

Oct. 30, 2019 Virtual Town Halls Summary

Written Comments Regarding Specific Services

Participants: 146 separate call-in numbers (296 people pre-registered including multiple people on one call in #; actual people attending is not confirmed)

Person Centered Planning and Individual Service Plan (ISP) Redesign

- There were numerous comments on the burdensome nature of the ISP and the barrier it presents to real person-centered planning. The basic message was we should be person centered not regulation centered.
- Encouraging any prep work to be completed prior to meeting would be very helpful
- We should recognize accomplishments and celebrations as part of the annual process more versus the ISP document holding a lot of outdated information.
- Following is a written comment from a person receiving waiver services: "I live in supportive living. I'm told I can't make appointments after 3pm because they make dinners and do Hygiene with us the clients. on weekends we only go out in groups because there is not enough staff. I'm in category 4. We have the incident reports. I can't go to church on Sundays because there is not enough staff. My team had filed different incident reports. Some CIHS individuals does not like the monthly home visit. They prefer face to face and once in a while in the home."
- The Person-Centered Plan for Community Customized Supports (CCS)- Individual is repetitious of the ISP.

Therapies/Fading

- Physical Therapists are not available in many areas. How can we improve on this?
- Why can't therapies be delegated to direct Medicaid payment with individuals being seen in outpatient. My experience is that they never fade even though it is in the standard.
- When turnovers occur with therapists, is there a required timeframe for DDSD to hire a new therapist? The NW Regional area does not have enough therapists or any therapist to meet the needs of the individual.
- We need more oversight for therapy services which includes collaborating with provider agencies to work towards reducing the need for ongoing therapies. They definitely need to be more outcome based.

Training/Telehealth

- Training is still a problem. Reading a manual and following a script is not good for families. We need training more aimed at our service, and our experience.
- Trainings should be done in private, not in Starbucks.

- Training needs to be made for flexibility. Therapists and nursing training take the majority of time due to the high turnover rate. We need ideas of how we can meet the training requirements but also not overwhelm staff and contribute to the turnover rate.
- Certification for agency trainers to train service coordinators or allowing remote training opportunities to reduce expenses for those of us in rural areas would be great.
- Nursing services via Skype for remote areas is a service I would like to see.

Personal Support Technology

- PST fees for providers are inadequate, and most of the state does not have a provider.
- Is there education that the state is providing for guardians and teams to assist with the choice of technology?
- Do you know where this device can be purchased, I know individuals that will benefit from this technology.
- Your technical problems are an example of a very important concern about people using technology.

Assistive Technology

- We need a separate way of giving options of assistive technology. Most people only think of IPAD or grab bars.

Non-Medical Transportation

- Sunvan is a really big issue for most as a reliable source of transportation
- Sun van can be difficult to use but is a natural support. Shouldn't we be maximizing our natural supports?
- Has there been any more discussion about adding Uber or Lyft under non-medical transportation?

Nursing

- If someone opts out of adult nursing, the tracking of some of their most important health concerns (seizures) are not done because "the doctor has not ordered that". Therefore, Therap is very misleading as to the health concerns of the individual.
- Nursing may work well for group homes but for family living it is redundant. Families know their individual way more than a nurse can, and we know who to call or where to go, if there is a medical concern.

Staying Home when I want to

- I believe community inclusion is vital, however the requirement to be out all day often proves too overstimulating and physically challenging for many of our clients.
- A person on hospice should not have to go into the community 30 hours a week.

- With an aging population how is this being addressed in regard to providing community inclusion services for a client that is not able nor wants to be in community as much as 6 hours and how do we fund those agencies providing that service?
- There is no funding to let individuals stay home (their plans require supervision at all times) and that is not a normal option for most non-DD/ID individuals.
- Will DDS indemnify providers when individuals stay home alone?
- We need more support in Family Living for individuals who are medically fragile and want to stay in their home.

Supporting People with complex mobility and personal care needs

- “I'm in Family Living and some individuals need more support due to medical issues. there only 750 sub care hours. But in supportive living they can add category 4. There nothing to add in FL to get extra assistance ex. two people for hygiene.”

Employment

- If individuals really have choices, why do we need to do so much paper work for individuals who choose not to work?
- What about honoring retirement age?

Funding/Increased rates

- There were many comments regarding funding and increased rates. The following are a few examples.
- Rates need to go up, as the rate study showed.
- We need better funding to pay our staff.
- Rates do not match the cost of living. What we pay someone in one area may not be enough for someone in say Hobbs. Walmart pays more and we have problems being able to match those rates and still stay on the up and up.