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.)

   Also check out Intro to PCP.

   To be reviewed by: Training, BBS and CM.

2) Nursing and healthcare coordination specific to people with behavioral health.
   To be reviewed by: BBS and CSB

3) Therap:
   Need more information on what needs to be updated in regard to Therap? Is it trainings? Related to CARMPS? Need specifics.

   To be reviewed by: CSB /Therap Unit

   Medical piece of Therap. CM's having access to Medical Therap? CM's use Therap for accessing more documents.

4) Family Education Services:
   Need more information on what needs to be updated. What would Family Education Services entail.

   To be reviewed by: Possibly CM, LCA, BBS?

5) Creative living care arrangements and transportation
   Discussion regarding transportation and who is responsible for transportation to employment, day programs etc. Difficulty with teams coming to agreement on who would transportation, especially to work if person is at a Day Program and then has to go to work prior to going home.
   To be reviewed by: LCA and CCS/CIE

6) Relaxing strict administrative requirements that don't relate to outcomes of people
   Need more information on what specific administrative requirements are causing barriers.
   To be reviewed by: CM, LCA, CCS/CIE?

7) Provider use of technology for training purposes.
   Need more information: Does this mean use of online learning, streaming courses? Could this also relate to Therapies/BSC trainings on line? Discussion on if Therapies this may have to be for individuals residing in remote areas, or if someone needs immediate training due to staffing shortages. Currently allowed under Pandemic/Covid19, how could this possibly be integrated in standards?
   To be reviewed by: Training, LCA, CSB, BBS

8) Inconsistencies in auditing practices
   Need more information: Does this relate to QMB, IQR? Are these related to home visits and monitoring performed by regional offices? What specifically are some of the inconsistencies. Examples would be beneficial.
   To be reviewed by: QMB/IQR/LCA?

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)

To be reviewed by: CSB

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.

    To be reviewed by: DDSD revisions committee

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.

    To be reviewed by: DDSD revisions committee

12) The assessments roll in the ISP-unintended implication of looking at ISP will require a look at other assessments to ensure alignment.

    To be reviewed by: DDSD revisions committee

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.

    DDSD will be making some minor changes in the ISP, not a full revision. What portions of the ISP are possible barriers?

    To be reviewed by: CM

2) Person-Centered Plan for Customized Community Supports (CCS) -Individual is repetitious of the ISP

    To be reviewed by: CCS

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.

    To be reviewed by: CSB and BBS: Possibly more fade out plans?

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.

    Needs further explanation. Is this related to trainings required by DDSD or is this related to preparing for IQR or QMB audits?

    To be reviewed by: Training or IQR/QMB?

5) Trainings should be done in private and not at Starbucks.

    Not sure who is training at Starbucks. Could this be related to Therapies? Trainings should be conducted in private.

    To be reviewed by: CSB or BBS?

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.
   To be reviewed by: CSB and BBS
7) Certification for agency trainers to train service coordinators or allowing remote training opportunities to reduce expenses for those in rural areas.
   To be reviewed by: CSB and BBS- Discussion about designated trainers
8) Nursing services via Skype for remote areas
   Currently being utilized due to Pandemic. Will look at adding guidelines for after pandemic.
   To be reviewed by: CSB
9) Education that state provide for guardians and teams to assist with the choice of AT or RPST.
   To be reviewed by: CSB
10) Separate ways of giving options for AT. Most people only think of iPAD or grab bars.
    To be reviewed by: CSB
11) Uber and LYFT added to non-medical transportation.
    Currently available, will need to be more specific in standards update.
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.
    To be reviewed by: CSB
13) Community Inclusion is vital but the requirement to be out all day often proves too overstimulation and physically challenging form many.
    To be reviewed by: CCS/CIE, LCA.
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?
    To be reviewed by: CCS/CIE, LCA.
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?
16) To be reviewed by: CCS/CIE, LCA.