Recommendations for Waiver Standards Revisions

(Sources: Steering Committee, Virtual Town Hall - 10/30/2019)

Steering Committee Recommendations:

1) Person Centered Planning: Best practices on "real" person-centered planning and how it works. (Members that have expertise in this could share their experiences on how to shift mindsets, business models, etc.)
2) Nursing and healthcare coordination specific to people with behavioral health.
3) Therap
4) Family Education Services
5) Creative living care arrangements and transportation
6) Relaxing strict administrative requirements that don't relate to outcomes of people
7) Provider us of technology for training purposes.
8) Inconsistencies in auditing practices
9) Standards or procedural inconsistencies related to therapy provisions
    a. JCM's baseline allocation 58 hours the 1st exception goes to clinical services the 2nd exception (over 72 hours) goes to clinical services and then up the chain of command
    b. Non JCM's recommendations go to CORE (regarding approval) without limitations on the number of units (hours) recommended (with no intermediary auditor)
10) One of the messiest parts of the current standards is having all dates, like semi-annuals, nursing assessments, etc. based on the date of the ISP meeting. This makes it impossible to do any long-term planning for having these documents completed in a timely fashion. In theory, why it should be this way makes sense, but in reality, it will continue to make for non-compliance in terms of the timeliness of those documents. If they can't change that date. I wonder if they could require a longer notice from the CM of the meeting date. The way it's currently structured days to meet the , if the CM actually sends out notice on days prior to the meeting, it gives folds day requirement. If they changed that notice to days at least you would have a chance.
11) Too many assessments. These need to be reviewed for overlap and then reduced. For ex: the ISP and the Person-Centered Plan duplicate each other. We need objective not subjective audits.
12) The assessments roll in the ISP-unintended implication of looking at ISP will require a look at other assessments to ensure alignment.

Comments from 10-30-2019 Town Hall:

1) Burdensome nature of ISP and the barrier it presents to real person-centered planning. We should be person centered not regulation centered.
2) Person-Centered Plan for Customized Community Supports (CCS) -Individual is repetitious of the ISP
3) More oversight for therapy services which includes collaborating with provider agencies to work towards reducing the need for ongoing therapies. They need to be more outcome based.
4) 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 experience.
5) Trainings should be done in private and not at Starbucks.

6) Trainings needs to be made for flexibility. Therapists and nursing training take the majority of time due to high turnover rate. Need ideas of how we can meet the training requirements but also not overwhelm staff and contribute to turnover.
7) Certification for agency trainers to train service coordinators or allowing remote training opportunities to reduce expenses for those in rural areas.
8) Nursing services via Skype for remote areas
9) Education that state provide for guardians and teams to assist with the choice of AT or RPST.
10) Separate ways of giving options for AT. Most people only think of iPAD or grab bars.
11) Uber and LYFT added to non-medical transportation.
12) If someone opts out of adult nursing, the tracking of some of their most important health concerns (ex: seizures) are not done because "the doctor has not ordered that". Therefore, Therap is very misleading as to the health concerns of the individual.
13) Community Inclusion is vital but the requirement to be out all day often proves too overstimulation and physically challenging form many.
14) 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 at home?
15) If individuals really have choices, why do we need to do so much paper work for individuals who choose not to work? Honoring retirement age?