

**Community Inclusion
Respondent/ Feedback/DDSD Response**

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| Public Respondent | Public Feedback | DDSD Response |
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| Individual Respondent | Page 5, #2 - indent went in one space too far. | Correction was made. |
| Individual Respondent | <ul style="list-style-type: none"> I don't understand the purpose of the passage, "Providing supports to participate in age-appropriate generic community retirement activities with non-disabled peers;" because like all activities, that one is covered by other requirements--except for the specificity of "retirement" and that's what's confusing me. | Page 6 - In some states, retirement falls under a separate service definition. In other words, retirement may be categorized as a distinct waiver service. This statement demonstrates that retirement supports can be provided under CCS. It also must be age-appropriate, meaning that the individual should be of retirement age. This is not new language and it will remain. |
| Individual Respondent | <ul style="list-style-type: none"> The following passage has caused an issue in the northeast region because the provider was "arranging for" the transportation via taxi and making the individual pay for it. "Arranging for, providing or training on transportation supports during Customized Community Supports activities, including the use of public transportation options;" I'd like to see "arranging for" gone to make it clear that the provider is responsible for the transportation or transportation training (which would still get folks where they needed to go with supports). | The language "arranging for" was removed. |
| Individual Respondent | <ul style="list-style-type: none"> For this passage, "Assisting with the development of natural support networks that complement or replace paid supports through development of personal relationships/ friendships with people who are not disabled who have similar interests and preferences," I'd like to have it say, "Providing documentation of efforts to assist with the development of natural supports..." because otherwise, it's just a suggestion. | Developing natural supports should be done organically. If a provider has to document it, it becomes an institutional fix. There is nothing stopping providers from documenting this now. |
| Individual Respondent | <ul style="list-style-type: none"> Pg. 7 #25 - needs capital A at start of sentence | Correction was made. |
| Individual Respondent | <ul style="list-style-type: none"> For this passage, my suggestion is in RED, "Individual Customized Community Supports are age appropriate and provided on a one- to-one (1:1) basis with a documented emphasis on supporting employment activities that explore, verify, and expand individual interests and/or improve employment-related skills." | DDSD has to be careful about not providing vocational activities under a day habilitation code. Language will remain as written. |

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| Individual Respondent | <ul style="list-style-type: none"> Pg. 7, small group section: “Activities listed in the scope of work are delivered in a manner consistent with the individual’s ISP and Employment First objectives and are provided exclusively in the community. | DDSD has to be careful about not providing vocational activities under a day habilitation code. Also, DDSD has not defined Employment First objectives. Language will remain as written. |
| Individual Respondent | <ul style="list-style-type: none"> Pg. 7 #2: I don’t understand the underlined section. “Group Customized Community Supports are not segregated vocational or prevocational activities (e.g. center-based or sheltered work). Individuals participating in this type of activity <u>as a continuation of previous service models</u> must have a transition plan...” | This was language designed to address the transition from sheltered workshops. The language, “Individuals participating in this type of activity as a continuation of previous service models must have a transition plan...” has been removed since those transitions should have already occurred under the 2012 DD Waiver standards. |
| Individual Respondent | <ul style="list-style-type: none"> Pg. 8, 4a - indent is off | Correction was made. |
| Individual Respondent | <ul style="list-style-type: none"> Pg. 9, i – needs capital at start | Correction was made. |
| Individual Respondent | <ul style="list-style-type: none"> Pg. 10 #5 – indent is off | Correction was made. |
| Survey Monkey | The structure and the detail. Is good | Thank you |
| Survey Monkey | Overall the chapter was clear to understand. | Thank you |
| Survey Monkey | I like the idea of streamlining the standards | Thank you |
| Survey Monkey | Orderly, all information is in one place for each service-CCS & CIE I like that policies and procedures are included within the chapter, as well as definitions of services | Thank you |
| Survey Monkey | It is orderly and includes all definitions and policies | Thank you |

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| Survey Monkey | <p>I cannot stress enough how important it is that timelines are consistent when requesting semi-annual reports from Nurses! Every audit (Provider and CM Agencies) we got requests to REDO the Nursing reports due to wrong starting and ending dates. I emailed the regional nurse on this, who confirmed with QMB, that due dates for Reports from Nurses are determined by ISP DATE, not the ISP meeting date. And here in the Community Inclusion chapter it asks for them two week prior to the ISP, as do the current Nursing Standards. This one matter has caused confusion and stress. Please determine which is true: Semi-Annual Nursing Reports are due at 190 days and two weeks prior to the ISP meeting date. Or, Semi-Annual Nursing reports are due at true 6-month intervals, based on the ISP start date. We got dinged in audits because we used to do them as stated in the Standards (two week prior to the ISP meeting date) and this prompted me to email for clarification. Page 5 #5-requirement for (other than CIE) staff to provide a wide range of and variety of employment options. This should be done by the CIE Service Coordinator, per the request of the Individual and/or Guardian.</p> | <p>Timelines for semi-annual reporting are standardized. Please refer to Provider Reporting Requirements chapter.</p> |
| Survey Monkey | <p>Get rid of the minimum high school diploma requirements to be a provider. Experience should count as well. Combine CCSI and CCSG as one service.</p> | <p>The staffing requirement is, "a high school diploma or GED." Providing services in an individual versus a group setting requires different staffing requirements and therefore a different rate structure.</p> |

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| Survey Monkey | <p>im concern that CCSI and SG are only a small little paragraph of info and that it does not fully go into detail of scopes of serves unless it stating that it is the same as group ccs. nursing for CCSI and SG are not clear. yes it says that the individual who needs health related supports can get nursing however it does not determine who is suppose to do the assessment to determine these health related supports. the standards still do not state that nursing for CCSI and SG must be added to the budget as a separate item. for example if an individual needs an assessment to determine if they need a NHCP or MERP and if they do need a NHCP and MERP then which nurse is suppose to complete the assessment, plans and therap docs if the individual has a different agency for day supports then residential? Residential nurses will not train DSPs from other agencies so then in that case a FOC for nursing for CCSI and SG has to be completed and nursing needs to be on the budget, however CMs are not aware of this and are mostly not willing to do this. Since nursing is not bundle in CCSI and SG rate and CMs are having issues adding nursing on the budget for CCSI and SG then individuals are not getting assessments and plans done for CCSI and SG and also DSPs are not getting trained. if the individual does in fact have a NHCP and/or MERP from residential and the SPs aren't getting trained then there's a huge liability issue. the standards need to reflect this nursing issue and they do not. the standards for CCSI and SG are pretty vague about nursing. this has been an issue for several years and we have been trying to get this address and looks like it still hasn't been and will continue to be an issue at the majority of ISP meetings. the standards also do not flow properly. when reading it some section that don't have anything to do with each other make it seem like they are part of the service your reading prior to the next section. some sections need to be split up or have a page break</p> | <p>The redundant language for CCS-I, CCS-Small Group and CCS-Group was combined under the scope of services for CCS. Refer to Nursing Services chapter which includes requirements for bundled nursing and adult nursing services.</p> |
| Survey Monkey | <p>Pg 5 of 21 CCS, scope of services-there is no job aide in the new standards, but services is labeled as Community Inclusion Aide. Pg 18 of 21 CIE, under ICIE first line "Is designed provide....", include the word "to".</p> | <p>Job Aide should read Community Inclusion Aide - corrected.</p> |
| Survey Monkey | <p>Correction needed-Pg 5 of 21 CCS, scope of services- "job aide" should be labeled as Community Inclusion Aide. Pg 18 of 21 CIE, under ICIE first line "Is designed provide....", include the word "to".</p> | <p>Job Aide should read Community Inclusion Aide - corrected.</p> |

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| Survey Monkey | page 12, 3.e. "Data related to the non-work outcomes to DDSD quarterly" this is confusing because #3 is about semi-annual progress reports page 18, under Agency Requirements, 1. d.: "agree share a monthly unit" needs the word "to" after agree | The language was corrected. |
| Survey Monkey | CCS/Scope, services-listed job aid, should be community aid for this services | Job Aide should read Community Inclusion Aide - corrected. |
| DRNM | <i>Employment First, pg. 2</i> -DRNM asserts that there are a number of ways that this section must be strengthened in order to stress the critical point that every waiver participant must have access to competitive integrated employment within the community. First, the last line of the paragraph states that employment "should" be the first consideration, and that an individual decision not to pursue employment "should" be based on informed choice. It is important that in both cases, "should" be changed to "must". The standards must be unequivocal that employment is the first and default option, and that any decisions made about employment by a participant will be made based upon informed choice. | The following language was updated, "When engaging in person centered planning, team members must first look to community and natural supports to assist individuals to attain their employment goals and desired outcomes." The other "should" language will remain as written to be consistent with the Employment First policy. |
| DRNM | Second, the provider agency is required to find or create qualifying employment when an individual on the waiver chooses to work. This statement appears to be absent from the proposed service standards, and must be explicitly stated here. Finally, DRNM suggests adding that DVR is a resource that can help an individual with a disability find employment, and that they should be consulted/involved when a waiver participant is evaluating employment options. | The language in this chapter has been changed to reinforce that DD Waiver funding for job development, short-term coaching and self-employment can only be accessed if DVR and educational services funding is not otherwise available. |
| ADDCP | Page 2: Employment First: line 3: just a typo we believe: change "are" to "as". | Correction was made. |
| ADDCP | Page 3: Implementation of a meaningful day: Section 2.a: Although we agree that community inclusion should be individualized as much as possible, we would point out that most customized community support services are not funded as one-on-one services. | According to Dictionary.com, "Customized means to modify or build according to individual or personal specifications or preference." The language in the standards is consistent with this definition. The rate issue can be reviewed in the upcoming rate study. |
| ADDCP | Page 3: Implementation of a Meaningful Day: Section 2.c: Please clarify the language used. What is intended in the use of "human and social capital"? | This is language taken directly from the ThinkWork CLE project and will not be modified. |

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| ADDCP | Page 3: Implementation of a Meaningful Day: Section 2.d: Please clarify the language “supports that are outcome-oriented and regularly monitored”. | This is language taken directly from the ThinkWork CLE project and will not be modified. |
| ADDCP | Page 3: Person Centered Assessments...: Although this section goes into great detail about what a PCA/CDP is, it never speaks to the timelines that are required to complete one. Please provide details on timelines. | The following language has been added, "Timelines for competition: The initial PCA must be completed within the first 90 calendar days of the individual receiving services. Thereafter, the provider agency must ensure that the PCA is reviewed and updated annually. An entirely new PCA must be completed every five years." |
| ADDCP | Page 4: Person Centered Assessment...: Section 4: We would like information on what constitutes a “significant change” to trigger a new PCA/CDP being created. Without clarity, providers/auditors will be using personal or subjective opinions in determining what is significant. | The following language was added, "A significant change may include but is not limited to: losing a job, changing a residence or provider and/or moving to a new region of the state." |
| ADDCP | Page 4: Person Centered Assessment...: Section 5: We suggest adding that the PCA must be reviewed and be updated annually ‘by the provider agency’. | The following language has been added, "....the provider agency must ensure that the PCA is reviewed and updated annually...." |
| ADDCP | Page 5/6/7: Service Requirements: | N/A |
| ADDCP | #2: We would like to point out that there appears to be some conflict in stating that provider agencies will help create schedules for individuals on a daily/weekly/monthly basis but then states that they must be easily modified. We are unsure how providers can staff a program when they cannot know what they are staffing. | Generally agencies have a master schedule from which individualized schedules are created. The agency would schedule staff based on the master schedule and adjust as necessary. |
| ADDCP | #3: We would suggest adding the term “as appropriate” to this line. This standard can be read as that the CCS agency is required to address skill building activities that do not apply to them per the ISP. | That language has been added. |
| ADDCP | #4: We would recommend striking the examples provided (banking or shopping). These are not applicable to many individuals in CCS. | This is not new language. Banking or shopping are appropriate examples of where an individual could work on skill building. The language will remain. |

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| ADDCP | #5: Although we are all aware that Employment First is a priority, we do not believe that CCS services should be involved in “providing information regarding a range and variety of employment options”. We believe that this should have been discussed at the ISP and if the individual chose Employment services a provider would have been added to the budget to do these exact services. | Per the DDSD Employment First policy, "Case managers and the Interdisciplinary Teams (IDT) are required to offer Supported Employment Services as a priority service over other day service options for all working age adults. The discussion and process for offering supported employment services must be documented in the ISP." CCS providers are members of the IDT. |
| ADDCP | #7: We suggest clarifying that this is agency specific, that the CCS provider is not responsible for any ISP Action Plans other than those developed for them. | The language will remain as written to allow providers to work together with other IDT members and promote collaboration. |
| ADDCP | #9: Although we agree that individuals should have choices throughout their day and their life, we question how providers are expected to meet this standard or to document it. | Noted. This statement not appear to suggest a change to the language in the standards. This can be addressed through a future ISP redesign and through agency policy on documentation. |
| ADDCP | #10: We applaud the first time use of the word “responsibilities” as it applies to individuals. | Thank you for your comment. |
| ADDCP | #13: We suggest striking everything within the parenthesis. The language provides no useful information here. | The information in parentheses is designed to reinforce a person-centered service model as opposed to agency-centered services. The language will remain. |
| ADDCP | #14: We would recommend deleting or modifying this requirement. Assisting with budgeting is the responsibility of the Representative Payee. A CCS provider could assist in gathering information on costs/etc., but they do not have the information available to actually help an individual with budgeting. | This statement compliments the language in the Fiscal Management for Adult Education Requirements section. The language will remain. |
| ADDCP | #15: We would suggest deleting this line. The information here is already stated in #8. | Page 6 - In some states, retirement falls under a separate service definition. In other words, retirement may be a categorized as a distinct waiver service. This statement demonstrates that retirement supports can be provided under CCS. It also must be age-appropriate meaning that the individual should be of retirement age. The language will remain. |

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| ADDCP | #18: We question the use of the term “acting (in) accordance with the NM Nurse Practice Act”. We are not sure why this term is used each time (or most times) when talking about nursing services. Is this term necessary? It appears to be redundant and implies that a nurse would not be complying with regulations. | Thank you for your comment. |
| ADDCP | #18: We would question the intent of this standard when only Group CCS includes nursing services bundled in. | CCS providers are expected to collaborate with nurses when applicable. |
| ADDCP | #19: We would suggest a rewrite of this section. It reads poorly and we could not determine exactly what the standard was requiring. We would also recommend striking the term “in a timely manner”. Time and timely is subjective. We would suggest changing the last line of this section to read “Assure adaptive equipment is functioning.” We are unsure why CCS providers would be required to replace the batteries in equipment unless they are provided by either the family or the residential agency. | The language was modified to make more clear. Requirements for battery replacement will remain. |
| ADDCP | #20: We suggest deleting the examples in the parenthesis. We believe these are redundant. | For people who may not be familiar with the term, "activities of daily living", examples are provided. The language will remain as written. |
| ADDCP | #21: Again, we recommend deleting the term “in a timely manner”. | This language has been updated. |
| ADDCP | #24: We suggest deleting this standard as it is too broad and subject to opinion as to how interpret. | This statement allows providers to be creative with service provision. The language will remain as written. |
| ADDCP | #25: We suggest deleting this standard as it appears to covered in #8. | #25 Covers adult education opportunities specifically, while #8 covers other types of activities. |
| ADDCP | Page 7: Group Customized Community Supports: | N/A |
| ADDCP | #2. This section appears to have been carried over from Waiver Standards released 5 years ago. If that is true, how is still applicable? Shouldn't all providers have made the appropriate changes by now. | This was language designed to address the transition from sheltered workshops. The language, “Individuals participating in this type of activity as a continuation of previous service models must have a transition plan...” has been removed since those transitions should have already occurred under the 2012 DD Waiver standards and has been removed. |

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| ADDCP | Page 10: Individual Intensive Behavioral CCS: Although there is some detail in this section about how to plan for this service (included in the PBSP), we question how non-professional support staff would make the decision to return to a “typical staffing pattern”. We would hope that the PBSP would require the BSC to be consulted prior to returning to a less intrusive staffing pattern | This language has been updated. |
| ADDCP | Page 11: Agency Requirements: | N/A |
| ADDCP | Section 1.a: Delegation of Specific Nursing Functions: we question why this information is provided in such detail in this section. Will this not be covered in the Professional Services Chapter? Can it be deleted here and if necessary, a reference to the section be made? | Thank you for your comment. This is covered more clearly in the Nursing Services chapter. |
| ADDCP | Section 2.a.iv: There appears to be some confusion on who is an “immediate family member”. Will this information appear in the definitions? Can reference be made to where “immediate family member” is defined? | Immediate family member is defined in the existing set of service standards in the Definitions document. |
| ADDCP | Section 3.b: We suggest deleting “for each date”. This appears to indicate that the semi-annual progress report must document each date of service | Clarification is provided in the Provider Reporting Requirements chapter. |
| ADDCP | Section 3.d: This line appears to suggest that CCS providers can amend the Action Plan of the ISP. Is that intended? Or does it mean that they can amend Teaching and Support Strategies? Also, we understand that a change in a work outcome could affect the individual’s entire life, we do not understand why it is the only item listed here. Shouldn’t this just state that the T&SS can be changed to reflect a change of life choices? | Refer to the ISP chapter for detail. |
| ADDCP | Section 3.e: Since the data has already been sent to DDSD, why is this requiring a second reporting of that same information? | Additional clarification is needed to address this comment. |
| ADDCP | Page 11/12/13: Assurances: General comment: Since this area is an exact copy of the assurances in the CIE section, can they not be combined? | Assurances were removed. |
| ADDCP | Section 9 & 10: Two comments. First, this reads that providers must ensure compliance with patterns in reportable incidents and medication errors. We do not understand how to take that. We assume that the intent is that providers must comply with reporting of these things but that is not how it reads. Second, since this is a requirement in General Events Reporting, why is it being repeated here? | Providers have a responsibility to follow reporting requirements as outlined in the Provider Reporting Requirements chapter. |

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| ADDCP | Section 14: We would suggest that this line be replaced with "All HIPAA requirements". HIPAA covers much more than just information storage and policies. | This has been deleted from this section. |
| ADDCP | Section 15: We would recommend changing this section to read "Providing sufficient staff coverage. Agencies should have a plan to address staff absences." The section referencing training is covered in Section 5. | An agency's plan to address staff absences can be covered in the Provider Application process; the language was removed from here. |
| ADDCP | Section 16: We would suggest replacing "Comply with" with CMMS. "Comply with" is redundant as all of these sixteen items are a list of what an agency is in "compliance with". | The language has been updated. |
| ADDCP | Page 13: Community Integrated Employment | N/A |
| ADDCP | We recommend striking the word "eligible". All individuals in the waiver program are eligible. | The language will remain as written. |
| ADDCP | We would recommend deleting the section of the line that states "while improving the profitability of the business". The business itself will make those decisions and most would probably not appreciate any involvement from a CIE agency in this area. | This language was removed. |
| ADDCP | Page 14/15: Scope: Second Paragraph: Last two lines: We do not believe that the inclusion of comments about "negotiating his/her work schedule, breaks, etc., etc. provide anything substantial to this area. We would recommend deleting the last two line of this paragraph. | This language is consistent with DDSD's definition of Community Integrated Employment, which states "means part-or full-time work performed by a person which is compensated by minimum wage or better that occurs in a location that offers the worker opportunities to interact with coworkers and others without disabilities and provides an opportunity for advancement similar to that of non-disabled peers in similar positions." This statement speaks about the opportunity for advancement. The language will remain as written. |
| ADDCP | Page 14: Service Requirements: | N/A |
| ADDCP | #3. We assume that Community Integrated Employment was intended versus Customized Community Supports. | Corrected. |
| ADDCP | #4. We recommend changing the last line to read "Ensure that adaptive equipment is functioning". | This language has been updated. |

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| ADDCP | #5. We suggest striking the words “in a timely manner”. | This language has been updated. |
| ADDCP | #6. We recommend striking the words “and effectiveness”. Direct support staff are not trained or certified to make those types of assessments about therapy plans, etc. All that they can be asked to do is to document objective data that they are observing. | The language was deleted as suggested. |
| ADDCP | Page 15/16: Job Development: We would recommend removing the line “The rate for this service is based on a caseload of one staff member to five job seekers.” | This statement reinforces the rate structure for this service. The language will remain as written. |
| ADDCP | Also, is Job Development a separate service? If it is the same code as CIE, then it should simply be listed as part of the scope of service for CIE. | Job development is distinct service under CIE. |
| ADDCP | #16: Limits the use of Job Development to 4 months of the ISP year. What happens to the individual who uses all four months, finds a job, then decides to quit after 6 months? Does that Job Development cannot be started again until the new ISP year begins? | This language had been removed prior to the DDSD feedback forums and was explained during that forum. |
| ADDCP | Page 16: Job Maintenance | N/A |
| ADDCP | #9: Please delete all information in the parenthesis as it is referring to Job Development. | #9 in job maintenance refers to the rates. DDSD believes that these comments are referring to an older version of the standards. Additional clarification is needed to address this comment. |
| ADDCP | Page 17: Group Community Integrated Employment: Is there a difference between Extensive and Intensive. Appears to be the same services and requirements. | Intensive CIE services are in place to offer a mechanism to provide more than 40 hours of services. The term extensive supports is used to describe group categories. |
| ADDCP | Page 18: Community Inclusion Aide: The title of this position is confusing when compared to the title and requirements of the Community Inclusion Aide listed under CCS. #1. We suggest deleting the last line of this section as unnecessary. | This language had been changed to, "Job Aide". |
| ADDCP | Page 18/19: Agency Requirements: | N/A |
| ADDCP | #1.b: Please name the chapter being referenced here. | This is the Community Inclusion Chapter and it is named in the document. |
| ADDCP | #2.c.ii: first bullet states that “additional pre-servicerelated competencies listed above”. There is nothing listed above except age and Training Requirements. | The statement above references the Training Chapter. |

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| ADDCP | #2.c.ii: all three bullets appear to apply to agency staff requirements overall. Why are they in this section for Job Developers? | Since the 2012 DD Waiver, job developers have had to be at least 21 years of age. |
| ADDCP | Page 20: Reporting Requirements: | N/A |
| ADDCP | #1.a: We suggest deleting the words “for each calendar year” | Additional clarification is needed to address this comment. |
| ADDCP | #2. We believe the intent is that CIE providers can change the T&SS, not the action plan itself. | This language relates to semi-annual reporting. |
| ADDCP | #2.a: Why would CIE be reporting on non-work outcomes? Please delete. | This chapter covers both work and non-work services. The language has been updated to read, “SELN Data Spreadsheet” with data related to work and non-work outcomes must be provided to DDSD quarterly. |
| ADDCP | Page 20: Billable Activities: We would question why Job Maintenance cannot be achieved with non-face-to-face activities. In some cases, the employer (see page 16, #2) may wish to have a discussion with the staff that does not include the individual. | The language has been updated. |
| ADDCP | Page 20/21: Assurances: Same comments as listed in Assurances for CCS. | Assurances were removed. |
| ADDCP | Page 21: Community Integrated Employment agencies: | N/A |
| ADDCP | #3: While CIE providers will and should work to ensure that individuals have the same wage structure, how do they ensure the individual shares the same status? Status is many times predicated on the other employees. Agency staff would have no control over co-workers and should not be expected to do so. | “Shares the same status and has the same wage structure as others performing the same or similar work” is the entire phrase. This statement ensures that people with IDD are offered opportunities for advancement and are not making minimum wage after being on the same job for 20 years. |
| 9/20/17 Forum | How to measure level of integration now that “75%” has been removed?...Site Visits? Refer to overall CMS expectation re: integration....systems transformation | DDSD collects quarterly outcome data from providers. The information about time spent in the community is captured there. |
| 9/20/17 Forum | Nursing requirements need to be better defined for CCS-I/small group..p.7 – add language and emphasis | Nursing requirements are detailed in the Adult Nursing Services chapter. |
| 9/20/17 Forum | When does someone need nursing? If uncertain...add ANS to budget...assessment – add this info to standards... | Thank you, this has been added. |

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| 9/20/17 Forum | Clarification upcoming in Adult Nursing Services section.... | More clarification is needed to address this comment. |
| 9/20/17 Forum | If we lose a therapist from IDT...who trains? | Refer to Individual Specific Training requirements in the Training chapter. |
| 9/20/17 Forum | If individual needs to return home for ADLs/health issue...specifically skin integrity, may be longer than 1 hour...? Reimbursement: 1hr to go home for Personal Care...Community Inclusion Aide... | Language has been updated to allow up to 2 hours. |
| 9/20/17 Forum | Person Centered Assessments – make it clear that new provider has 90 days to get this done...not needed for Clinical Criteria and to get on budget... | Language has been updated. |
| 9/20/17 Forum | PCA’s – more emphasis that this isn’t a compliance doc – but a person-centered planning tool that is the culmination of the person-centered planning process that should organically be produced and individual expands their awareness and integration of community involvement through CCS services! Each CCS activity/experience is a building block of info for CCS provider to assemble picture that is PCA! | The following language was added, "A PCA is a person-centered planning tool that is intended to be used for the service agency to get to know the individual who they are supporting. It should be used to guide services for the individual." |
| 9/20/17 Forum | Address cutting and pasting from ISP to PCA | This issue will be addressed through training. |
| 9/20/17 Forum | Provide timeline re: PCA development and submission for effective input into ISP! | The following language was added, "2. Timelines for competition: The initial PCA must be completed within the first 90 calendar days of the individual receiving services. Thereafter, the provider agency must ensure that the PCA is reviewed and updated annually. An entirely new PCA must be completed every five years." |
| 9/20/17 Forum | Risk – refer to Human Right’s Chapter: Dignity of Risk? | Additional clarification is needed to address this comment. |
| 9/20/17 Forum | P.7 – “exclusively in the community” – helpful to specify where services may NOT be provided | The following language was added, "..., not in an agency-operated building." |
| 9/20/17 Forum | P5 #5 Why need to discuss employment as part of CCS if CCS is not work? If CM has already gone over employment options why is CCS provider required to also? | This language is consistent with the DDSD Employment First Policy and Informed Choice requirements. |
| 9/20/17 Forum | ...actually very little documented evidence employment is being talked about much at all... | Noted. |

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| 9/20/17 Forum | Concern re: how auditors interpret requirements to discuss employment – DDSD quarterly report used to include a section re: this...maybe bring that back? P5 #5 – provide guidance/suggestions re: how CCS providers can provide info re: range of employment options....since there is resistance to this, leaving it vague causes problems....include the HOW | Language relative to informed choice has been added to the Case Management Chapter. |
| 9/20/17 Forum | Need to emphasize WHY staying open to employment is so important – how deciding the conversation has already been concluded imposes limits on person’s potential – make it clearer that INFORMED CHOICE is an ongoing lifelong process that never actually ends, as person and possibilities constantly evolve!!! | The Informed Choice language was updated. |
| 9/20/17 Forum | HOW TO re: Informed Choice! | The language, "Informed Choice in the context of employment means that the individual has had an opportunity to receive..." |
| 9/20/17 Forum | More explanation of relationship between CCS and Employment... | Employment services cannot be billed under CCS. |
| 9/20/17 Forum | Shouldn't providers emphasize that CCS Vision and outcome development have clear "community inclusion" component? | Yes. |
| 9/20/17 Forum | CCSI/sm. Group – can't bill if individual chooses not to go out that day but CCS-G center-based can bill for whole day ...even if no community participation...doesn't seem right.... | Noted. |
| 9/20/17 Forum | Can CCS-I be billed if individual and their CCS-I staff join up with large CCS-Group in the community? | That should not be happening regularly. |
| 9/20/17 Forum | What is the purpose of the service re: CCS-I? Is it for individuals who need more support? Or a way for anyone to experience the community in a more typical way – have opportunity to meet people outside of disability services and not be seen as part of a group of people receiving services? More emphasis on the ideology – the WHY re: importance of community inclusion. | All services are based on individual choice. |
| 9/20/17 Forum | P7 #3 – what does "approved rate category assignment" mean? | The language will be updated to clarify. |
| 9/20/17 Forum | P9 re: Community Inclusion Aide – clarify "individual integrated community setting" | The language, "individual integrated" has been removed. |

**Community Inclusion
Respondent/ Feedback/DDSD Response**

**15 of 15
12/13/2017**

| Public Respondent | Public Feedback | DDSD Response |
|--------------------------|--|--|
| 9/20/17 Forum | EMPLOYMENT: can service requirements be addressed once instead of for each service? | A general service requirement was created prior to the feedback forum. The specific language under each scope is needed in order to differentiate which services have nursing bundled into the rate. |
| 9/20/17 Forum | P16 #14 – Job Development: add “12 units can be added to the budget” | This is no longer applicable as job development must be funded by DVR first. |
| 9/20/17 Forum | P17 = Group Community Integrated Employment – Intensive.....should it be intensive or extensive? Repetitive discussion of ratios...? | Intensive CIE services are in place to offer a mechanism to provide more than 40 hours of services. The term extensive supports is used to describe group categories. |
| 9/20/17 Forum | P18 – is a community Inclusion aide also used during CIE...or should this be “job aide”? | The language has been changed to, "Job Aide". |