Public Respondent	Feedback	DDSD Response
Individual Respondent	Page 5-#3- Add a (b.)- The provider agency in Customized Community Supports-Group will be solely responsible for the eCHAT if an individual has no other nursing service (not sure of verbiage but this setting needs to be clarified unless you are removing the requirement)	Refer to Letter from Medical Director
Individual Respondent	Page 6- #5-reinfornce CM as to their role in obtaining consents and how to monitor as nurses will not be responsible if the CM does not comply	Refer to Letter from Medical Director
Individual Respondent	Page 6-Self Admin- #1-Reword: Second sentence put as first sentence followed by…all "other" individuals……	correction was made
Individual Respondent	Page 9-#7-Do RNs really have to review HCPs created by LPNs (our agency has over hundreds of plans created by LPNs;); they are quite capable and it's within their scope of practice. RNs already have to review their eCHAT and review the required plans on the summary report. If this is a "must", then a frequency such as "annually" needs to be included.	Refer to Letter from Medical Director
Individual Respondent	#14-obsolete; it will be repetitive-it's within the LPN scope of practice	Refer to Letter from Medical Director
Individual Respondent	Page 12-#-i-add intranasal Midazolam and emergency Albuterol Inhaler (top of page) Many duplications 1-10	Refer to Letter from Medical Director

Public Respondent	Feedback	DDSD Response
Individual Respondent	Page 14-#1a-….face to face visits (remove home)-This cannot apply to CCS-group and CIHS, per their own request, or CIE with ANS. You have to catch them at work or Day Service	Refer to Letter from Medical Director
Individual Respondent	Page 15-#2b-…..most prudent to advise to monitor the individual for changes in current status or condition, immediate need for Emergency Room visit, or need for Urgent Care visit (verbiage? but needs to include “monitoring”)	Refer to Letter from Medical Director
Individual Respondent	Page 16-#2-change RN to “nurse”	correction was made
Individual Respondent	Page 25-Service Limitations #2-probably should add CCS-group since it’s bundled as well #3 –ANS services with approved RN units for medication administration if needed; we should be paid for RN	Refer to Letter from Medical Director
Individual Respondent	Page 27-#d.-again, RN and LPN debate regarding HCPs	Refer to Letter from Medical Director
Individual Respondent	Page 29-#d.- Change RN to “nurse”	correction was made
Individual Respondent	Documentation: #2-Semi-annual nursing reports-First report due 180 days after the start of the ISP , second report due within the next 185 days; the entire ISP year must be captured. Reports may be generated at any time throughout the ISP year for any significant changes per prudent nursing judgment	Refer to Letter from Medical Director

Public Respondent	Feedback	DDSD Response
Individual Respondent	Page 32-#6-Why do we need to contact DDSD if there is a staffing change of the RN “head nurse”?	Refer to Letter from Medical Director
Survey Monkey	MCCs are not an important part of the ISP or IDT process. In all the time I've been working with people on the waiver, I've been to one IDT where a MCC showed up.	Refer to Letter from Medical Director
Survey Monkey	I will defer to the nurses to answer this. To me, it seems very complicated. However, it is good to have clarity on when semi-annual reports are due. It's different than what I was told by our regional nurse in consultation with QMB, but hopefully this matter is now resolved.	Refer to Letter from Medical Director
Survey Monkey	Nurses in my agency don't train DSPs on AWMD and shouldn't be responsible for med administration or for documentation of the effects of med administration, including PRN administration, that we don't directly observe. Nurses rarely receive enough notice of hospital/nursing home discharges to coordinate with case managers. Requiring nurses to collaborate with CMs on discharges is unrealistic. Discussing LOC with CMs prior to discharge is also unrealistic.	Refer to Letter from Medical Director
Survey Monkey	It is confusing to have it split into Adult Nursing and ADULT NURSING SERVICES. It is difficult to see what the differences are.	Refer to Letter from Medical Director

Public Respondent	Feedback	DDSD Response
Survey Monkey	You are putting additional requirements on a field that is already stretched thin and there is a problem recruiting and retaining good nurses. Also HCP/MERP are designed for the person that is sitting in front of you. The e-CHAT summary tells a provider what is necessary and the nurse should be creating them for the client as they see them not how someone else from another agency does.	Refer to Letter from Medical Director
Survey Monkey	Page 2 Adult Nursing – no mention of CCS-I and CCS Small group in Part I.	Refer to Letter from Medical Director
DRNM	Medication Administration Assessment Tool (MAAT), #4a, pg. 6: This section states that in order to ensure maximum independence and community integration, decisions about medication delivery shall be made by the IDT. DRNM agrees with the general sentiment, but it must be made very clear that the individual plays the key role when medication administration recommendations are being analyzed. This section should read: “Shall be made by the individual’s IDT during a process led by the individual” or “Shall be made by the individual with the assistance of his or her IDT.”	Refer to Letter from Medical Director
DRNM	Training and Implementing of Plans, pg. 12: I could be mistaken, but it appears to me that #1-3 and #6-8 of this section repeat in a way that was not intended. If I am correct, please revise to eliminate confusion. If I am incorrect, please disregard.	correction was made

Public Respondent	Feedback	DDSD Response
DRNM	Part d., pg. 15: DRNM notes that this section concerning nursing services for Jackson Class Members has not yet been written into the proposed standards and is currently blank. 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. DRNM input concerning this section is particularly relevant given DRNM role as Jackson counsel.	Refer to Letter from Medical Director
DRNM	Discharge Planning, #7, pg. 17: This section requires the nurse to collaborate with the case manager to support well planned discharges from hospitals or other out of home placements in order to support the wishes of the individual. DRNM agrees with this mandate, and wishes to take this opportunity to express agency concerns related to improper discharges. DRNM has encountered numerous cases where a person receiving Medicaid services has either been discharged improperly with limited or no planning from an out of home placement, or where such a discharge would have occurred without advocacy and intervention. Inadequate discharge planning is a problem throughout the waiver system, and it is an issue that places not only the preferences of the individual but also his or her basic safety at risk.	Refer to Letter from Medical Director

Public Respondent	Feedback	DDSD Response
DRNM	In summary, DRNM urges the Department to address this issue in every way possible to ensure that individuals receiving Medicaid services always have adequate, complete, and person centered discharge plans when returning to the community from a placement outside the home.	Refer to Letter from Medical Director
DRNM	Scope of Service, pg. 19: This section states that because review of medical records by the nurse is an essential part of completing nursing assessments, the usual restrictions on billing for record reviews “should” not apply. DRNM suggests changing this to “Does not apply” in line 2, and “is able to be billed” in the last line.	Refer to Letter from Medical Director
DRNM	Nursing Assessments and Consultation Services, #2, pg. 19: This section limits the availability of Nursing Assessment Consultation services to 12 hours for Waiver participants who reside in a family living setting. For the reasons already stated in these and other comments. DRNM opposes hard caps on covered DD Waiver Services.	Refer to Letter from Medical Director
DRNM	Section c., pg. 29: This section appears to contain a typo where section c begins before section b is finished. Please eliminate this error to avoid confusion on the part of the reader.	correction was made

Public Respondent	Feedback	DDSD Response
Survey Monkey	Page 4 Timelines: 1. It is impossible at times to complete assessments within 3 business days of admission or transfer. Often we do not have a nursing budget, especially for CIHS or CCS-I or CCS-Small Group within 3 days of admission or transfer to our agency. Therefore, we as an agency cannot get paid for nursing time. The Transition meeting has to take place at least 30 days before the start date. If nursing completed their assessments 2 weeks after the transition meeting, the client won't even have started with the new agency. It is impossible to get paid as an agency for nursing in that case. We also won't have an approved budget, as the Case Manager will submit the budget with nursing after the transition meeting. 2. We should be able to do the nursing assessments more than 45 calendar days before the ISP meeting. The meeting dates change for ISPs. Nurses often don't know when the ISP meeting is. This makes it difficult to schedule our assessments according to the DDSD timelines. Collaboration:	Refer to Letter from Medical Director
Survey Monkey	First paragraph doesn't make sense	Refer to Letter from Medical Director

Public Respondent	Feedback	DDSD Response
Survey Monkey	Page 5 Electronic Comprehensive Health Assessment Tool (eCHAT) 2. It is very difficult at times to see the individual face to face to do a nursing assessment. Many individuals have difficulty being around another team member and sitting still for an assessment. Many individuals are in Day Programs and unavailable to be there when we complete the assessments. The individuals don't usually give input into the assessment data. This makes it difficult to schedule our assessments according to the DDSD timelines. Collaboration:	Refer to Letter from Medical Director
Survey Monkey	First paragraph doesn't make sense.	Refer to Letter from Medical Director
Survey Monkey	3. a. An eCHAT must be completed if individuals who receive CCS-I, CCS Small Group and CIHS have medical needs while receiving services and have unrelated providers	Refer to Letter from Medical Director
Survey Monkey	5 . There are at least 2 non-applicable sections where it is sometimes incorrect to check anything and answer the question. Those sections are 3.a. Receives routine injectable medications by…, and 27.a. Skin Integrity.	Refer to Letter from Medical Director
Survey Monkey	. 12. CARMPs and Merps not set up to be linked yet into Therap System.	Refer to Letter from Medical Director
Survey Monkey	Page 6 Aspiration Risk Management Screening Tool (ARST) 2. Where is the Health Chapter?	Refer to Letter from Medical Director
Survey Monkey	Medication Administration Assessment 1. Refers to timelines listed above. Which timelines is it referring to?	Refer to Letter from Medical Director

Public Respondent	Feedback	DDSD Response
Survey Monkey	3. Won't therapists have access to assessments in Therap soon? It doesn't seem necessary to send them the MAAT when they will be able to access it themselves. We don't always know who all the team members are, as we are not kept up to date.	Refer to Letter from Medical Director
Survey Monkey	4. c. Where do we document if the guardian has decided which type of medication delivery the client receives? 5. What type of consents would the Case Manager need to obtain?	Refer to Letter from Medical Director
Survey Monkey	? Page 7 Self-Administration of Medication 2.a. What is Assistive or Personal Support Technology?	Refer to Letter from Medical Director
Survey Monkey	d. What is AT or PST support?	Refer to Letter from Medical Director
Survey Monkey	Page 8 Med. Administration by Licensed/Certified Personnel: 1. It doesn't mention delegation here, but it should. It sounds like the RN or LPN must administer the medication regardless of whether there is a delegation relationship in place. This is unrealistic. 2. It sounds as if when an individual is started on a new medication nurses have to administer it and monitor it. Not realistic in a family living setting. We don't even hear about client's getting new medications until a month later. This sounds more like it applies to a Supported Living home, not Family Living.	Refer to Letter from Medical Director
Survey Monkey	Health Care Plans 1. Interim healthcare plans developed prior to completion of the eCHAT? How do you know what plans you need?	Refer to Letter from Medical Director

Public Respondent	Feedback	DDSD Response
Survey Monkey	? Page 9 12. Unable to link CARMP or MERPs in Therap	Refer to Letter from Medical Director
Survey Monkey	Page 11 e. v. Reference to advance directives written on the MERP. Nurses often do not have this information. Why are nurses responsible for obtaining this information? Is it appropriate for us to be responsible for advance directives?	Refer to Letter from Medical Director
Survey Monkey	h. Are we required to send our plans to other agencies that are responsible for developing their own Healthcare Plans and MERPs? Now it is based on whether they request them. This should not be mandated since they write their own plans	Refer to Letter from Medical Director
Survey Monkey	i. ii. Are healthcare plans required for persons in respite services? It states that MERPS are not required.	Refer to Letter from Medical Director
Survey Monkey	Page 12 o. MERPs not able to be linked to Therap. Training and Implementation of Plans	Refer to Letter from Medical Director
Survey Monkey	5. A training roster is required? We have been having the providers sign the Healthcare plans and MERPs to show that they have been trained.	Refer to Letter from Medical Director
Survey Monkey	#3 and #8 duplicates	correction was made
Survey Monkey	Page 13. K. Should state, “Deliver medications or treatments via routes that are not appropriate under the AWMD Training Program… UNLESS IN A DELEGATION RELATIONSHIP.”	Refer to Letter from Medical Director

Public Respondent	Feedback	DDSD Response
Survey Monkey	Page 14. N. It is not realistic for nurses to know where in a family's home (for FL) they keep their medication information. We can ask them to keep it in their book, but that is all that we can ask. Monitoring and Oversight 1. a. Does this apply to Family Living for clients related to the FLP? It should not be required that nurses see clients at home semiannually or more frequently. We shouldn't have to go to the home. Why can't we go visit them at a Day Hab setting? The providers get tired of us and annoyed. This is just one more thing they have to comply with. It seems to be a waste of time and money.	Refer to Letter from Medical Director
Survey Monkey	Page 15 e. Does this mean that "a" above does not apply to Family Living? Or only to those clients who are not related to their FLP?	Refer to Letter from Medical Director
Survey Monkey	Page 16 Health Related Documentation 3. Does this documentation include writing that I called a provider to schedule a training or an assessment?	Refer to Letter from Medical Director
Survey Monkey	4. a. Nurses can't ensure that a provider is giving all of the meds. We often don't find out that a medication wasn't given until we see the MAR the next month	Refer to Letter from Medical Director
Survey Monkey	Page 17 b. As nurses with primarily Family living clients, we don't know if our clients have a medication or order they are refusing. We are not informed by DSP until we see the MAR the next month or doctor's orders at a later date.	Refer to Letter from Medical Director
Survey Monkey	8.d. I'm not sure what this means. The Level of Care is something that the CM handles.	Refer to Letter from Medical Director

Public Respondent	Feedback	DDSD Response
Survey Monkey	Page 19 Nursing Assessment and Consultation Services 1. Number of units should be able to be above 48 units for some individuals. It is not enough sometimes. We should have a way to ask for more units for assessment when needed.	Refer to Letter from Medical Director
Survey Monkey	Page 23 Medication Oversight 2. Not true if they have unrelated providers administering their medications.	Refer to Letter from Medical Director
Survey Monkey	Page 24 2.d. What does that mean?	Refer to Letter from Medical Director
Survey Monkey	Page 33 #12 What type of policies and procedures on nursing documentation?	Refer to Letter from Medical Director
ADDCP	Overall comment: We believe that there should be an overall comment or a comment in each section that reads “The nurse, using their clinical judgement and nursing discretion, will”	Refer to Letter from Medical Director
ADDCP	Overall comment: We would suggest removing any and all references to Managed Care Organizations (MCOs). The general consensus among providers is that the MCOs rarely, if ever, show up to IDT meetings, are limited in their helpfulness to nurses, and simply add an additional burden on nursing to complete that is of little to no value to the individuals served. It is reported that an MCO Care Coordinator’s case load for high acuity is already 150 people. They have limited time and resources to spare for individuals on the waiver.	Refer to Letter from Medical Director

Public Respondent	Feedback	DDSD Response
ADDCP	General Comment: Using the term Adult Nursing to refer to both the service and the bundled service is confusing. We would recommend using Bundled Adult Nursing and Adult Nursing Services to distinguish between the two.	Refer to Letter from Medical Director
ADDCP	General Comment: Because nursing is instrumental in the provision of services and some case managers are under the assumption that assessments are required prior to the beginning of services, Adult Nursing Services: Assessment and Consultation should be included in all new allocations along with Case Management Services.	Refer to Letter from Medical Director
ADDCP	Page 3: Licensing and Supervision: Number 4: We suggest deleting this as redundant. Number 3 already covers the fact that the RN must exercise oversight of LPN and CMA activities.	Refer to Letter from Medical Director
ADDCP	Page 3: Licensing and Supervision: Number 3: We suggest deleting “face-to-face supervision and”. Nurses are also not identified as supervisors of DSPs, they would simply have oversight of the delegated nursing tasks.	Refer to Letter from Medical Director
ADDCP	Page 4: Timelines: We suggest deleting the word “Timely” as the time lines for each item are already listed.	Refer to Letter from Medical Director
ADDCP	Page 4: Timelines: Number 2: Delete last sentence “In order to reflect the individual’s current condition,”	Refer to Letter from Medical Director
ADDCP	Page 4: Timelines: Number 3: We would suggest replacing hospitalization with “admission to a hospital”.	Refer to Letter from Medical Director
ADDCP	Page 4: Timelines: Number 5: We suggest deleting “Non-nurses may not complete…” as redundant.	Refer to Letter from Medical Director

Public Respondent	Feedback	DDSD Response
ADDCP	Pages 4/5: Electronic Comprehensive Health Assessment Tool: Number 9: We suggest that this standard end with "…current health status and needs." Including a synopsis in the e-CHAT to simply restate all the information that was already entered is time consuming and redundant. The nurse's time is better spent in actually visiting and assessing individuals face-to-face.	Refer to Letter from Medical Director
ADDCP	Pages 4/5: Electronic Comprehensive Health Assessment Tool: Number 10: Since the health care plans and nurses notes already include this information, we would suggest deleting this requirement.	Refer to Letter from Medical Director
ADDCP	Pages 4/5: Electronic Comprehensive Health Assessment Tool:Number 11: Again, nurses are being asked to simply re-enter information that has already been entered. This is duplicative work that should not be required.	Refer to Letter from Medical Director
ADDCP	Pages 4/5: Electronic Comprehensive Health Assessment Tool: Number 12: It was noted at all recent meetings that the Therap system does not support multiple linked documents. This requirement should be removed until such time as DDSD can assure providers that the system works as intended.	Refer to Letter from Medical Director

Public Respondent	Feedback	DDSD Response
ADDCP	Pages 4/5: Electronic Comprehensive Health Assessment Tool: Number 13: ADDCP recommends that DDSD ensure that all members of the IDT is aware that the CARMP is the HCP for ARM. This does not appear to be common knowledge as nurses report that CMs are continually asking for the HCP for ARM.	Refer to Letter from Medical Director
ADDCP	Page 6: Medication Administration Assessment Tool: Number 2: Redundant, please delete	Refer to Letter from Medical Director
ADDCP	Page 6: Medication Administration Assessment Tool: Number 4: c. Please note that Decision Justification Form will be completed if the guardian makes the decision especially if it contradicts the MAAT.	Refer to Letter from Medical Director
ADDCP	Page 6: Medication Administration Assessment Tool: Number 5: Again, we would ask DDSD to ensure the CMs are aware that they are required to complete needed consents. Providers report that this is often not the case.	Refer to Letter from Medical Director
ADDCP	Page 6: Medication Administration Assessment Tool: First, we would like to recommend that the Overview of MAAT Categories be removed to another section of the standards and only the relevant (nursing responsibilities) duties be copied into this section. Most of the information presented here has little to do with nursing services or duties.	Refer to Letter from Medical Director
ADDCP	The following are suggested edits to these sections where ever they end up.	Refer to Letter from Medical Director

Public Respondent	Feedback	DDSD Response
ADDCP	Page 6: Self-Administration of Medication: Number 1: We would suggest that this section be changed to read “All individuals who are categorized as a self-administer of medication…” then continue the sentence.	Refer to Letter from Medical Director
ADDCP	Page 7: Assistance with Medication Delivery by Staff (AWMD) Number 1: d. We suggest changing “Only AWMD staff in good standing” to “Only staff who are currently trained in AWMD..”	Refer to Letter from Medical Director
ADDCP	Page 8: Medication Administration by Licensed/Certified Personnel: Number 1: We would simply remark that this does not hold true for Family Living and the exception should be noted here. We would also like to point out the Board of Nursing allows delegation of subcutaneous injections.	Refer to Letter from Medical Director
ADDCP	Pages 8/9: Health Care Plans:	Refer to Letter from Medical Director
ADDCP	Number 1: The wording on this section is very lengthy and we would ask that the section be reworded. We would also suggest that everything that starts “This includes interim aspiration risk…” to the end of this number be deleted as unnecessary verbiage.	Refer to Letter from Medical Director

Public Respondent	Feedback	DDSD Response
ADDCP	Number 3: We suggest changing this line to “Using nursing discretion, each health care plan must be clearly developed or revised within 5 business days of a known change in medical condition.	Refer to Letter from Medical Director
ADDCP	Number 4: We recommend deleting the word “problems” from the first sentence. Nursing services should concentrate on health needs.	Refer to Letter from Medical Director
ADDCP	Number 8: We recommend deleting this standard. Number 11 in this section states that “Plans must be reviewed, revised as needed and re-dated at least annually…” Information in #8 is simply restating this fact and is not needed.	Refer to Letter from Medical Director
ADDCP	Number 10: We recommend deleting this standard. Again this requirement asks the nurse to spend time re-entering information that is already available.	Refer to Letter from Medical Director
ADDCP	Number 12: We recommend deleting this standard until such time as Therap is capable of actually linking multiple documents. Currently, agencies report that only one document can be linked. Agencies would automatically be in violation of standards due to an inadequate system the state is forcing them to use.	Refer to Letter from Medical Director
ADDCP	Pages 9 through 12: Medical Emergency Response Plans (MERPs):	Refer to Letter from Medical Director

Public Respondent	Feedback	DDSD Response
ADDCP	Number 1.a. Nurses use their clinical judgement and discretion to create MERPs on those items that eCHAT identifies as "should be considered". Other members of the IDT are not usually medically trained and should have no input into the creation of MERPs. This standard implies that members of the IDT can require nurses to create MERPs for issues that the nurse does not believe is clinically justified. We recommend striking the phrase "and input from the IDT".	Refer to Letter from Medical Director
ADDCP	Number 1.a. i. through xi. All of this information is currently dictated by the e-CHAT. This information is redundant and not necessary here.	Refer to Letter from Medical Director
ADDCP	Number 1.e.iii. We recommend deleting the term "Clear, jargon free" from this standard. The nurse should use their professional and clinical judgement to write instructions.	Refer to Letter from Medical Director
ADDCP	Number 1.f. We recommend deleting this standard. Although we are aware of the value of natural supports knowing how to implement MERPs, the inclusion here implies that Bundled Nursing would be responsible for that training. We disagree with this implication on two points: One: an agency nurse has no authority over a natural support, does not have any oversight over natural supports, and the natural support is in no way required to follow the MERP. Two: this is again an unfunded mandate by the DDSD on the use of nursing services.	Refer to Letter from Medical Director

Public Respondent	Feedback	DDSD Response
ADDCP	Number 1.g: We recommend either deleting or rewording this standard. Requiring staff to carry around MERPs for each individual in their care becomes an issue for HIPAA compliance. DSPs should be well trained in the MERPs so that having them available is not necessary. In a real emergency, DSPs would not have time to refer back to a written document before responding to the emergency.	Refer to Letter from Medical Director
ADDCP	Number 1.h: In the middle of this standard it states "Nurses are also responsible for providing training on the MERP to DSP working the individual as well as any other individuals listed in the Individual Specific Training section of the ISP." As for number 1.f., we have the same concerns about authority and oversight. Requiring bundled nursing to complete MERP training to any and all persons listed on the IST section is a large unfunded mandate. Bundled nursing should only be required to provide training to staff from their agency.	Refer to Letter from Medical Director
ADDCP	Number 1.i: In the previous standard (1.h), a nurse may designate an alternate trainer for the MERP. Why then is it necessary for agencies to develop a procedure to notify the nurse about personnel changes. We recommend deleting the line that begins "Provider agencies must have a …".	Refer to Letter from Medical Director

Public Respondent	Feedback	DDSD Response
ADDCP	Number 1.l: We recommend deleting this standard. The e-CHAT determines which medical conditions that are required or should be considered for a MERP. The nurse then uses her/his clinical judgement and nursing discretion to develop MERPs. To then state that the IDT can determine which MERPs to agree to is not acceptable. If the individual/guardian/IDT determines that a MERP should not be implemented, a Decision Justification Form should be utilized. MERPs should never be modified or eliminated, they are medical documents. IDTs would never considered eliminating or modifying a PCPs order, they would utilize the Decision Justification Process to justify not implementing the order. The same should be true for nursing decisions.	Refer to Letter from Medical Director
ADDCP	Number 1.m.i: At the feedback forum, Betsy Findley noted that the list provided here is not complete and agreed that this needed updating. We would request that this be done.	Refer to Letter from Medical Director
ADDCP	Number 1.n: We recommend again that noting dates in the e-CHAT summary is redundant work for nursing staff and should be eliminated.	Refer to Letter from Medical Director
ADDCP	Number 1.o: Since Therap cannot currently accept more than one linked document, this standard must be eliminated.	Refer to Letter from Medical Director
ADDCP	Pages 12 & 13: Training and implementation of Plans:	Refer to Letter from Medical Director

Public Respondent	Feedback	DDSD Response
ADDCP	General comment: We question the use of the terms competency, awareness, knowledge, skill. We are not aware of any standardized definition of "competency" which opens the issue up to interpretation.	Refer to Letter from Medical Director
ADDCP	Numbers 1 & 6 are duplicates Numbers 2 & 7 are duplicates Numbers 3 & 8 are duplicates	correction was made
ADDCP	Number 1: Please indicate that nurses may designate an alternate trainer.	Refer to Letter from Medical Director
ADDCP	Number 3: Nurses/agencies should only be required to provide training for their own staff.	Refer to Letter from Medical Director
ADDCP	Pages 13 & 14: Medication Delivery:	Refer to Letter from Medical Director
ADDCP	Number 1: We recommend deleting the word must and replacing with "will"	Refer to Letter from Medical Director
ADDCP	Number 1.c: We recommend deleting reference to training members of the IDT for reasons stated in previous notes on authority and oversight	Refer to Letter from Medical Director
ADDCP	Number 1.d: We recommend adding information regarding designation/delegation.	Refer to Letter from Medical Director
ADDCP	Number 1.i: We recommend that the term "there must" be changed to "there should". We would also note that this is not a nurse's responsibility.	Refer to Letter from Medical Director
ADDCP	Number 1.j: We recommend changing the word "must" to "should"	Refer to Letter from Medical Director

Public Respondent	Feedback	DDSD Response
ADDCP	Number 1.k: We recommend that this line be deleted as it is redundant and already covered in 1.d.	Refer to Letter from Medical Director
ADDCP	Number 1.p: We recommend wording that indicates that "investigation" of medication errors that result in an Abuse/Neglect/Exploitation report cannot be completed. This is a standard in another chapter.	Refer to Letter from Medical Director
ADDCP	Pages 14, 15 & 16: Monitoring and Oversight:	Refer to Letter from Medical Director
ADDCP	Number 1: Remove reference to individual's home. If the bundled nursing service is through CCIS-Group, the visit may be conducted in other locations.	Refer to Letter from Medical Director
ADDCP	Number 1.a: Delete the underlined word "home" for same reason as above.	Refer to Letter from Medical Director
ADDCP	Number 1.a: Delete phrase "and for Jackson Class Members".	Refer to Letter from Medical Director
ADDCP	Number 1.d: When will this information be available? The full standards must be available for comment prior to making them official.	Refer to Letter from Medical Director
ADDCP	Number 2.d: We recommend deleting this standard as impossible to meet for some agencies. If a small agency utilizes a single contract nurse, then meeting this expectation would require contracting with a second nurse. We understand the intent of this comment but the realities of implementing are far reaching. Also, we question the use of the term "expected". This appears to indicate that it is a suggestion and not a required standard. If it is not required, it should not be here.	Refer to Letter from Medical Director

Public Respondent	Feedback	DDSD Response
ADDCP	Number 3.b: Please indicate where "Electronic Nursing Assessment activities" are listed.	Refer to Letter from Medical Director
ADDCP	Page 16: Nurse Delegation:	Refer to Letter from Medical Director
ADDCP	We would suggest that this section be opened with the comment: "In accordance with the Nurse's Practice Act:" Number 1: We recommend changing the term "must" to "will"	Refer to Letter from Medical Director
ADDCP	Pages 16 & 17: Health Related Documentation: Number 6: ADDCP advocates for an Annual Report that is delivered two weeks prior to the ISP date. We also recommend deleting the sentence starting "At least annually, the nurse will also include a review..". This work becomes burdensome and should have already have been included in e-CHAT General Events Reporting section.	Refer to Letter from Medical Director
ADDCP	Page 18: We believe that this is the beginning of Part II as referenced on page 2.	Refer to Letter from Medical Director
ADDCP	Pages 23 & 24: Medication Oversight:	Refer to Letter from Medical Director
ADDCP	Number 1.f: Wording needs to be added that investigation is prohibited if the medication error results in an Abuse/Neglect/Exploitation report is filed.	Refer to Letter from Medical Director
ADDCP	Number 2.d: The intent of this standard is not clear and we request it be written in "clear, jargon free" terms.	Refer to Letter from Medical Director
ADDCP	Page 25: Service Limitations:	Refer to Letter from Medical Director

Public Respondent	Feedback	DDSD Response
ADDCP	Number 3: Reference is made to 1.B.6 in the Scope of Service. Where is this information? We were unable to find.	Refer to Letter from Medical Director
ADDCP	Number 3: Reference is made to 1.B.6 in the Scope of Service. Where is this information? We were unable to find.	Refer to Letter from Medical Director
ADDCP	Pages 26, 27 & 28: For Individuals Receiving Ongoing Nursing Services for Health Care Plans and MERPs:	Refer to Letter from Medical Director
ADDCP	First paragraph references that nurses, using their clinical judgement and nursing discretion can create HCPs and MERPs that are neither required or considered by e-CHAT. We would note that any HCP or MERP that is not “R” or “C” by e-CHAT cannot be linked to e-CHAT and also remind DDSD that only one such document can be linked in Therap.	Refer to Letter from Medical Director
ADDCP	Number 1.a,b&c: Health Care Plans should not be required to have “measurable” goals associated with them. We question the intent of the requirement, question who would track the “progress”, and how the nurse could be held accountable for follow through on the goals?	Refer to Letter from Medical Director

Public Respondent	Feedback	DDSD Response
ADDCP	Number 1.e: The CARMP is a collaborative HCP. Who would be responsible for ensuring that the document is completed within the 5 day time line? We believe that this is a responsibility of the Case Manager and should not be listed as a duty of Adult Nursing Services. As such, we recommend that for the CARMP, it be specified that ANS provides their portion of the CARMP to the Case Manager within the time frame set.	Refer to Letter from Medical Director
ADDCP	Number 1.g: Since ANS does not control staffing for agencies, they cannot ensure that this standard is met. This should be a responsibility of the provider agency and moved to relevant chapter.	Refer to Letter from Medical Director
ADDCP	Number 1.h: This requirement is outside the control of the ANS staff. This is an agency requirement and should be listed as such.	Refer to Letter from Medical Director
ADDCP	Number 1.j: We question the purpose of a “Summary Report” of information that has already been documented in the Therap system. We also question the need for a semi-annual report and then a report two weeks prior to the ISP date. We also are concerned that additional requirements for Jackson Class Members can be seen to be development of a Jackson Class specific waiver.	Refer to Letter from Medical Director
ADDCP	Page 29 & 30: Documentation Requirements for All Adult Nursing Services:	Refer to Letter from Medical Director

Public Respondent	Feedback	DDSD Response
ADDCP	Number 2: We would ask for clarification on this standard. It appears that this requires three separate reports to be generated, semi-annually and then 2 weeks prior to the ISP. ADDCP advocates for the removal of semi-annual reports and a requirement of an annual report 2 weeks prior to the ISP.	Refer to Letter from Medical Director
ADDCP	Number 4: We would recommend that this be covered by the overall comment, that "The nurse, using clinical judgement and nursing discretion, will complete…."	Refer to Letter from Medical Director
ADDCP	Page 31: For Individuals Receiving Ongoing ANS for Medication Oversight or Administration:	Refer to Letter from Medical Director
ADDCP	Number 4: We recommend keeping the opening paragraph but then eliminating all the information in a., b., c., and d. as redundant and covered in the opening paragraph.	Refer to Letter from Medical Director
ADDCP	Number 5: Because the nurse may not be present for each time medications are taken, it is impossible for them to document all of the requirements in this standard. We would request that this either be deleted or changed to more appropriate wording that reflects the actual provision of the service.	Refer to Letter from Medical Director
ADDCP	Number 6: We recommend deleting the line that starts "Nurses may participate…".	Refer to Letter from Medical Director
ADDCP	Number 7: All nurses are not certified by the Board of Nursing to assure compliance. Only a registered Nurse Educator can do this and that should be reflected here.	Refer to Letter from Medical Director
ADDCP	Page 32: Agency Requirements:	Refer to Letter from Medical Director

Public Respondent	Feedback	DDSD Response
ADDCP	Number 7: We suggest deleting this standard as it is already covered by Number 4.	Refer to Letter from Medical Director
ADDCP	Number 10.b: We question what constitutes a “separate file” for delegation duties and why this information could not be simply included in the individual’s file.	Refer to Letter from Medical Director
Survey Monkey	Page 5/34 #12 HCP must be linked, does that mean that all providers to the client will have access so that there would be no reason for the case managers to request that documentation? If not it is duplicating work when there is already a shortage of time and nurses in this field.	Refer to Letter from Medical Director
Survey Monkey	Page 12/34 PRN medication to be given without a prior authorization should include rescue albuterol inhalers . In the training section on page 12/34 #3 and #8 are duplicates; #5 listing the content covered when the plans are going to be attached is redundant and unnecessary	Refer to Letter from Medical Director
Survey Monkey	Page #17/34 #6 the number of episodes of a MERP being used to be placed on a the annual the required e-CHAT will remove a required MERP if it is no longer needed, not being used, so what is the purpose of putting it on an annual report that no one reads to begin with; #8 the case manager does an IDT meeting to discuss the hospital discharge why does a discharge summary need to be provided to them when they are already receiving the information. It's not listed that it will be provided to the nurse at DDSD, is that no longer happening?	Refer to Letter from Medical Director

Public Respondent	Feedback	DDSD Response
10/18 Forum	P15 #2 b. – add: “provide consultation as appropriate”	Refer to Letter from Medical Director
10/18 Forum	P6 #1 contradiction between 1st and last sentence – need for PCP order if self -admin?	Refer to Letter from Medical Director
10/18 Forum	P6 #4 a. concern re: IDT consensus around decisions about medication delivery - Individual choice What if own guardian? G/J Tube reference? Add: “after consultation and consideration of the individual’s wishes…”	Utilize decision consultation process if needed Guardian, ultimately
10/18 Forum	P17 #6 – d/c MERPS? What if required by eCHAT? Addtl reporting for nurses Semi annual report – content and use…?	Refer to Letter from Medical Director
10/18 Forum	Self Admin – does individual need to take AWMD training?	Intent – help people be more independent
10/18 Forum	P19 scope of service paragraph …take out refs to DHI	Refer to Letter from Medical Director
10/18 Forum	P5 #12 THERAP issue – can only attach one document! Please fix (HCPs and MERPs link into THERAP – Individual Data Page – access issue LINK or UPLOAD to SUMMARY PAGE, or not everyone can see Good place to upload CARMP also	Refer to Letter from Medical Director

Public Respondent	Feedback	DDSD Response
10/18 Forum	P6 #5 CM responsible for obtaining consent for CARMP – this is not how it works – always falls on nursing, but shouldn't – PLEASE hold Case Managers accountable!!!	Refer to Letter from Medical Director
10/18 Forum	Nursing Visits…frequency P14 #1 a., b., ….	Never had visit frequency laid out in the past… NEW …need input… Intent – on basis of acuity Also…trying to capture hands-on ongoing nursing assessments Guidance re: minimum – important to structure so nurses aren't overdoing it
10/18 Forum	P15 e. – Conflict? low acuity reqs annual visits but this doesn't state there is no need to keep doing semi-annual – needs to link logically to semi-annual reporting requirement	Look at p 24
10/18 Forum	Add language re: what is supposed to happen during visit	
10/18 Forum	When will JCM info be added?	Crosswalk almost complete – dependent on feedback from plaintiff's counsel JXN req re: RN is under review Acuity and aspiration risk level = visit schedule for JCMs

Public Respondent	Feedback	DDSD Response
10/18 Forum	P24 a. – clarify wording	Refer to Letter from Medical Director
10/18 Forum	P8 HOW are providers supposed to input all healthcare tracking into THERAP eg. BM/ Fluid intake on daily basis if no computer in the home? THERAP health tracker timelines used to be 7 days…now 24hrs	Refer to Letter from Medical Director
10/18 Forum	P12 – Exceptions Add specific medications e.g.: intra-nasal (medazalam – sp.?), emergency inhalers….	Refer to Letter from Medical Director
10/18 Forum	P16 #2 delegation records – not in client file – separate file?	Delegation is about Relationship between nurse and DSP
10/18 Forum	Semi-Annual Reports in general – suggestion…use 6month if relevant	Refer to Letter from Medical Director
10/18 Forum	P14 face to face home visits Annually for Adult Nursing Ser5vices– clarify re: appropriateness and need - make it broader – "in agreed upon settings"	Refer to Letter from Medical Director
10/18 Forum	Primary nurse for CCS-G, CIHS, low acuity – doesn't make sense if individuals are receiving living supports from another agency	Refer to Letter from Medical Director
10/18 Forum	Do we need it?	Refer to Letter from Medical Director
10/18 Forum	RNs reviewing LPN HCPs – large group CCS – huge amount of work	Refer to Letter from Medical Director

Public Respondent	Feedback	DDSD Response
10/18 Forum	Frequency? – annual Basis?	Refer to Letter from Medical Director
10/18 Forum	P30 #3 – collaboration with IDT Add: in collaboration with hospice nurse	Intent is to reinforce working relationship between DDW nurse and hospice nurse, and get hospice nurse more involved
10/18 Forum	Emergency Medications – list it out	Refer to Letter from Medical Director
10/18 Forum	P33 #12 ANS Providers – what is this?	Refer to Letter from Medical Director
10/18 Forum	P29#2 Semi Annual Reports – 3 reports?!	Not the intent – input still coming in re: Semi-Annual Reports