


# **CLI - COMMUNITY, LIFE & INNOVATION**

A NON-PROFIT WHOSE MISSION IS TO INCREASE THE EARNINGS, STATUS,  
AND QUALITY OF LIFE OF PEOPLE WITH DEVELOPMENTAL DISABILITIES


## **BUILDING A NEW DSP POSITION**



# Quick Recap and History

- Late '60s - county boards of DD established
  - 40 years of status quo with local taxes paying for local programs
  - 1995 house bill 94 establishes Medicaid - but statewide system uses local levy dollars to draw down medicaid funds funds allocated to each client
  - Ohio's statewide system ignores federal best practices - specifically related to "Free Choice of Provider" and "Conflict-Free Case management"
  - In March of 2013 Medicaid Rule changes - conflict of interest & segregated settings
  - Local county boards of DD have to choose between controlling the money or providing direct service
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# CLI History continued

- The county boards pick the money - requirement is that they either divest immediately or cut clients served proportionately each year
  - 2015: CLI & HCBDD develop a separation plan
  - 2016: CLI & HCBDD enter in final contract year and transition from 100% county-run to 100% private non-profit run
  - December 2016 CLI fully independent - operating on its own revenues
  - CLI being both provider and direct employer of 70% our clientele is NOT best practice: formed Firelands Local LLC (FL) in 2016
  - 2018: Transfer all non provider functions from CLI to FL in 2018
  - 2020: Separation of new subsidiary with separate management & staff
  - COVID & Now . . . DODD's BISM grant
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## ...the way we fund our mission:

Old way = funded by Medicaid reimbursement + local county board DD levy funds. Major issue: County-run programs could effectively pay themselves more than any other provider.


New way = essentially like health care. CLI bills Medicaid or the county or the individual client directly on an per-person, fee-for-service basis.

**We have to pay attention to money.**

Like any business, expenses can not exceed revenues for very long.



# Accomplishments over past 5 years:

- Redesigned existing service delivery model to fit available funding
  - Renovated 3 old structures to be community hubs in center of Norwalk to eliminate the use of the traditional workshop setting: hubs allow people to access community resources easily/quickly
  - Developed new collaborative community partnerships: Monroeville UCC, Willard Mercy Hospital, the Willows, Salvation Army, and Public Library
  - Two of these partners also host new community hubs for CLI
  - CLI has donated more than \$30,000 back to the community (Piggyback Foundation, United Fund, Operation Warm, Huron County Non-Food Bank, Senior Enrichment, City of Norwalk and others).
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## **So that wasn't too bad - what's the real challenge?**

When Medicaid (CMS) came in to fix “conflict free case management” they fixed some issues the federal system had with Ohio's DD system - namely:

**SEGREGATION**



# Segregation = “sheltered workshop” and “group” programs.

Consider this:

- Ohio's DD system is going through a major shift
- Privatization isn't that big of a deal: It's the uncertainty of where the statewide system is headed and how it intends to fund DD services



# **So, if privatization was the easy part & CLI has already redesigned itself to address Segregation - we're out of the weeds, right?**

Ohio's DD system largely consists of a very rigid top-down model. While management jobs can be more competitive - Direct Care Professional (DSP) jobs are not.

**20+ years of underinvesting in the people that take care of people had consequences. Who knew?**





## Reality of our current DSPs

Community-integrated service delivery takes high-level, professional skills. It's not enough to simply recruit nice people who will do what you tell them to do in 15 minute increments.

Community integrated services match the skills and initiative of the staff delivering them - **and if Walmart, McDonalds, and pretty much everywhere else pays more . . .**



# DSP Workforce Crisis

DD providers - especially private providers who are not able access non-reimbursement monies and/or offer OPERS retirement benefits, have always struggled to recruit - even in good labor markets.

**This is not a good labor market.**



# So, what does this all mean for CLI?

CLI is committed to helping people build rich lives around their personal ambitions - **we are excited and bullish.**

In order to work toward this mission, CLI needs to find new ways to fund our operations - while being mindful of the larger picture:

Money in the wrong context is just paper.

Privatization is like when you stop living with your parents.

For 50+ years CLI has been limited (and funded) by HCBDD.

We've moved out and the positive and negative aspects are analogous.



# So is it all bad?


Shared problems are easier to bear. COVID and the economic developments have created a shared problem.

DODD's new **STEP reimbursement rate** will allow providers to increase our investment in DSP jobs. **This is critical.**

**Without increased investments in DSPs, the system can not progress.**



## Two things that Ohio's DD system needs to increase:

1. Expectations that providers being paid more will deliver community-integrated, outcome-based services.
  2. Annual funding limits for adults with DD. The old model assumed 1:12 ratios and that's why they paid low. Progress will take 1:4 or smaller group sizes. Some people still need full weekday, first shift services to support them.
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# So what is CLI doing about this?

Post shutdown, CLI is not large enough to provide traditional day programs and meaningful, outcome-based, community-integrated services. We have been forced to choose one vs. the other

We have learned to be much leaner.

We have increased the earnings our staff to the absolute most we can afford. We believe that nothing will happen if we don't invest in the right things - our people.

We have built a culture where DSPs have spending authority, emails, smartphones, business cards, and other professional tools.



## ... what else?

We've made 'everywhere in the community' our new service location.

Except 8-10 therapeutic day service clients, nobody receives services in a specific, fixed location anymore.




# **A new DSP Position: THE CLI STEP COORDINATOR**

CLI has created a new DSP Position that allows for earnings of more than \$34,000 (plus benefits & PTO) per year.

The position includes budgetary and some supervisory responsibilities.

We've worked with our billing agent to structure documentation sheets so that we have a way to pay additional quarterly bonuses to new STEP Service Coordinator positions tied to their billable services creating an earnings potential of \$40k/annually.





# “Any christian who is not a hero is a pig.” (Leon Bloy)

There are many real-life, secular parallels. If you take what’s conceptually true about that quote - That if you are immortal, you should take risks for the greater good.

This seems to parallel the opportunity CLI has. We can leverage our operating budget to improve not just the lives of individuals with DD that we serve, but also the people that take care of those clients and the larger community in which we all live.

Everyone always talks about the double bottom line of nonprofits (mission + solvency), but it is important not to oversimplify the primary mission. You can’t sustainably achieve your primary goal without actively working on things that prop up that primary mission.



**Q&A**

