

Advisory Council - Priorities for Moving the DD System Forward

QUALITY IMPROVEMENT

Quality management system that is streamlined, eliminating redundancies in multiple oversight requirements.

The system of oversight (at all levels) needs to be re-vamped so that it is effective and focused on the needs of the individuals. Some of the layers need to be reduced and more focus placed on the individuals.

The information and data collected by the quality management system should be utilized for provider and system enhancement and communicated to all stakeholders.

Overall Quality of Care Statewide-what can be done to improve quality and consistency.

Over regulation, redundancy and contradiction of regulations.

Review regulations that are duplicative/contradictive or so burdensome to implement have caused programs to have to hire more administrative/clerical levels of staff to keep up with it all. Money could be better spent on direct services. We need regulations, but not to the degree that we have now.

Review all regulatory agencies and consolidate duties and duplication of oversight.

Review for effectiveness and reduce accordingly the number of policies and standards-too many to adhere to.

Categorize all policies and procedures by statutory, waiver, regulatory, and discretionary.

Review all polices that are discretionary first then move to regulatory, waiver, and statutory and make recommendations for improving.

Review of Current Forms and Documents in use for both Service Providers and SC Providers in an effort to work more efficiently.

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The level of documentation that is currently required needs to be reviewed and revised. Over the years, the requirements have grown to the point that employees often feel that they document more than they deliver services. Consistent training on documentation requirements from a state level has been minimal

and often has caused providers who implemented the recommendations to have issues during GMCF audits.

Streamlining overall DD population paperwork.

Shift of Support Coordination Service to the original intent of the service:

- a. Refocus efforts on health and safety oversight, advocacy for individuals and families
- b. Reduction of SC roles in duplicative oversight with other agencies (Delmarva etc.), reduction of duplicative documentation
- c. Redefine roles of SC regarding oversight of providers and reporting of provider deficits VS. expectation by some Regions that SC agency has ability to enforce compliance to Regional/Medicaid policy.
- d. Redefine SC Role and Regional Office Staff Roles in regards to responsibilities for follow up on DOJ matters, Delmarva Review Findings, TACS.

Support Coordination-should be evaluated and refocused on connecting and coordinating services and resources. Real advocacy for people to have the support they need for self determination.

Support Coordination- I put that twice because it is the system that is most broken and has a tremendous amount of impact.

Support Coordination

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Support Coordination-should be reviewed
CHOICE-Ensuring people with disabilities have a say in choosing their roommates, staff and food. Maybe a specific question on ISP or for SC to check?
Training-Mandate to provide training to individuals with disabilities on areas of self determination and self advocacy. Complementary training for staff and DSPS.
Provide technical support and coaching around person centered thinking principles and for building (true) person centered systems and organizational quality enhancement.
Develop a comprehensive survey to receive input from stakeholders (including but not limited to families, providers, fiscal agents, and anyone involved in the system) on how Medicaid can better service families of children and adults with DD. Therefore, maximize our limited resources at all levels of DD services in the State.
Look at current requirements and expectations of ISP goals to address aging population. Often, the older individuals we serve do not wish to work on or learn new things and it is difficult to write goals they are happy with, but also meet requirements.
Safety-Addressing safety concerns in homes and communities for people with disabilities receiving waiver services.
Crisis Response Teams- effectiveness, data usage and coordination
WAIVER SERVICES/PROVIDER ENROLLMENT/RATES
The process of getting host home providers through the approval process at DBHDD and DCH takes entirely too long. I know that some recent changes have occurred and staff were added to address the delays. What is the current length of time from start to finish? Is there any way to have a temporary provider number available for an agency to use to help address urgent and/or emergency requests for services?
Improve timely access to services for individuals and families. Individuals/families should be able to receive some service immediately upon request with a transition into assessment and needed/desired services in a timely manner.

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Shorten process for new providers, especially those providers who are currently Medicaid providers for other waiver programs.

ABD population being switched to a redesigned Medicaid program by 2014 (TBD)

- a. Complex and timely needs and specialty care continued with providers.
- b. Many have Medicaid as secondary insurance (Katie Beckett/Deeming Waiver families) and have primary. Coordination of benefits.

Communication of the new program with families and providers

Methodology for awarding waivers

Vacancies in Grant In Aide-need to be filled more quickly

SIS process

Developing incentives for providers to accept Medicaid (lack of providers currently).

- a. Specifically therapists.
- b. Develop a network of services/providers/employees that can be accessed by families via a database.

Viable rate structure reflective of needs, acuity, and cost of service provision, including financial support for unfunded mandates (meeting, training, etc.).

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Viable rate structure that supports best practice and cost of delivering community based day services

Rates and available waivers that support the cost of delivering supported employment

Rates-services need to be paid at established rates and consistently across state

Review of the day programs as a "spectrum of services"... meaning that the day options have a continuum of training that supports a person whose goal is to increase independence in the community.

Out of the box options for Medicaid waivers and meaningful opportunities for individuals while they are on the planning list (PSE)

FAMILIES & SELF-ADVOCATES

As a parent I feel that parents do not understand the process.. Which is the trickle effect who should help educate the parent?

Schools = transition, Pediatric doctors and or physicians, Voc rehab?

As a professional that works for a Non-Profit that serves families from birth to 26 yrs old. I receive calls weekly asking me to explain there options. How do we get this to them where to their level of understanding or making the process obtainable.

Waiting list - Slots how does it work? How do we get more? is there something we can do?

Justice Training for Criminal Justice Professionals and for families in the system

Policies and procedures to support families in crisis

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Access to behavioral supports for families
INFORMATION, ASSISTANCE & COMMUNICATION
Consistencies in doing business from region to region, and among different support coordination agencies.
Effective Information sharing-DBHDD website -ONLINE-Simplified FAQs about the provider manual for people with disabilities and families to get clear information on services and parameters.
Transparent communications for policy changes for participant directed families
Communication with families about changes to the system.
Providing universal access to information on DBHDD website. Suggestion-DBHDD website Online easy search function to look up particular items on Provider Manual.
Consistency in regards to policy implementation, process, protocols, and requirements among all parties - Regional Offices, Providers, SC Agencies. Key in this issue is establishing a clear way to communicate changes in a way that every party receives the same information, presented in the same way.
Consider including more description in Waiver manuals regarding required documentation and tracking necessary for providers of each waiver service.
A way to communicate effectively with current people on the planning list.
Provider communications and support