

Public Respondent	Feedback	DDS Response
Individual Respondent	Page 3-Scope-How are we supposed to obtain a dietician for CIE individuals with ANS; is the CM responsible for obtaining a dietician and add to the budget?	Refer to Letter from Medical Director
Individual Respondent	Page 8-#10 & #10a-...has a hospitalization related to aspiration or respiratory problems associated with aspiration, significant change of condition that may cause a change in aspiration risk, or admission to a new agency.	Refer to Letter from Medical Director
Individual Respondent	Input to your question about timely CARMP submissions: • Existing CARMP-CM initiate submission to team members at least 30-45 days prior to the ISP meeting and due 14 days prior to the ISP meeting as all reports and documentation is due • New CARMP-Once it's determined that a CARMP is necessary or recommended, an IDT will be held within 14 days. ? will this be enough time to get submissions back and training within the 30 days; not sure	Refer to Letter from Medical Director

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Survey Monkey	The proposed annual and semiannual reports are unnecessary because they simply restate information already available in the MAAT, ARST, eCHAT. Unless the nurse can't be present physically or by phone, why add another layer of paperwork for the nurse to have to generate? ARST/CARMP should be reviewed/revise for hospitalizations that involve aspiration or that involve aspiration events while in hospital. No need to review/revise for EVERY hospitalization. HR maintains training roster records, not nursing.	Refer to Letter from Medical Director
Survey Monkey	Case managers rarely if ever include the CARMP on the annual ISP agenda and they NEVER circulate the CARMP ahead of the ISP as current policy requires.	Refer to Letter from Medical Director
Survey Monkey	I think we will lose nurses.	Refer to Letter from Medical Director
DRNM	Aspiration Risk Management, #4, pg. 6: The Department has placed some welcome language in this section affirming that each participant will be given complete information about any proposed CARMP in order to make informed choices and that the IDT will respect any health decision made by the individual and/or his or her guardian related to the CARMP. DRNM applauds the Department for this and other language in this section included to ensure that the life choices made by persons with disabilities will be honored and respected.	Refer to Letter from Medical Director

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DRNM	<p>The table laying out the CARMP process on page 6 states that the CARMP will be reviewed with the Guardian before any Decision Consultation Process begins. DRNM asserts that this should read: “Review CARMP with the individual, and his or her guardian if applicable.” It is critical that the individual participant be provided with every opportunity to review a proposed CARMP in order to effectively exercise informed choice.</p>	Refer to Letter from Medical Director
DRNM	<p>Promoting Health Relationships and Sexuality, pg. 22: DRNM notes that this section has not yet been written into the proposed standards and is currently blank. DRNM advocates for a person centered approach to this issue, consistent with the system wide person centered approach supported by DDS. Our agency requests the opportunity to review this section of the standards after it is written and before the proposed standards are approved in January 2018.</p>	Refer to Letter from Medical Director
AADCP	<p>Page 2: Scope: Last paragraph on page that begins “When the individual is determined..” – we suggest that wording be changed to “When the individual is newly determined...” to eliminate confusion with individuals who currently have a CARMP in place. We would also request that the time line for notifying the case manager be extended to five business days. We also suggest that the Case Manager then notify other members of the team to instruct them on requirements. We also suggest that the time frame for notifying the PCP be increased to 5 business days with a request to the PCP for further instructions. The PCP will respond when they deem fit and no amount of regulation or standard will cause them to respond outside their own time lines.</p>	Refer to Letter from Medical Director
ADDCP	<p>Page 4: Table A: Number 2: makes reference to “Eating Specialist” as responsible party but this term has not been identified anywhere previously.</p>	Refer to Letter from Medical Director

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ADDCP	Page 5: Table A: Instructions at end of table state "See Detailed Action Steps in..." but does not identify where the referenced material is located. For ease of use, this should be identified.	Refer to Letter from Medical Director
ADDCP	Page 6: Table B: Number 3: Timelines state "Within 21 days prior to new ISP cycle and as needed". Does the 21 days refer to the ISP meeting date or the ISP start date? Please clarify.	Refer to Letter from Medical Director
ADDCP	Pages 7/8/9: Roles & Responsibilities: Nursing: Number 4: Nursing services currently provide all of this information in other documentation. Is this intended to be an additional report that nursing services are now required to produce. Also, the last bullet of this section references "Strategies and/or interventions that need to be initiated, revised or discontinued". Are these not the responsibility of the SLP and not the nurses?	Refer to Letter from Medical Director
ADDCP	Pages 7/8/9: Roles & Responsibilities: Nursing: Number 10: The CARMP becomes a requirement for nurse as recommended by the e-CHAT. The nurse might collaborate on producing the document but should not be expected to collaborate on producing their sections of the CARMP. This is within the purview of their duties and licenses and cannot be shared with others.	Refer to Letter from Medical Director

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ADDCCP	<p>Pages 7/8/9: Roles & Responsibilities: Nursing: Number 15: Although nursing services will monitor an individual for signs/symptoms of aspiration, expecting nursing staff to verify that supports are being implemented as trained is not possible. Nurses are not in the home frequently enough to monitor that supports are being implemented. We recommend deleting b. We also recommend deleting d. Nurses develop only a portion of the CARMP and provide those portions to the Case Manager who should be responsible for it's distribution. The same is true of the MERP. The nurse produces the document, but the agency should be responsible for ensuring that it is in place. Also with d., does this imply that the MERP/CARMP should be available on community outings if the individual eats out? If so, we would be strongly opposed to that requirement.</p>	Refer to Letter from Medical Director
ADDCCP	<p>Pages 7/8/9: Roles & Responsibilities: Number 16: We have the same issues with bullets 2 and 3 here.</p>	Refer to Letter from Medical Director
ADDCCP	<p>Pages 7/8/9: Roles & Responsibilities: Number 17: This section appears to imply that nursing must respond to reports from other provider agency staff. As the nurse would have no authority or responsibility to another agency's staff we recommend that this section be clarified to identify that this is in response to staff that provide services through the nurse's agency only.</p>	Refer to Letter from Medical Director
ADDCCP	<p>Pages 7/8/9: Roles & Responsibilities: Number 19: Nurses have an issue with being asked to assist an individual or guardian to violate a medical plan. Nurses should only be required to present and explain the plan. If the individual or guardian chooses to not follow the plan, the Case Manager should assist them in completing a Decision Justification Form.</p>	Refer to Letter from Medical Director

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ADDCCP	<p>Pages 13/14/15: Registered Dietitian (RD): We believe that this section needs to be retitled to allow for Licensed Dietitians to complete these tasks. They are listed on page 3 as part of the team but this section does not mention them at all.</p> <p>Number 2: i. Is listed as responsibility of the Case Manager and should be moved to that section.</p>	Refer to Letter from Medical Director
ADDCCP	<p>Pages 13/14/15: Registered Dietitian (RD): Number 2: k/l/m/n all appear to relate to j and should be listed as subset of j.</p>	Refer to Letter from Medical Director
ADDCCP	<p>Pages 13/14/15: Registered Dietitian (RD): Number 2: o. Although the dietitian can accept the individual/guardians choice, they should not be asked to support refusal of sound medical advice. Please reword this item.</p>	Refer to Letter from Medical Director
ADDCCP	<p>Pages 13/14/15: Registered Dietitian (RD): Number 2: q. Although the individual/guardian can decide not to follow advice on the CARMP, the CARMP itself is a medical plan and should not be amended. The DCF should suffice to ensure that recommendations in the CARMP are not followed if so desired</p>	Refer to Letter from Medical Director
ADDCCP	<p>Pages 13/14/15: Registered Dietitian (RD): Number 2: s. Please delete "Examples" as it does not provide any substance to this area.</p>	Refer to Letter from Medical Director
ADDCCP	<p>Pages 13/14/15: Registered Dietitian (RD): Number 3: 10. Nutritional services are a bundled service that includes 5 hours of service per year. The collaboration on the CARMP, training, etc would utilize the majority of that time. Where is the funding for another 4 hours of nutritional staffing to monitor/document/observe CARMP implementation? If this is a requirement, then Nutritional services should be unbundled from the Residential rates and provided as a stand alone service just like therapies</p>	Refer to Letter from Medical Director

Health
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ADDCP	Page 22: Individual/Guardian/Designated Health Decision Maker: We would question who will enforce these standards on these named persons. How will enforcement take place, what happens if they refuse, etc?	Refer to Letter from Medical Director
ADDCP	Page 22: Medical Stabilization: We would suggest that this section be moved to the Human Rights Chapter and not left here.	Refer to Letter from Medical Director