meet a hospital or nursing facility level of care	Individuals ages 65 or older and individuals with physical disabilities ages 60-64 years who meet a nursing facility level of care	Individuals with intellectual disabilities or developmental disabilities ages 0 or older who meet an ICF/IID level of care	Individuals with intellectual disabilities or developmental disabilities ages 0 or older who meet an ICF/IID level of care	Individuals with intellectual disabilities or developmental disabilities ages 0 or older who meet an ICF/IID level of care
Employer Authority	Available	Available	Available	Available	Available
Budget Authority	Available	Available	Available	Available	Available
Individual Goods and Services	Not Available	Not Available	Not Available	Available	Available

Appendix II: Excerpt from Breaking Silences Comments on the MyCare Conversion Charter – Self-Direction Recommendations

SELF-DIRECTION

- Applied Self-direction defines self-direction as "a model of long-term care service delivery that helps people of all ages, with all types of disabilities, maintain their independence at home. When a person self directs, **they decide how, when, and from whom** their services and supports will be delivered."
- Program is currently named participant directed. Needs to be renamed SELF-DIRECTION
- Consider creating self-direction as a separate waiver, instead of an option under existing ODM waivers. Examples of states who offer self-direction as a separate waiver:
    - Colorado https://hcpf.colorado.gov/complementary-integrative-health-waiver-cih
    - Illinois https://www2.illinois.gov/hfs/MedicalClients/HCBS/Pages/disablities.aspx
- Nursing should be included in self-direction
    - Currently nursing is not an option with self-direction
- Better training for MCOs
    - More likely to offer it as an option to members
    - Case managers will have a better understanding of their role
- Include financial penalties to MCOs and FMS entities for breach of contract, including, but not limited to:
    - Failure to enroll/credential providers within (14) calendar days of receiving providers credentialing information
    - Failure to pay providers within (7) calendar days of providers submitting billing information
    - Failure to pay providers within (7) calendar days after a provider billing error has been identified and corrected. If the billing error is the fault of the MCO or FMS, payment should be remitted to provider within (2) business days.

ENROLLMENT CONSIDERATIONS

- Create a clear timeframe for entire process. This should not exceed (14) calendar days once all information is received
- Simplify Enrollment/ Application process
- Provide enrollment navigators to guide applicants through the process
- Training requirements should be at discretion/ direction of the member
- Providers should not be required to credential with the MCOs

PROGRAM REQUIREMENTS

Wages

- Increase minimum wage for personal care attendants (PCAs) and nurses
- Provide benefits for PCAs/nurses
    - PCAs are a valuable part of the workforce in the state of Ohio and will only become increasingly more important as baby boomers age.
    - PCAs should receive healthcare benefits
    - The governor of Connecticut did just this recently. This article explains: https://portal.ct.gov/Office-of-the-Governor/News/Press-Releases/2023/03-2023/Governor-Lamont-Announces-Agreement-To-Expand-Access-to-Health-Coverage-for-Personal-Care-Attendants

Home Care Schedules

- Allocation of hours at the discretion of member
    - No longer required to state specific hours on the care plan (All Service Plan, ASP)
        - Currently hours must be on the care plan and the schedule cannot deviate without authorization from the care manager
        - If the hours do not match the care plan the provider does not get paid until next pay period, which could be an additional two weeks
    - This will create the flexibility self-direction is intended to provide
    - For example, consumer determines amount of home care hours and the days and times of home care shifts

Budget

- Allocation of budget at the discretion of member
    - Having a clear formula for what member's budget is before beginning self-direction services
        - Clearly defining the entire budget amount before self-direction services begin
        - Consumer determines how the entire budget is divided
        - For example, consumer determines pay rates per shift
- Option to choose if you use FMS or member manages budget independently
    - For example, the member approves timesheets and then payment is distributed by a third-party payroll company of the member's choosing
    - Provider should be paid weekly
    - Establish transparent rules, in writing, for when providers must submit payments, and when the MCOs or FMS, must pay the providers
- Flexibility to use funds to increase quality of life, for example, alternative therapy
- Home modification services (refers to OAC 5160-44-13)
    - Should increase for inflation based on medical inflation

- Supplemental adaptive and assistive device services (refers to OAC 5160-46-04)
    - "Medical equipment, supplies and devices, and vehicle modifications to a vehicle owned by the individual, or a family member, or someone who resides in the same household as the individual, that are not otherwise available through any other funding source and that are suitable to enable the individual to function with greater independence, avoid institutionalization, and reduce the need for human assistance"
    - Should increase for inflation based on medical inflation
    - Unused portions of yearly allowance should be held in separate account to be used toward vehicle modification cost when member needs a new vehicle
    - Devices should include assistive technology (AT) like Alexa or Google Home
    - Assistant, and associated controls for lights, thermostat, etc.
- Durable Medical Equipment (DME) services: (refers to OAC 5160-10-01)
    - Should increase for inflation based on medical inflation
- Home maintenance and chore services (refers to OAC 5160-44-16)
    - Should increase for inflation based on medical inflation
    - Expedited approval process for home maintenance emergencies that jeopardize the health and safety of the member

ADDITIONAL CONSIDERATIONS

- No annual continuing education requirement
- Create a 24-hour hotline for providers to seek support and assistance
- Have a provider navigator available for 1 year for new providers to assure that they are comfortable and understand the requirements
- EVV should not be required.
    - Hours consistently change and if member is signing off on timesheets, then there should be no need to electronically clock in.
    - It only complicates the process and contradicts what self-direction really represents.

Appendix III: Disability Advocacy Groups in Ohio

Breaking Silences Advocacy Committee

- Contact: Maria Matzik, maria.matzik@acils.com

Disability Rights Ohio

- Website: https://www.disabilityrightsohio.org/
- Contact: Katie Barnes, kbarnes@disabilityrightsohio.org

Down Syndrome Association of Ohio

- Website: https://dsaco.net/
- Contact: Kari Jones, kjones@dsaco.net

Ohio Developmental Disabilities Council

- Website: https://ddc.ohio.gov/
- Contact: Carolyn Knight, Carolyn.Knight@dodd.ohio.gov

Ohio Olmstead Taskforce

- Website: https://ohioolmstead.com/
- Contact: Renee Wood, babydoe8@aol.com

Ohio Self-Determination Association

- Website: https://osdaohio.org/
- Contact: Dana Charlton, osda2011@gmail.com

Ohio Statewide Independent Living Council

- Website: http://www.ohiosilc.org/
- Listing of CILs in Ohio: http://www.ohiosilc.org/centers-for-independent-living/
- Contact: Jeremy Morris, jmorris@ohiosilc.org

People First of Ohio

- Website: http://www.peoplefirstohio.org/
- Contact: Michael Richards, michael.richards@peoplefirstohio.org
- Contact: Kraig Walker, kraig.walker@peoplefirstohio.org

The Arc of Ohio

- Website: Arc of Ohio
- Contact: Gary Tonks, gary.tonks@thearcofohio.org

Appendix IV: Relevant Resources on Self-Direction

Centers for Medicare & Medicaid Services (CMS) Resources:

- Self-Directed Services Overview: https://www.medicaid.gov/medicaid/long-term-services-supports/self-directed-services/index.html
- Online Training for Self-Directed HCBS: https://www.medicaid.gov/medicaid/long-term-services-supports/direct-care-workforce/online-training-for-self-directed-hcbs/index.html
- 1915(c) HCBS Waiver Technical Guide (see p.224 for guidance on self-direction): https://wms-mmdl.cms.gov/WMS/help/35/Instructions_TechnicalGuide_V3.6.pdf

Additional Resources

- Applied Self-Direction Website: https://appliedselfdirection.com /
- 2023 National Self-Direction Virtual Conference Session Recordings: https://www.appliedselfdirection.com/tags/self-direction-conference
- 2019 Self-Direction National Inventory: https://appliedselfdirection.com/resources/2019-national-inventory-self-direction-programs
- Fraud in Self-Directed Personal Care Services: What Does the Data Tell Us?: https://appliedselfdirection.com/resources/fraud%C2%A0%C2%A0self-directed-personal-care-services-what%C2%A0does%C2%A0%C2%A0data%C2%A0tell%C2%A0us
- Strengthening Information & Assistance in Self-Direction Programs: Executive Roundtable Series White Paper: https://appliedselfdirection.com/resources/strengthening-information-and-assistance-self-direction-programs-executive-roundtable
- Core Standards for Information & Assistance Professionals in Self-Direction: https://appliedselfdirection.com/news/core-standards-information-assistance-professionals-self-direction
- Self-Direction in Medicaid: Challenges & Opportunities: https://www.uhccommunityandstate.com/content/topic-profiles/ltss/self-direction-in-medicaid-challenges-and-opportunities
- An Environmental Scan of Self-Direction Across UnitedHealthcare Community & State Health Plans: https://www.uhccommunityandstate.com/content/articles/whitepaper--an-environmental-scan-of-self-direction-across-unit

Appendix V: Ohio Department of Aging Presentation Slides

Ohio | Department of Aging

Fostering sound public policy, research, and initiatives that benefit older Ohioans.

Participant-Direction

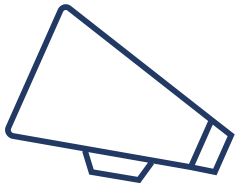
Ohio Department of Aging

Agenda

1. Introductions
2. Participant- Direction Feedback
3. Participant- Direction Updates
4. Participant- Direction Next Steps

Participant Direction- FEEDBACK

- Certification Process is **time-consuming**, **overwhelming,** and **confusing**
- Case Managers lack tools and support
- OAC Rules are complicated



Participant Direction- GOALS

- Reflect true philosophy of Participant Direction
- Increase consumer access to Participant Direction
- Meaningfully engage with Stakeholders

Participant Direction- IMPLEMENTED

- **Streamline Processes**
  - System was modified to not let a provider submit an incomplete application

- **Dedicated Participant-Directed ODA position**
  - This position will provide educational opportunities, be the State “Champion” for participant-directed care, be the point of contact for questions/etc.

OAC Rule Updates

ODA anticipates an effective date of
7/1/23 dependent on Common Sense Initiative
and JCARR.

Participant Direction- IN PROGRESS

Proposed OAC Rules **(within constraints of the Public Health Emergency)**

- Provider is no longer required to maintain a business site
- Shorten pre-certification timeframe from **90** days to **30** days
- Removal of burdensome administrative forms
  - Education Tracking -ODA Forms 1042 & 1043

Participant Direction- IN PROGRESS

Proposed OAC Rules **(within constraints of the Public Health Emergency)**

- Consumer, as employer, identifies and directs **initial** education and **continuing** education requirements for provider(s)
- No longer requires the consumer to conduct an interview before the first episode of service
- Clarify that a driver's license and auto liability insurance are not qualifications for certification.

Participant Direction- Next Steps

Rule changes are only the **First** Step

- Engage with stakeholders
- Create strategic action plan based on feedback from across the state
- Improve the provider application process
- Develop educational tools and trainings

Resources:

Lauren Walter:
Lwalter@age.ohio.gov

ODA dedicated email:
ODAParticipantDirection@age.ohio.gov

https://aging.ohio.gov/agencies-and-service-providers/certification/individual-provider-choices-home-care-attendant-1

Questions?

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www.aging.ohio.gov

Thank you!