

Department of Behavioral Health and Developmental Disabilities
Priority Plan Crosswalk with Supplemental Report and Joint Filing

Priority Plan Relationship to Settlement Agreement and Supplemental Report

As stated earlier, the Priority Plan is responsive to issues identified in the Independent Reviewer's Supplemental Report of March 23, 2014 which identified issues and included recommendations in line with Provisions III.A.2.b.iii. (A) – (C) of the Settlement Agreement. In addition to Settlement Agreement Requirements, the Supplemental Report identified a number of other issues that require specific attention. Those items are identified below with the corresponding location in the plan where they are addressed.

SR = Supplemental Report JFR = Joint Filing, pages 3-4

Citation	#	Issue/Recommendation	Where in the Plan
Planning Based on Individual needs of those in State Hospitals			
SR.p.15	1.	Understanding of those still placed in state hospitals.	II. Planning Based on Individual Needs. Page 8 to 13.
Individual Needs and Community Resources			
SR.p.15	2.	Updated (individual) assessment for more accurate planning.	IV. Individual Needs and Community Resources Narrative. INCR1.A INCR1.C. CL7.A.1-4
SR.p.15.	3.	Compare findings with available resources in community	INCR5 INCR5.A.
SR. p.15	4.	Provide individualized supports (for people at high risk).	SPC5.A.2., INCR3.D INCR3.E INCR3.L INCR2.E INCR2.G. INCR2.K.1-2 INCR3.A, B, C, D, E, J, P.
SR.p.8 & p.10	5.	Implement prescribed plans (dining and positioning).	INCR.F.
SR.p.10	6.	Implement recommendations.	CL3.H.,
SR.p. 8.	7.	Document the implementation of recommendations from Primary Care Physicians.	CL3.H.
SR.p.13. JFR #3	8.	Ensure competent and sufficient health practitioner oversight of individuals who are medically fragile and require assistance with most aspects of their daily life.	INCR2.B.1 INCR.2.C. INCR2.K.1-2 INCR4.A.,B.,C.,D.1 INCR4.E. INCR4.F. CL3.E.

Citation	#	Issue/Recommendation	Where in the Plan
JFR #3	9.	including providing proficiency-based training on writing and implementing Health Care Plans,	INCR4.C. INCR4.E. BCC1.B.1.a.
	10.	proper positioning techniques,	INCR2.A. INCR2.C.
	11.	and proper monitoring of food and fluid intakes.	INCR3.J. INCR3.K.
Individual Planning and Support Coordination			
SR. p.12	12.	Realign the responsibilities and competencies of support coordinators.	SPC5.A. SPC.2.A. SPC2.B. SPC.2.C,D, SPC4.I SPC.5.O SPC5.P.1 CL1.A CL.1.D
JFR #1	13.	Realigning the responsibilities and competencies of support coordinators, to include developing and implementing an individualized plan of supports,	SPC4.H. SPC4.I.
	14.	revising the plan to address changing needs,	SPC1.Q SPC4.K.
	15.	and oversight to ensure needed services are delivered and outcomes are achieved.	SPC4.H-I
JFR #4	16.	Designing and implementing Intensive Support Coordination for high risk individuals, including pursuing an amendment to the Home and Community Based Services waiver.	SPC5.A.2 SPC5.L.1 SPC5.M. SPC5.M.2.
SR. p.12 & 15	17.	Strengthening the Transition Process <ul style="list-style-type: none"> ▪ Early engagement of SC. (SR.p.8) ▪ Revise the ISP within 30 - 60 days of transition. (SR.p.9) 	SPC1.H SPC1.A.1-2 SPC1.A.5-7 SPC1.Q. SPC2.E.
JFR #2	18.	Strengthening the transition process from the State Hospitals to community-based settings,	SPC1.A.1-2 SPC1.A.5-7
JFR #2	19.	including providing individualized and relevant proficiency based training for community providers.	SPC3.E SPC4.C

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SR.p.12	20.	Develop an ISP that adequately reflects the needs and choices of the individual. <ul style="list-style-type: none"> ▪ Revise ISP when individual change in status. (SR.p.9) ▪ Implement the ISP. (SR.p.5.) 	SPC4.A.1-3 SPC4.G
Community Life			
SR. p.11	21.	Increased opportunities for community outings on a consistent weekly basis.	CL1.E SPC2.A.2
Building Competence, Knowledgeable Performance and Confidence			
SR.p.15	22.	Building clinical expertise in the community.	Page 17, INCR2.A.-K INCR4.D1 INCR4.H
SR.p.13	23.	Regional nurse capacity to provide TA and monitor trends.	INCR4.E. INCR3.F. SPC1.A.b. QISE.D.
Quality Improvement			
SR.p.13	24.	Statewide Quality Assurance/risk team focused on working with high risk individuals and their providers.	CL3.C.1 INCR4
SR.p.15	25.	Independent Mortality Review	MR2. MR2.B.3
JFR 8	26.	Conducting independent mortality reviews of all deaths of individuals receiving Home and Community Based Services Waivers who meet the criteria for the target population of individuals with intellectual disabilities in the Settlement Agreement, § III.A.2.a.	MR2.B.3.
SR. p.15	27.	Develop a joint review process under the supervision of the Independent Reviewer.	QIS2.B.
SR.p.13.	28.	Develop and implement sustainable strategies for the ongoing monitoring and evaluation of community placements.	SPC1.A.1 SPC1.A.7 SPC1.O. SPC2.H SPC.5. INCR.3.E. SIO1.A.
JFR #6	29.	Developing and implementing sustainable strategies for the ongoing monitoring and evaluation of community placements to remedy issues such as lack of communication, information sharing, and feedback.	SPC1.A.1 SPC1.A.7 SPC2.H

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System Needed to Support Identified Outcomes			
SR.p.13	30.	Primary Care Nurses assigned to each residence.	CL3.E.1
SR.p.10 & 15	31.	Provide needed Therapies and nutrition services.	INCR.2.A. INCR2.E INCR.4. INCR5.A-B
SR.p.11	32.	Provide needed behavioral supports and services.	CL7-Narrative INCR5.A-B SPC2.A.8 CL7.A.1-4 CL9.A.C.D.E.F.K.
SR.p.13	33.	Well trained (direct support) staff who can implement instructions consistently and accurately.	SPC2.B SPC3.E SPC4.C. CL7.C CL9.C.3
SR.p.15	34.	Providing Therapists and other supports.	INCR2.A-K INCR4 SPC5.
SR.p.15	35.	Need for additional provider resources and capacity.	SIO1 CL2.G CL2.I INCR.5.
SR.p. 13.	36.	Define authority and responsibility of the Regions for the oversight of the development and implementation of the ISP.	Regional Responsibilities pages 39 – 40 SIO3 SPC.1. SPC2. SPC.5.K.
JFR # 5	37.	Restructuring the roles and responsibilities of regional offices, including examining how the regional offices inter-relate with the DD Division and with community providers, including Support Coordination agencies.	Regional Responsibilities pages 39 – 40 SIO3 SPC.1 SPC.2.
JFR #7	38.	Recruiting and retaining provider agencies with requisite experience with individuals with medical and behavioral complexities.	CL2.G. CL2.I SIO2.A.