

**Available Services Individual Budget Development  
Respondent/ Topic Area/DDSD Response**

<b>Public Respondent</b>	<b>Feedback</b>	<b>DDSD Response</b>
Survey Monkey	Good to have services in one place for easy reference. Also helpful to have clinical justification and clinical documentation listed.	Thank you.
Surevy Monkey	1. Clinical Documentation, Page 5: I am not writing this to suggest a change to this section of the standards. I think it is important that the IDT has a lot of flexibility in terms of what information to submit to the OR so that nothing is missed. I just wanted to let you know that when I talk to case managers, there is still a lot of confusion concerning what documents to submit, and how much to submit. The examples here are good-I would simply encourage the Department to provide training and information on this topic to case managers at every opportunity, as there still seems to be uncertainty around the topic.	Thank you.
Survey Monkey	2. Clinical Justification and Review Process, Page 4: The standards do not say where someone could find the clinical criteria being utilized by the Department. The standards should either contain the criteria, or direct the reader to where they can be found.	DDSD will incorporate a reference to the website and in the definitions.
Survey Monkey	3. Proposed Budget Amounts: Here is the current language of # 4 in that section "The IDT uses both the PBL and Suggested Budget Dollar amounts as to guide understanding of what a typical budget amount may look like." DRNM suggests the following edit: The IDT uses both the PBL and Suggested Budget Dollar amounts (as deleted) to guide understanding of what a typical budget amount may look like. The budget submitted by the IDT must focus on the individual needs of the recipient, and the services requested or budget proposed are not in any way limited by the PBL. The additional language is proposed to emphasize the very important fact that the IDT is not restricted by the PBL when making a budget proposal. DRNM believes there is still uncertainty about that crucial issue among providers.	DDSD will incorporate the edits and use the term Proposed Budget Amount instead of Suggested Budget Dollar amounts.

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DRNM	4. Adult Budget Submission Process: This section appears incomplete, as it does not include procedures for RFI or the process to correct minor errors to avoid budget delay. These issues should be addressed in the service standards.	DDSD will incorporate.
DRNM	Also, the language in #2 of this section should note that the desires, needs, and expressed wishes of the participant are at the center of the budget development process. Currently, the statement is that the case manager develops the budget with the individual. DRNM believes that language should be inserted there to affirm that this process is directed by the person/is person centered and not dictated by the case manager.	DDSD will emphasize person-centeredness.
DRNM	Under "examples of suggested clinical documentation are: I'm not sure many of those are "suggested." My sense is that if some were not included, it would result in an RFI (the assessment tools for Nursing, for example). I would take out the word "suggested." Also, under DOH Clinical Criteria documentation requirements, for example, a PCA is required. The CM and the IDT would know which ones would not be needed (for example IMLS). Also, Fiscal Management for Adult Education is not included under Adult Category Services. I think it's important to have all possible services listed. For this one, a parenthetical (CCSI) could be included after.	Required documentation per service type is outlined in the clinical criteria. The intent is to not be limiting in any request for any services. Fiscal Management for Adult Education is included in the chapter related to CCS.

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DRNM	<p>There is no mention of any service to replace CCSI In-Home. There is ample clinical justification available for those who need this service either regularly or intermittently. In Chapter 1 it states that no new service models are proposed, but it is very important that this type of service remain an option for those who need it. It's a health and safety matter. Also a health and safety matter is the development of another service model that addresses the need for an in-home aide to help with ADLs for non-ambulatory people in Family Living. Some FLPs required the assistance of an aide in order to adequately take care of their person. The FLP cannot rely solely on Sub care for this. An In-Home Aide can be an hourly amount. It can be determined on an individual basis by DDSD, utilizing the Group H section on the budget, along with clinical criteria justification.</p>	<p>New service models require an amendment; DDSD is unable to add a service model at this time. CCS- In Home does not meet the definition of the CCS services in the CMS approved waiver; therefore will no longer be adoption as a CCS service. In the last waiver cycle it was only made available through prior approval including the existence of a fading plan. DDSD is gathering more information on the small number of individuals who receive this legacy service and plans to work with teams to propose viable solutions to the change. DDSD is also conducting further research on the non-ambulatory stipend. DDSD will take comments under consideration related to the rate study and any waiver amendments</p>
7/18/17 Forum	<p>Incomplete Timeline/Outline for submission of required documents – only about half of what actually happens is included, eg...Adult Budget Submission process – timeline for RFI missing. Be clear what is due prior...and after....</p>	<p>The entire Outside Review process is not outlined in this chapter.</p>
7/18/17 Forum	<p>Maybe at this level of detail, this info needs to be migrated to ISP chapter?</p>	<p>It is unclear what information needs to be moved to the ISP chapter.</p>
7/18/17 Forum	<p>IIBS – not in this chapter because it is attached to either CCS or SL ....IIBS is being looked at...next steps</p>	<p>Please refer to Community Inclusion and Living Care Arrangements chapters.</p>

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7/18/17 Forum	Important to stress that Person-Centered Planning is to occur prior to creating proposed budget	Thank you.
7/18/17 Forum	CCS in-home?	Additional clarification is needed to address this comment.