

ODP Updates

TPA February 2018

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Governor's Budget Initiative: Expand services for individuals with intellectual disabilities and autism

- Investments of over \$350M since 2015 for intellectual disability and autism programs
- FY 18-19 includes \$74M to annualize significant investments from FY 17-18 and continue building capacity to increase number of individuals served.
- Specifically, providing a \$16M increase for services for individuals with intellectual disabilities and autism.
 - Focus on serving 800 special education students who graduate in 2018,

100 individuals with intellectual disabilities on the emergency waiting list,

25 individuals currently residing in the State Centers moving to the community, and 40 individuals in the Adult Community Autism Program (ACAP).

• Providing services to an additional 800 students upon graduation in June 2019.



Community Living Waiver Implementation and Waiting List Initiatives (as of Feb 22, 2018)

- Community Living Waiver Enrollments: 685
- P/FDS Enrollments: Total 1,010 people
 - 478 graduates
 - 532 existing capacity
- TSM: ASD Only 57
- AAW Enrollments:



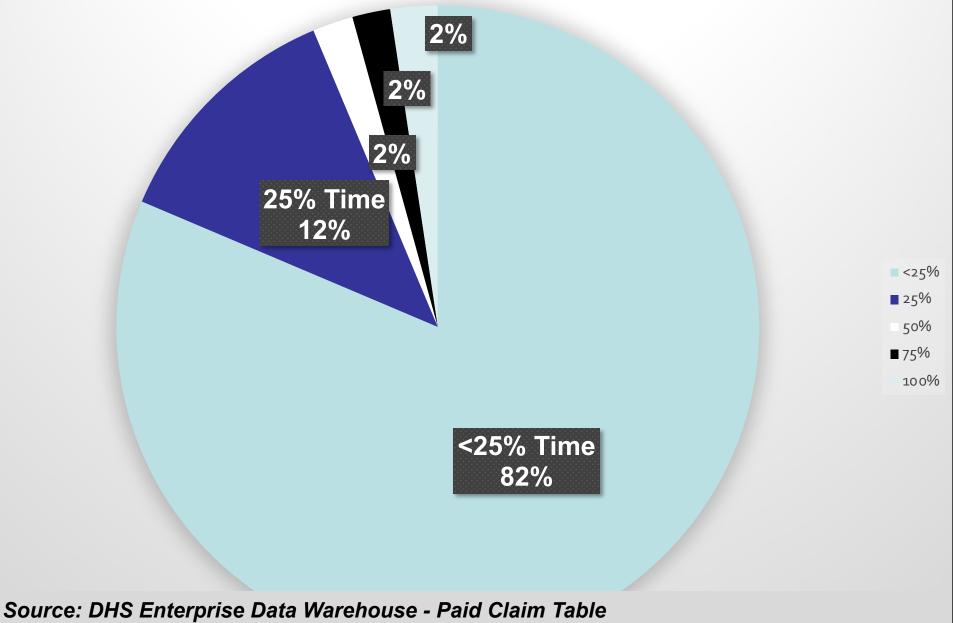
CPS Training on MyODP (data as of 2/22/2018)

6041 Certificates Awarded for course completion 6% of participants were using hybrid model

691 certificates awarded for professional development

At this time, ODP has not determined annual or 'recertification' requirements for CPS training

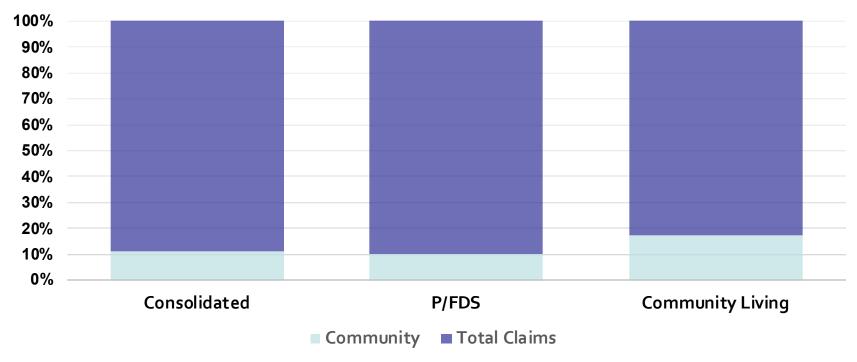
CPS Percentage of Time in Community



Data Extraction Date: 02/20/2018



TIME IN COMMUNITY CLAIMS WITH "SE" MODIFIER



Source: DHS Enterprise Data Warehouse - Paid Claim Table Data Extraction Date: 02/20/2018

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Residential Strategic Thinking Group

Our vision is to provide supportive homes – where people with disabilities actively engage in their communities, cultivate meaningful relationships, and establish a sense of belonging among neighbors.

- Meetings Nov 2017 June 2018
- Key Domains for Improvement:
 - Tools for staff
 - Risk Management
 - Culture
 - Training
 - Policy and Guidance

Project Main Objectives

The Department seeks to develop a uniform strategy across DHS Program Offices, which considers business and operational information gathered from key stakeholders.

Improve Interaction from the First Conversation

Improve interactions with individuals/families from the first conversation to create a dialogue that assists individuals and families in self-management throughout their lifespan.



Support ALL Individuals

Explore approaches to broaden awareness of available services and community resources to make it easier for all individuals and families to engage and self-manage.



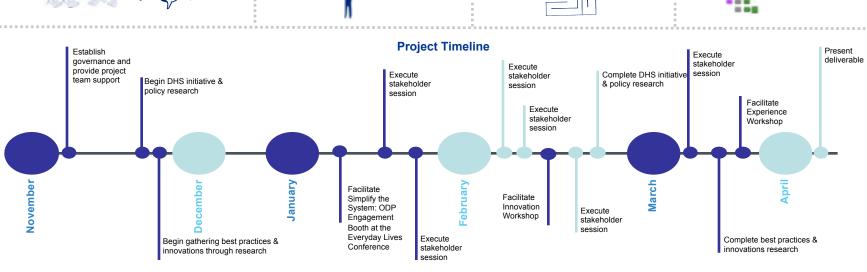
Simplify Administrative Responsibilities

Identify strategic options to simplify the administrative requirements particularly those executed by supports/service coordinators across ODP, OLTL, and OCDEL.



Enable Implementation

Understand policy and process shifts and align efforts to quality programs and other ongoing and planned Department initiatives.





AAW Amendment (Proposed: October 1, 2018) Appendix A

- Local/Regional Non-State Entity will determine level of care for ICF/ID and ICF/ORC and also confirm autism diagnosis
- Performance Measure(s) will be added to ensure effective oversight of local/regional non-State entity by ODP

Appendix B

- Current interest list procedure will be replaced by a waiting list procedure
- Entry into waiver will remain first come/first served
- Priority categories will remain unchanged
- Bureau of Autism Services will continue to manage waiting list



AAW Amendment (October 1, 2018)

Appendix C:

- Addition of a non-medical Transportation service
 - Transportation Trip; Public Transportation; \$4500 annual limit
 - Trip designations 1-10 miles; 11-30; 30+; relatives may provide trip; enhanced service includes aide to assist on vehicle
- Verification of Provider Qualifications will change from every 30 months to every 36 months

Appendix J:

 Rate refresh - Fee schedule rates will increase for the first time since 2011



Consolidated, P/FDS and Community Living Waiver Amendments (Proposed July 1, 2018) Transportation

- Appendix C-1/C-3: Trip designations 1-10 miles; 11-30; 30+; relatives may provide trip; enhanced service includes aide to assist on vehicle
- Appendix I-2-a: Transportation Trip change from cost-based to fee schedule service

Changes to align with Community Living Waiver

- CMS requested changes
- Provider qualifications
- Service Definitions
- Eligibility Requirements for ASD

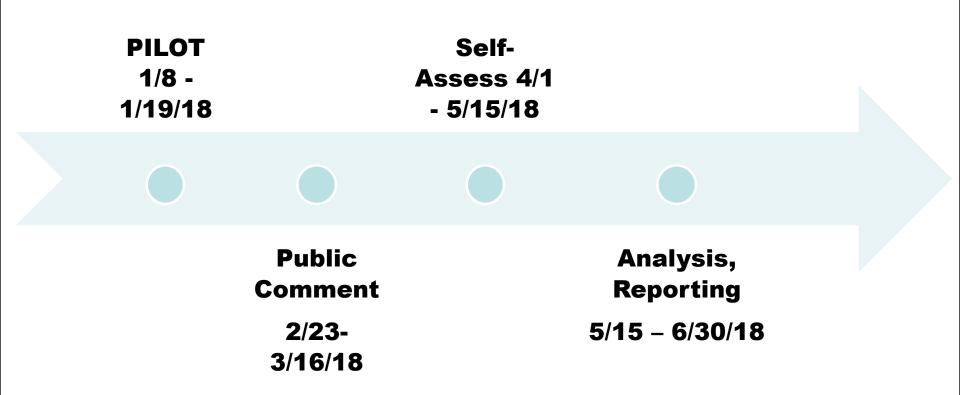


Goals of the self-assessment

- Work with participants, providers and other stakeholders to transition services to meet compliance with the CMS final rule
- Ensure participants are fully integrated into the community, afforded choice, and have their health and safety needs met

This does not mean that any settings are ending or will have to close down, but the way some services are provided might need to change.





HCBS Final Rule Self-Assessment v. QA&I



	HCBS Settings Self- Assessment	Quality Assessment and Improvement (QA&I)
Purpose	Determination of provider service location compliance with federal HCBS settings rule	Designed to conduct a comprehensive quality management review of county programs, Administrative Entities (AE), Supports Coordination Organizations (SCO) and Providers delivering services and supports to individuals with intellectual disabilities and autism spectrum disorders.
Frequency	Spring 2018	3 year cycle – self-assessment conducted annually. On-site conducted every 3 years

QA&I Update



- Completed Desk Reviews and On-sites for Year 1
- Fiscal portion began January 2018
- Feedback from Satisfaction Survey
- Preparing for Year 2
 - AAW added to QA&I process
 - AWC added to QA&I process
 - Revision of instruments based on feedback



From Providers:

- Questions were more focused on program participants' everyday lives
- The oversight process is much easier to navigate
- It was very person centered and detailed
- Friendlier / more 'helpful'

From SCOs:

- This review felt way different; it was so much better. It really felt like it centered on the individuals we serve and not the paperwork we complete.
- The entrance interview process was beneficial. It allowed us to highlight how we support our staff and in turn hopefully provide a better/more effective service. The process and tool is more focused on quality and how we are impacting individuals as opposed to strictly compliance. I like the in-field interviews of persons served and their families.



From AEs:

- Very satisfied with all aspects of QA&I process.
- I liked that it covers more areas, rather than such detailed concentration in fewer areas, such as Delegated Functions.

EVV



- Procuring open system
- Survey to gather information from providers on current practice – Feb
- RFI in review for publication
- Awaiting additional guidance from CMS Informational Bulletin