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FREQUENTLY ASKED QUESTIONS

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FREQUENTLY ASKED QUESTIONS

13.1 ASSESSMENTS

A Where will the SIS/LA PLUS document be kept?

The SIS/LA PLUS is kept electronically by the support coordinator and in a centralized database at OCDD. A hard copy will be kept in the regional waiver office.

B. Will the level be re-evaluated every year?

The SIS/LA PLUS will be completed at least annually and the Resource Allocation System level reviewed/modified as needed based upon the updated results. It may also be completed following a significant change in status that may change the person's support needs.

C. Who will be sitting in for the assessments SIS/LA PLUS?

The following criteria are used to determine respondents for the SIS/LA PLUS:

- **Respondents should know the individual well across a variety of settings and activities;**
- **Minimal criteria for length of time respondent has known the individual is three months;**
- **Individual agrees for the person to participate as a respondent; and**
- **More than one respondent may be used if appropriate and agreeable to the participant.**

D, What is the timeframe for when levels are assigned by the SIS/LA PLUS Project team?

SIS/LA PLUS assessments are submitted to the SIS Project Director within three business days of the assessment. The SIS Project Team reviews all assessments within five business days of receipt of the assessment. At that time most assessments are accepted and level assignment occurs. If further information is needed or questions exist about the completeness of the assessment correction may be required. The support coordinator has three business days to complete and return corrections. The SIS/LA PLUS Project Team will respond in three working days.

13.2 PLANNING

- A. Is the provider required to be at the support plan meeting or can the individual refuse to let the provider attend? Are providers required to participate in the Discovery process?

The direct service provider must be present at the support plan meeting. If an individual is requesting that the provider not attend, then the support coordinator should assess why he/she does not wish for the provider to attend and either work with the individual to resolve any real issues or to obtain another provider with whom he/she is comfortable. The direct service provider is also expected to participate in the Discovery process as requested by the support coordinator. If the individual receives vocational or day services, then the vocational/day service provider is expected to attend meeting as well. This will not be possible when an individual is newly receiving the NOW.

- B. Will the support coordinator meet with the family initially and come up with goals and write the plan? At what point does the provider become involved in the process? Who writes the support plan? Will provider plans be turned in with support plan?

The support coordinator will meet with the individual/family/etc. based upon individual request to complete the SIS/LA PLUS and personal outcomes interview. A provider will be chosen prior to completion of the support plan. The provider should be present with other team members including the individual/guardian at the support plan meeting. The support coordinator will complete the support plan document based upon the planning meeting. The provider plan must be turned in with the support plan.

- C. Once a goal in the support plan is attained, should it be taken off the support plan?

If a goal is attained and no longer requires maintenance actions or supports, then it can be removed as a personal outcome item in the table. If it represents a personal goal, then it should be noted as an accomplishment in the appropriate section of the support plan. If it is related to a medical or behavioral issue/barrier, then it should be discussed in terms of positive improvements in the appropriate section of the support plan. If the goal is attained and continues

to require maintenance actions or supports, then it should continue to be noted in the personal outcomes table with the needed supports listed.

13.3 SHARED SUPPORTS

- A. Can the participants attend each others meetings?

If they invite one another and wish to attend, then they may do so. Each participant's support coordinator must explain the person's rights in relation to protected health information and explain that such information may be discussed in the team meeting. The participant does not have to share protected health information with his/her roommate.

- B. Do persons that share have to be of the same sex? If male and females do share supports, can a male staff member bathe a female participant? If a male staff cannot bathe a female, how can you make sure the female wants to bathe when there is a female staff available?

Persons do not have to be the same sex to share supports. It is common practice (and OCDD recommended practice) that male staff should not provide personal supports (bathing, dressing, completion of gender-specific ADLs related to hygiene) for a female participant. Each circumstance should be evaluated on case by case basis (Does the person require physical assistance to take a bath, or does he/she just need someone to verbally tell him/her to go and bathe?). OCDD recommends that male staff be used to provide personal supports for male individuals only. Female staff may provide personal supports to males or females.

- C. Must participants be married in order to live with someone of the opposite gender?

OCDD does not have any requirements relative to persons being married. This is a personal choice. Support teams must hold a risk/benefit discussion, identify necessary and appropriate support areas, and address through each person's support plan goals and strategies to meet personal goals, provide needed supports, and assure health and safety. Support teams are responsible for assuring people are not exploited, abused, or neglected. Appropriate consent must be obtained, and the Documentation for Authorization of Shared Staff and Release of Information in New Opportunities Waiver must be signed by responsible parties.

- D. What if two persons are sharing and shared monthly bills are put in one participant's name, such as the electric bill; what happens if sharing does not work or if one individual does not want to pay their share?

An IFS provider agency should have policies developed for these situations. It is the expectation that the two persons sharing would enter a contractual agreement and that both of their names would be listed on the lease and all bills.

- E. Would there need to be a consent signed to introduce people when developing shared supports?

No, introductions should occur as they do in any instance in which someone meets someone new. No private information needs to be shared to introduce people. They should agree to meet and, if interdicted, their guardians should be informed about the process being used to explore the possibilities of sharing. Once the individuals decide to share supports as roommates, consent is required. Individuals' protected health information remains confidential, even with the consent present. This means that even if a person is interdicted, his/her family cannot learn private things about the roommate. If sharing in casual/everyday situations only (not as roommates), then no consent is required because names of persons will not be included in support plans.

13.4 RESOURCE ALLOCATION

- A. How is allocating hours according to Resource Allocation Level System person-centered?

Each level sets a range with an upper limit of expected needed IFS hours. Members of the level will have different numbers of IFS hours used based upon individual support team determination of need. The level membership reflects general level of support needed across a variety of life areas. Members of the same group should generally require the same amount and type of support; thus, the level is used to determine range of needed IFS hours. The level does not determine where, with whom, or how the person spends his/her time. A personal outcomes assessment is completed prior to the planning meeting and used to develop a life vision and goals. The plan is then developed to assist the individual in achieving these goals and addressing other support needs required for maintenance of health and well-being. Each person's life vision, goals, support needs, and plan will be tailored based upon his/her interests, likes/dislikes/etc. and no two plans should look the same. However, individuals in the same level will generally have similar needs in terms of the amount of IFS hours and support needed. A process is also in place to request (based upon assessed need) additional hours above the level guidelines. A committee will review these need requests and where there is a justified need additional hours may be incorporated into the plan.

- B. Why do the day program hours change from level to level in the chart?

With regard to Day Program/Activities hours, numbers in the Guidelines for Planning reflect anticipated use based on review of persons in each level. It reflects the assumed number of day program hours for individuals who are in that level.

In "Lives with Family" table, members of Level 1A are allocated fewer than 30 hours of Day Program hours. In our review of persons who are currently members of Level 1A, many people were competitively employed and were not using Day Program hours. The less than 30 hours reflects those observations, demonstrated diminished need of people who are actually in Level 1A.

Members of Level 5 and Level 6 are also allocated less than 30 hours in the Guidelines. While one of the underlying principles of the model is that persons should have meaningful day activities, in looking at persons who are actual

members of Level 5, many had medical support needs and medical conditions that prohibited full time day activity participation.

When looking at actual current members of Level 6, many had behavior support needs and/or mental health conditions that limited ability to participate in day activities for 30 hours a week. The reduced hours allocated reflects what was observed in looking at these people, their needs, and capabilities.

Persons may freely access additional Day Activities hours (i.e., If member of Level 5 wants greater than 12 hours, he/she may access this. If member of Level 3 requires greater than 30 hours, he/she can access this).

Additional Day Activities hours can be freely accessed within the NOW service limits (Whereas additional IFS hours beyond the "Guidelines for Planning" must be requested through the Guidelines for Planning State Office Review Committee.).

- C. Do conversions apply to all hours for initial planning? Can flexible hours be converted as well?

Conversion options apply to all hours for initial planning. See Section 5 of the Guidelines for specific information on conversion of hours to establish the typical weekly schedule (initial planning) and the different process of conversion of IFS hours for flexible hours (after a person has a prior approved plan).

- D. Is this move comparable to what other states are doing with waivers?

Yes. Most others states are moving toward developing resource allocation models, and the most commonly used assessment in these efforts is the SIS. Most states are emphasizing **natural supports, meaningful day activities, and shared supports. No other state to our knowledge has an uncapped waiver built on 24 hour 1-on-1 supports. Most other states have either capped waiver services or rely on shared supports (with the smallest setting typically being four individuals). The NOW allows up to three individuals to share supports.**

GENERAL QUESTIONS

- A. Can people retire and at what age?

People receiving NOW services can retire just as anyone can retire. The guideline for retirement age should be the typical social security retirement age, taking into account individual differences/choice/needs as appropriate. It is important to remember that retirement does not mean that the individual does not engage in meaningful activities during the day. For any individual who retires, the team will need to explore individual preferences in terms of retirement/senior activities, volunteer opportunities, hobbies, and other interests.

- B. What is the timeframe for all these expectations to occur for a new participant; that is, once he/she receives the letter offering the waiver, how soon can services actually begin?

Each individual/family will receive a NOW offer letter explaining waiver services and the process for accessing the offer. The participant/family must return the Support Coordination Freedom of Choice form and Waiver Acceptance/Inactive/Declination form to SRI. At that time, SRI will link the participant to a support coordination agency. The participant must obtain a completed 90-L from his/her physician. The assigned support coordination agency will contact the participant within 3 days following linkage to begin the discovery assessment and planning process. The discovery assessment and planning process is expected to take approximately 60 days. Plans are generally approved within 10 days following submission to the OCDD Regional Waiver Office. Services may begin as early as the day following plan approval.

- C. How will this process be monitored by the regions (quality enhancement)?

The quality monitoring process has several components:

- **The first one hundred plans and every plan a newly trained support coordinator completes will be reviewed by a joint committee from OCDD Central Office and OCDD Regional Waiver Office to determine**

certification of the support coordinator in the planning process. Re-certification will be completed on an annual basis.

- For every plan completed, the support coordinator supervisor will complete a plan review using the Individual Supports Review document.
- The plan of care and the Individual Supports Review will be submitted to the OCDD Regional Waiver Office for review and approval.
- Once a plan is approved and implemented, regular required quarterly reviews will be completed with the support coordinator completing a Quarterly Quality Review to determine individual status and progress in targeted areas.
- Data will be reviewed by Central Office and OCDD Regional Waiver Office regarding plan certification (by region, by agency, by support coordinator) and each quality area (by region, by support coordination agency, by support coordinator, and by provider).
- This data will be used to determine areas in need of further training and technical assistance.

D. Is there an age limit for individuals that are support workers?

Support workers must be at least 18 years old (Title 50 Chapter 1 Section 101.E.2.a of Standards of Payment).

E. Right now I have a lot of family support with my son; however, I am concerned about his care as I get older. What if I want to get the waiver later; can I do this?

If a person is on the Registry and is not interested in using NOW services immediately but would like to access the waiver later, he/she can request inactive status. Inactive status will hold the original protected request date. When the person is ready to request their NOW services, a written request should be submitted to the OCDD Regional Office/ Human Services District/ Authority asking for their waiver opportunity. The written request must include the person's original protected request date and state that he/she would like his/her name removed from Inactive status.

F. How will emergency situations be handled when a regularly scheduled **natural support** outing cannot occur?

If the person is receiving SIL services (SIL per diem), the SIL provider is responsible to provide back up support and emergency coverage.