# DDW Renewal Focus Groups

NEW MEXICO DEPARTMENT OF HEALTH

| | Date/Session | Sub Topic | Discussion- Comments |
|---|---|---|---|
| 1 | 12/2/19 AM | Pre- ISP Meeting | Recommend against a requirement to have person run their own meeting due to people who do not function at that level. |
| 2 | 12/2/19 AM | Pre ISP Meeting | Advocates ask that it be a choice to run their own Inter-Disciplinary Team (IDT) meeting- not a requirement. This could be a person's goal to work on if they want to. |
| 3 | 12/2/19 AM | Pre ISP Meeting | The Individual Service Plan (ISP) needs to be changed. Provide prompts: Do you want to lead your own meeting? Learn how to do this? We need a continuum to learn not just yes or no. |
| 4 | 12/2/19 AM | Pre ISP Meeting | The Waiver participant, and guardian if applicable, must be a part of the meeting |
| 5 | 12/2/19 AM | Pre ISP Meeting | Prompt: Who do you want to help run the meeting? - May not be the case manager. |
| 6 | 12/2/19 AM | Pre ISP Meeting | Families look upon ISP as more paperwork. Everything you need to know can be on one page. |
| 7 | 12/2/19 AM | Pre ISP Meeting | Case manager goes through everything with the person before the ISP meeting, |
| 8 | 12/2/19 AM | Pre ISP Meeting | Do not require more paperwork with a pre-ISP meeting. |
| 9 | 12/2/19 AM | Separate ISP & Budget Meetings | We do not want a separate budget meeting, we already have too many meetings. The budget could be discussed at the Pre- ISP meeting? |
| 10 | 12/2/19 AM | Separate ISP & Budget Meetings | The budget should be discussed at the end of the meeting after the person talks about what they want their life to look like. |
| 11 | 12/2/19 AM | Separate ISP & Budget Meetings | Explain budget to individuals- the reality of financial circumstances. None of us gets everything we want. |
| 12 | 12/2/19 AM | Separate ISP & Budget Meetings | People should have the ability to decide what they want within the budget amount available- part of Centers for Medicare and Medicaid (CMS) Final Rule cultural shift. You cannot make real choices without understanding the cost of what the choices are. |
| 13 | 12/2/19 AM | Separate ISP & Budget Meetings | The waiver participant or guardian must speak about their goals first, than the budget . One meeting can cover it all. How do we get the goal achieved financially? |
| 14 | 12/2/19 AM | Separate ISP & Budget Meetings | Happy medium between budget and persons preferences. Need to honor a choice to stay home. |
| 15 | 12/2/19 AM | Separate ISP & Budget Meetings | Teams are told what Jackson Class Members (JCMs) must do. JCMs are not allowed to choose; it's too prescriptive. JCM's are pressured to work even if they don't want to. Need standards to be applied fairly. The Independent Quality Review (IQR) drives how teams work with JCMs. Non - JCMs have more choice. |
| 16 | 12/2/19 AM | ISP Rewrite | Treat the e-CHAT, MAAT, ARST (medical documents) as the documents that drive health and safety. Add Assistive Technology (AT) section to the ISP in a separate place from the Health and Safety area. Refer to Therap documents in the ISP because Health Care plans are being designed around Therap documents not the ISP. Right now e-CHATs are not mentioned in the ISP. |
| 17 | 12/2/19 AM | ISP Rewrite | Individual financial circumstances should be discussed and explained. |
| 18 | 12/2/19 AM | ISP Quality Assurance (QA) by the Outside Review (OR) team | Do not support this. We don't need another audit by the Outside Review (OR) team. Caution about duplication (Quality Management Bureau (QMB), OR, Agency Quality Assurance (QA). Different recommendations come from different review processes- could contradict each other. |
| 19 | 12/2/19 AM | ISP QA by OR | Be clear about what we are auditing against. |
| 20 | 12/2/19 AM | ISP QA by OR | Instead of being paperwork focused; use a more person centered approach (ex. interviews) with ISP QA e.g., use the Council on Quality and Leadership (CQL's) Personal Outcome Measures. |
| 21 | 12/2/19 AM | ISP QA by OR | Do not include subjective part of audits. How do we make audits more technical and professional? Allow service coordinators to do their job. |

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| 22 | 12/2/19 AM | ISP QA by OR | Do not have unlicensed state employees tell licensed professionals. Focus Group recommends no ISP audit by OR. |
| 23 | 12/2/19 AM | Duplicate assessments | The Person Centered Assessment (PCA) is a mini ISP. We do these two assessments as if they are contributing to each other and they are not, these duplicate each other. |
| 24 | 12/2/19 AM | Duplicate assessments | Why do you want to assess someone that much? The assessment should be a synopsis of what the person's life is like. Sometimes it only assesses how the person is that specific day, not how they are in regular life. |
| 25 | 12/2/19 AM | Duplicate assessment | Pick tools that are useful for the person- 17 different assessments is not likely useful. |
| 26 | 12/2/19 AM | Duplicate assessment | Take a hard look at all assessments in the system and knock them down to 3-4. Come up with a rationale for what needs to be duplicated and what does not. Need to be objective not subjective. Focus Group recommendation: review all assessments and reduce the total number. |
| 27 | 12/2/19 AM | Duplicate assessment | Don't need a person centered planning assessment every year. |
| 28 | 12/2/19 AM | ISP Rewrite | Make sure individual is involved (nothing about us without us). |
| 29 | 12/2/19 AM | ISP Rewrite | Suggest some combination of Person Centered Plan example (CQL- WI) with a streamlined ISP with attachments. |
| 30 | 12/2/19 AM | ISP Rewrite | WI Example - good flow and user friendly. It needs to be simple so we can implement. Focus Group really liked this template. |
| 31 | 12/2/19 AM | ISP Rewrite | ISP is technical and complex. Filter to key things (touchpoints). ISP is the basis of letting staff know about the person. Refer to other detailed plans and filter to 1 1/2 pages. |
| 32 | 12/2/19 AM | ISP Rewrite | Recommend a separate document as back up for detailed description of issues and teaching. Clinical justification as back up document. |
| 33 | 12/2/19 AM | ISP Rewrite | Use pictures (two pictures can replace a lot of text). |
| 34 | 12/2/19 AM | ISP Rewrite | Should not be all the same for each person. Needs to be user friendly. |
| 35 | 12/2/19 AM | ISP Rewrite | Can even consider videos. |
| 36 | 12/2/19 AM | ISP Rewrite | It is too much for staff to read 20+ pages of text. |
| 37 | 12/2/19 AM | ISP Rewrite | The key is to have an additional form - caution not to lose information. |
| 38 | 12/2/19 AM | ISP Rewrite | Who am I? What do I like? What's dangerous for me? What's healthy for me? |
| 39 | 12/2/19 AM | ISP Rewrite | Why does the ISP exist? Who does it work well for if not the person supported? |
| 40 | 12/2/19 AM | ISP Rewrite | Simplified ISP and companion specialized documents when needed. |
| 41 | 12/2/19 AM | ISP Rewrite | Assessments roll into ISP - unintended implication of looking at ISP will require a look at other assessments. |
| 42 | 12/2/19 AM | Committee | Recommend "HRC Resource Team" (don't like the term "Super committee") to be advisory vs. legislative; HR Strategic Planning Committee (Don't like the term "Quality Improvement Committee"); systemic. Strongly recommend against another layer of oversight. |
| 43 | 12/2/19 AM | Committee | Recommend committee serve as a resource for updates on best practices. e.g. topic of medical marijuana; hospice and palliative care when served by dual systems. |
| 44 | 12/2/19 AM | Committee | Why are we looking to add this? It's already hard to get people to participate in the committees at the agency level. Agency's need more of a resource than oversight. |
| 45 | 12/2/19 AM | Committee | Make body available at state level as a resource or when there is a dispute in a committee that cannot be resolved. Agency HRC's could use this committee as an additional level of expertise. |

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|---|---|---|---|
| 46 | 12/2/19 AM | Committee | Systems level - Human Rights Strategic Planning Committee for Quality Improvement (QI) and HRC Resource Team- technical assistance committee-for super committee. |
| 47 | 12/2/19 AM | Committee | Figure out how to support teams related to carrying out Do Not Resuscitate (DNR) orders. |
| 48 | 12/2/19 AM | Committee | Make sure individuals with disabilities and family members participate. |
| 49 | 12/2/19 AM | Committee | Address Dignity of Risk. |
| 50 | 12/2/19 AM | Annual Training | If staff teaches one of these trainings they should get credit for taking the training. |
| 51 | 12/2/19 AM | Annual Training | Case Managers Action and Advocacy Council (CMAAC)- sent a letter of opposition. |
| 52 | 12/2/19 AM | Annual Training | Mandate training areas from CM Director vs. state ( more flexibility on self selection). Let the Director of Case Management agency develop a training plan with each case manager. |
| 53 | 12/2/19 AM | Annual Training | Advocates- Case managers need self- advocacy and person centered training so they can bring that philosophy to the team. |
| 54 | 12/2/19 AM | Annual Training | Case managers get formative training at the start - need technical assistance on their weaknesses. TA is already available as needed. |
| 55 | 12/2/19 AM | Annual Training | If staff has a license in an acceptable field they get "grandfathered in" and don't need to take extra trainings except annual ANE training. According to DDSD records, currently less than 20 case managers out of 150 have a license; CMAAC will confirm this. |
| 56 | 12/2/19 AM | Annual Training | State should accept all CEUs. |
| 57 | 12/2/19 AM | Annual Training | Consider less than 24 hours and accept associated CEUs. |
| 58 | 12/2/19 AM | Annual Training | PA did 10 hours of CEU in mental health system. |
| 59 | 12/2/19 AM | Annual Training | Reduce to 10-15 hours annually, especially without a license. CMAAC was asked to make a recommendation on # of hours. |
| 60 | 12/2/19 AM | Annual Training | Technical Assistance from Director of Agency on certain topics. |
| 61 | 12/2/19 AM | Dual Case Load | Include Medically Fragile Case Managers in this as well. |
| 62 | 12/2/19 AM | Dual Case Load | Important that this be at the professional's option; support of this idea. |
| 63 | 12/2/19 AM | Dual Case Load | CMAAC are for mixed cased loads. Focus Group as a whole really likes this idea. |
| 64 | 12/2/19 AM | Dual Case Load | Training is really important for this to be successful. |
| 65 | 12/2/19 AM | Dual Case Load | Self direction is a cultural shift - good consequence - people learn both systems. From a family perspective dual caseloads would help family and case managers understand the whole system. |
| 66 | 12/2/19 AM | Dual Case Load | Needs to protect a freedom of choice. |
| 67 | 12/2/19 PM | Tele-health | Family Infant Toddler (FIT) program has been talking about using tele-health. |
| 68 | 12/2/19 PM | Tele-health | People report mixed success with tele-health- some people do not like it; some prefer it; could be really helpful to people who are rural and do not get services otherwise; may not be preferred by someone not in rural areas. Problems may include bandwidth and competence in technology. |
| 69 | 12/2/19 PM | Tele-health | Who is deciding on the tele-health option ( person, caregiver, family)? Unintended consequence may be that a person does not want to be seen face to face and this really needs to happen. Ex. Home visit is required but person only wants a remote visit. |
| 70 | 12/2/19 PM | Tele-health | Could there be a "miss" without being hands-on or face to face. |

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| 71 | 12/2/19 PM | Tele-health | There are different possibilities - sometimes a video is enough information (e.g. video of seating). A hybrid system may be useful - go out do an evaluation and have the Direct Service Professional (DSP) plan to take over some of the tasks. Some things in therapies should not be done by a non- professional. Potential liability issues. |
| 72 | 12/2/19 PM | Tele-health | Use is limited. Should not be used in cases where intervention should be hands on. |
| 73 | 12/2/19 PM | Tele-health | Home evaluation might be a video. Monitoring after program is set up. Limited amount of training. We need to think about what the limitations of this modality needs to be. |
| 74 | 12/2/19 PM | Tele-health | Hybrid - determine what part of plan can be done remotely. What can needs to be done on site? |
| 75 | 12/2/19 PM | Tele-health | if opening up to tele-health; still need a commitment from state to have therapists available on site as well. Do not want tele-health to become the exclusive model. |
| 76 | 12/2/19 PM | Tele-health | Rely on therapist/BSC's professional judgement on what is appropriate for person supported in terms of tele-health or face to face intervention. |
| 77 | 12/2/19 PM | Tele-health | Using tele-health as an extender not a replacement, (What is the problem? Is it appropriate or not appropriate for that problem?) |
| 78 | 12/2/19 PM | Tele-health | Could provide oversight of the people the therapist taught through tele-health. |
| 79 | 12/2/19 PM | Tele-health | Need to have distinct requirements about what can be done by tele-health; what are the requirements of each board? Should not be solely at the discretion of the therapist- a therapist could chose to do all tele-health, not travel and make more money so there needs to be some external parameters. |
| 80 | 12/2/19 PM | Tele-health | Each disciplines has its own unique parameters - need to explore. |
| 81 | 12/2/19 PM | Tele-health | Start with great deal of limitation - Conduct a pilot - start small and see it grow. One size does not fit all. |
| 82 | 12/2/19 PM | Fading Plans | Fading must be individualized- defined by the presentation of the client. |
| 83 | 12/2/19 PM | Fading Plans | Difficult to fade for programs that need to monitor protocol to fade for many clients and disciplines - logistics may be difficult (scheduling, training, monitoring strength of caregiver, etc.). |
| 84 | 12/2/19 PM | Fading Plans | Staff are busier now- not just ability of the staff but do staff have time to engage in activities related to fading. When a home has 4 individuals the staff is so busy there can be a communication breakdown. |
| 85 | 12/2/19 PM | Fading Plans | Fading may effect a person's quality of life especially for medically fragile individuals. May not be regressing but quality of life for comfort is important- does the therapy/BSC add to quality of life. Families and teams are often the ones resistant to fading. |
| 86 | 12/2/19 PM | Fading Plans | Fading is less service - different from discontinuing which is no service. It needs to be flexible. If you fade out - what will it take to fade back "In"? It cannot be too burdensome or time consuming to get back into service; otherwise, there is a disincentive to fade. Some therapists said they don't fade because of fear they won't be able to get back in if there is a crisis and the person needs a more immediate response. |
| 87 | 12/2/19 PM | Fading Plans | Fear of fading because the therapist wants to be able to get back into service quickly when needed. |
| 88 | 12/2/19 PM | PCP training module | BSCs already do this. What is the purpose? Do not support this idea. |
| 89 | 12/2/19 PM | PCP training module | May be good for new allocations. |
| 90 | 12/2/19 PM | Remote Personal Support Technology (RPST) | There is no incentive to provide the service. It's too expensive to provide this service. |
| 91 | 12/2/19 PM | RPST | Widen freedom of choice to vendors outside of the state. |
| 92 | 12/2/19 PM | RPST | Support for flat rate for administrative fee instead of a percentage. |

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| 93 | 12/2/19 PM | RPST | Should New Mexico take this on versus having a provider agency? Need to explore whether state could get the Medicaid match if the state operated this service out of State General Funds or ? |
| 94 | 12/2/19 PM | RPST | No need for this to be a localized service. The Dept. of Health (DOH) could take more of a leadership role in finding vendors and right technology. |
| 95 | 12/2/19 PM | RPST | Teams need to be educated - They don't know what's available. |
| 96 | 12/2/19 PM | RPST | There are supports through NM Technical Assistance Program (TAP), etc but most teams don't know and probably won't take the time to research. |
| 97 | 12/2/19 PM | RPST | Focus group supports increasing the dollar amount available Could save money in the long-term and help person's independence and quality of life. Person could add devices over time for funding constraints; not get everything all at once. |
| 98 | 12/2/19 PM | RPST | Focus group recommends DDSD create a position specializing in PST that would educate teams and be a state-wide resource. |
| 99 | 12/2/19 PM | RPST | Basic education - goes back to getting information out to families and individuals in services. |
| 100 | 12/2/19 PM | Assistive Technology (AT) | Teams do not understand difference between Remote Personal Support Technology and Assistive Technology. Don't know what's available and don't have time or resources to research this. Barrier- a family currently has to come up with the full balance owed for AT, no payment plan. |
| 101 | 12/2/19 PM | AT | An exception process would be great! Increasing the fund limit is great! Need to figure out a combination of funding- MCO's, AT Fund, PST, etc. Need this to be flexible enough so a therapist is not required for a person to access AT and PST; what if the person does not have a therapist but could still benefit from PST and /or AT? |
| 102 | 12/2/19 PM | AT | Need to make access to this service easier to understand - make steps to getting funding easier and more transparent- have a flow chart. |
| 103 | 12/2/19 PM | AT | Prompt in ISP- different place in ISP, maybe in an increased independence section. Currently in Health and Safety section so it does not encourage AT devices other than for health and safety. |
| 104 | 12/2/19 PM | Non Medical Transportation (NMT) | Yes Uber and Lyft - good idea. Also like increasing the CAP on funding and mileage. |
| 105 | 12/2/19 PM | NMT | Staff and individual will need training on how to take Uber- how to be safe. |
| 106 | 12/2/19 PM | NMT | Focus Group likes the exception process proposal. Once a year may work typically but would need emergency exception for unplanned things such as funeral. Case manager could type up memo or letter to justify an exception for rural areas. |
| 107 | 12/2/19 PM | NMT | Need more Non Medical Transportation providers. |
| 108 | 12/2/19 PM | NMT | Make it a funding source for natural supports to provide transportation. Could this be connected to a person's ABLE account? |
| 109 | 12/2/19 PM | NMT | Put mileage money on an ABLE card and person can use it as needed. |
| 110 | 12/2/19 PM | NMT | Still need options for people with wheelchairs. How to fund round trip? |
| 111 | 12/2/19 PM | NMT | Transportation companion/support during the ride to and return trip? |
| 112 | 12/3/19 AM | Nursing | For natural families- keep nursing unbundled as an add on for services they do want. Would be better with a menu of services instead of Opt in and then you have everything. May only need a few items. |
| 113 | 12/3/19 AM | Nursing | Surrogate families may want nursing unbundled but it may place people at risk with surrogate families. |
| 114 | 12/3/19 AM | Nursing | Natural families perceive nursing assessment requirement as paperwork and not useful. |

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|---|---|---|---|
| 115 | 12/3/19 AM | Nursing | If you opt into nursing as a natural family member you are opting into whole nursing requirements package and may not need it. Would like a menu of services as options versus all the requirements. |
| 116 | 12/3/19 AM | Nursing | What is liability to organization, nurse and individual related to opting in and out of nursing. |
| 117 | 12/3/19 AM | Nursing | Family Living Provider supports nursing because nurse gets calls all the time. |
| 118 | 12/3/19 AM | Nursing | Make clear what options are- agree annual assessment is important- don't want to miss what is important - stable individuals should be able to opt out of nursing (family or surrogate - make decision to not have someone come into your house all the time. |
| 119 | 12/3/19 AM | Nursing | From case management perspective, like the assessment. Ongoing should opt out. Focus Group recommends keeping the annual nursing assessment even if it is sometimes a nuisance. Concern that this recommendation may be good for people with high medical needs but not important for people with low medical needs. |
| 120 | 12/3/19 AM | Nursing | Family Living (FL) participants need more service - very different from model of Customized In Home Supports (CIHS) with nursing add-on. |
| 121 | 12/3/19 AM | Nursing | Need a clear cut direction for nursing requirements - agency liability is a concern - problem may be with the Mortality Review Comm. (MRC) results when people have made their own health care decisions. |
| 122 | 12/3/19 AM | Nursing | It is a choice but education is critical for parents, guardian and individual on potential consequences of actions. If this happens then most of the time there can be compromise. |
| 123 | 12/3/19 AM | JCM requirements | JCMs have more requirements. Hostility from provider agency nurse regarding JCM nursing requirements. |
| 124 | 12/3/19 AM | JCM requirements | If the extra JCM requirements were removed there would be no consequences since "We don't take any less care of people who are non JCM's". |
| 125 | 12/3/19 AM | JCM requirements | Hostility from provider agency nurse regarding JCM nursing requirements. |
| 126 | 12/3/19 AM | JCM requirements | More oversight of JCMs does not mean we take less care of a JCM. |
| 127 | 12/3/19 AM | JCM requirements | More paperwork versus extra benefit. There is no extra benefit to the person for doing the extra paperwork. |
| 128 | 12/3/19 AM | Assistance with Medication | Assistance with medication is a big issue in figuring out nursing requirements. |
| 129 | 12/3/19 AM | Nursing | Menu of nursing options would be beneficial. |
| 130 | 12/3/19 AM | Nursing | Settlement Agreement- goal is to achieve compliance with the standards. |
| 131 | 12/3/19 AM | CCS | Recommend more flexibility with Customized Community Supports (CCS) in the home - look for ways to bring community activities to the home- difficult and a health risk for people in wheelchairs or more medically fragile to go out in inclement weather. Can also be personal preference; ex. introverts and extroverts Needs to be person centered not regulation centered. |
| 132 | 12/3/19 AM | Family Living | Getting a substitute care personnel in last minute is difficult - have on call personnel/ floaters around for these situations. |
| 133 | 12/3/19 AM | Staffing | Challenge with floaters because of individual specific training. |
| 134 | 12/3/19 AM | Rural areas | Look at meaningful day in rural communities where community integration may be hours away. |
| 135 | 12/3/19 AM | Health | Need an option to stay home for health reasons. |
| 136 | 12/3/19 AM | Options | Have a menu for CCS. |
| 137 | 12/3/19 AM | Meaningful Day | How do we get community/meaningful day in home - especially for rural and medically compromised people. We need to think outside the box- similar problem in the Medically Fragile Waiver. |
| 138 | 12/3/19 AM | Meaningful Day | A person's desire to stay home could be written in the ISP. Safety factors could be addressed, do they need staff or are they ok alone. Use technology- Remote Personal Support Technology. |

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|---|---|---|---|
| 139 | 12/3/19 AM | Technology | There are 2 different circumstances: 1) person can stay home alone or 2) person needs staff to be there. |
| 140 | 12/3/19 AM | Staffing | Cannot rely on extra pool of people to step in because of the intensity of the Individual Specific Training Requirements. Supported Living (SL) aide will not work due to training requirements and hours for a shift like this. |
| 141 | 12/3/19 AM | Staffing | Staffing problem - wage problem. |
| 142 | 12/3/19 AM | Staffing | Agency are paying overtime for these situations. |
| 143 | 12/3/19 AM | Person centered | If people can stay home without supervision they should be able to do so. If they are not allowed to this is a human rights issue. |
| 144 | 12/3/19 AM | Person centered | Why are people resistant to going to Day-Habs - are they bored - is it not meaningful for the person- need to look at this issue as well. |
| 145 | 12/3/19 AM | Person centered | Listen to the individual. Many individuals preference is to do a variety of activities; ex. day hab twice a week to see their friends, work 2 days a week and then stay home one day. |
| 146 | 12/3/19 AM | Person centered | Agencies need to provide flexibility with schedules - not always a 5 day a week schedule. |
| 147 | 12/3/19 AM | Staffing | Agency organizational/operational problem to staff when needed to offer flexibility on short notice. |
| 148 | 12/3/19 AM | Staffing | We have a system that is stressed out with staff shortages. |
| 149 | 12/3/19 AM | Person centered | Small amounts of time at day programs should be an option. Some agencies require a person to attend a certain # of hours or they cannot go the program. Families and advocates disagree with this. |
| 150 | 12/3/19 AM | Person centered | Small amounts of service can be very worthwhile.(ex. 2 hours at a Day Hab program) |
| 151 | 12/3/19 AM | Person centered | Need to explore an interim type of service for people who are sick. |
| 152 | 12/3/19 AM | Person centered | Add prompt in ISP related to more independence - being home alone. |
| 153 | 12/3/19 AM | Technology | What technology can better support transfers ? |
| 154 | 12/3/19 AM | Technology | Ceiling tracking systems for transfers can be used for more than one individual- this is less than the annual Non Ambulatory Stipend (NAS). Some agencies move the tracking system from house to house as needed. |
| 155 | 12/3/19 AM | Technology | Van with a ramp - NAS should and could be used on technology - it is a long term solution for family /individual that may eliminate need for two person transfers. |
| 156 | 12/3/19 AM | Technology | Use of technology has fiscal benefits long term and also promotes independence. There can be challenges if an agency is modifying a house that is rented. |
| 157 | 12/3/19 AM | Technology | One parent- Cost of ceiling tracking systems is high ($10,000) but it has eliminated the need for a 2 person transfer. Tremendous savings and higher confidence, independence, etc. The cost is higher when retrofitting. |
| 158 | 12/3/19 AM | Technology | May not always eliminate need for second person but it can in some cases. It's all individual. |
| 159 | 12/3/19 AM | Technology- tracking system | Combine AT Fund (follows the person) - can individuals pool AT funding for Supported Living or Day Habilitation? Potential barrier- AT fund equipment belongs to the person not the agency. What happens if the person moves to a different agency. Does the tracking system move with the person? |
| 160 | 12/3/19 AM | Technology- tracking system | Modification for rentals could be a challenge. |
| 161 | 12/3/19 AM | Technology- tracking system | Environmental Modifications are limited to certain contractors now- if opened up to more contractors may help. |
| 162 | 12/3/19 AM | Technology- tracking system | Quality of life increases for individual, family and staff. Focus Group recommendation- Look at funding for expensive equipment. |
| 163 | 12/3/19 AM | Technology- tracking system | Would not likely work in a mobile home or Hogan. |

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|---|---|---|---|
| 164 | 12/3/19 PM | Rate break out | Advocates- increases accountability, allows data tracking to see what specific services people are receiving. Great idea. |
| 165 | 12/3/19 PM | Rate Break out | Is there a cost impact projection? Difficult to identify utilization due to current monthly rate. |
| 166 | 12/3/19 PM | Rate Break Out | Agency input: not in favor of breaking out rate -Monthly unit cover 40 hours well-lends itself to providing as much as needed. Monthly rate provides more flexibility. |
| 167 | 12/3/19 PM | Rate Break Out | If someone is in a job and not stable - they should be more stable before moving from Division of Vocational Rehabilitation (DVR) to DDSD. Concern if someone becomes unstable in job and needs more hours immediately. Person can get back into DVR quickly if needed. |
| 168 | 12/3/19 PM | Credentialing | Current problem in being able to hire staff. Professionalizing the field is a good idea especially if there are financial incentives; higher rate for certified staff. |
| 169 | 12/3/19 PM | Credentialing | Stabilize staffing - are rate study recommendations going to be funded? |
| 170 | 12/3/19 PM | Credentialing | Professionalizing the field may keep good staff longer if there is a higher rate of pay and more training so they are not overwhelmed (and then leave). |
| 171 | 12/3/19 PM | Credentialing | Concern about people receiving training and then changing agencies. |
| 172 | 12/3/19 PM | Credentialing | Training is a good idea but need a plan for retention. |
| 173 | 12/3/19 PM | Credentialing | It costs the agency for staff training time even if the training itself is paid for. |
| 174 | 12/3/19 PM | Credentialing | What keeps good staff? |
| 175 | 12/3/19 PM | Credentialing | Treat individuals with disabilities, caregivers, parents, agencies with dignity and respect. |
| 176 | 12/3/19 PM | Job aide | Consider aide across all services, this would be very beneficial. |
| 177 | 12/3/19 PM | Job aide | Pro - adds flexibility - some individuals need this extra supports. |
| 178 | 12/3/19 PM | Job aide | Con- two staff for short episodes of need is very expensive and two staff all the time could be very invasive to the individual. |
| 179 | 12/3/19 PM | Job aide | It's very expensive and difficult to schedule an aide for full time work. |
| 180 | 12/3/19 PM | Job aide | Challenge with DSP crisis. |
| 181 | 12/3/19 PM | Job aide | Think outside of the box - Explore models like that of Caregivers Coalition (a pool of caregivers - instacar) in elderly care -business operations - apps - we need to move in direction. Use of apps. |
| 182 | 12/3/19 PM | Job aide | Can't use 'temp agencies" etc. due to training regulations. |
| 183 | 12/3/19 PM | Job aide | Give risk to the individual /guardian if they are ok with the level of training - provide increase flexibility. |
| 184 | 12/3/19 PM | Job aide | Consider an app and caregiver pool. |
| 185 | 12/3/19 PM | Job aide | Where can we loosen up things to provide greater independence. |
| 186 | 12/3/19 PM | Discontinue CCS- IIBS | Consider CCS- in home related to high medical and behavioral need. |
| 187 | 12/3/19 PM | Discontinue CCS- IIBS | Support expanding definition of CCS- I to accommodate needs of people with CCS - IIBS who need to have option to be supported in a center based program. Focus group supports discontinuing if the CCS-I is expanded to include this service if needed. Include medical as well as behavioral. |
| 188 | 12/3/19 PM | Cap on CCS at 6240 | Consider an exception process. Would not appear to violate ADA requirements as long as an exception process is in place for people with higher needs. |
| 189 | 12/3/19 PM | Cap on CCS at 6240 | The Medically Fragile Waiver uses caps so this proposal seems reasonable. |
| 190 | 12/3/19 PM | Cap on CCS at 6240 | How to incentivize small group? Ex. Consider People First as an event. |

| | Date/Session | Sub Topic | Discussion- Comments |
|---|---|---|---|
| 191 | 12/3/19 PM | CCS Aide | One aide across services would be great. |
| 192 | 12/3/19 PM | In home (3 hours) | Support "3 hours a day or 15 hours a week"; would need to clarify standards. Yes increase the # of hours at home. Question- once a person's 3 hours at home are up and they want to stay home, who covers staffing if needed? |
| 193 | 12/3/19 PM | Caps on Services | Have an exception process. |
| 194 | 12/3/19 PM | Caps on Services | Caps are necessary but considerations across the lifespan. |
| 195 | 12/3/19 PM | Caps on Services | Need flexibility for aging population |
| 196 | 12/3/19 PM | Caps on Services | Caps can violate ADA (discrimination on basis of disability). Having an exception is an acceptable way around it. |
| 197 | 12/3/19 PM | Caps on Services | Not person centered because number is not individualized. |
| 198 | 12/3/19 PM | Caps on Services | Exception process must be available and understood by the individual; teams must be educated. |
| 199 | 12/3/19 PM | Caps on Services | CMAAC recommends caps. |
| 200 | 12/3/19 PM | Caps on Services | Who at ISP should make decisions? |
| 201 | 12/3/19 PM | Caps on Services | How can we streamline - revisions? |
| 202 | 12/3/19 PM | Caps on Services | For people with medically intense needs - may increase collaboration with care coordinators. |
| 203 | 12/3/19 PM | Caps on Services | Concern about how quickly exceptions could be approved in emergencies. Recommend bringing back the prior Regional Office review process to approve immediate services for short period of time (14 day approval process). |
| 204 | 12/3/19 PM | Caps on Services | Need a better phone line that direct calls to the appropriate person. |
| 205 | 12/3/19 PM | Caps on Services | Improve DDSD Website - stay up to date on contacts, downloadable forms. |
| 206 | 12/3/19 PM | Caps on Services | Recommend a robust exception process with flexibility. Team needs to know about exception process. |
| 207 | 12/3/19 PM | Caps on Services | Maximize what we can use through MCO- close gaps on care coordination. |
| 208 | 12/3/19 PM | Caps on Services | For methodology - need assessment information, face to face observations, some kind of scoring (not SIS). |
| 209 | 12/3/19 PM | Caps on Services | Need for an assessment that can determine level of need. |
| 210 | 12/3/19 PM | Caps on Services | Person centered assessment. Assessments are expensive and invasive. |
| 211 | 12/3/19 PM | Caps on Services | Budget limit by level of support needed exists now. |
| 212 | 12/3/19 PM | Caps on Services | If Caps, team may automatically ask for the maximum # of units even if it's not needed. |
| 213 | 12/3/19 PM | Caps on Services | Cap needed because it provides structure that allows people to plan; robust exception process. |
| 214 | 12/3/19 PM | Caps on Services | Start out with DSPs to provide information. |
| 215 | 12/3/19 PM | Caps on Services | Need to assure there is an element of fairness in the methodology- statistical analysis of utilization data as basis - exception process is the individualized part. |