

ACT 299
Report

- Title: Support Coordination Sub-Committee

- Background: Independent Support Coordination is an essential component of the service delivery system for home and community based waivers and is required as part of the CMS regulations. The current processes and outcomes related to support coordination across waiver services does not currently allow for easy access to services for recipients, responsive support with minimal delays or consistency across time for recipients. Numerous inefficiencies exist in the current system and processes. These inefficiencies surround multiple aspects of support coordination. Changes in regulations have resulted in further inconsistencies when updates to existing regulations do not occur simultaneously and/or when different regulations are applied to different waivers despite consistency in providers and support coordinators across these waivers.

- Goals: Given the current inefficiencies and their impact on outcomes for recipients, the Sub-Committee had the following goals based upon the scope and charge from the larger Act 299 workgroup.
 - To review the current support delivery system for support coordination for individuals receiving waiver supports from OCDD and OAAS and determine areas in need of change to streamline the current system and promote timely, efficient, and effective supports for all recipients.
 - To ensure that support coordination services are delivered in a manner that promotes access to all needed supports for all recipients.
 - To ensure an effective ongoing quality monitoring process that supports the sustainability of changes proposed and ongoing improvements.

- Strategy & Recommendations: The overall strategy of the group was dictated by the charge to the sub-committee to look at accountability, training, service access, and the larger business model/service approach for support coordination across OCDD and OAAS waivers. Based upon the review the following areas were identified as in need of improvement/changes:
 - Person centered focus in planning and support implementation and education for all parties
 - Improved communication across stakeholders
 - Over burdensome/unreasonable documentation requirements
 - Delays and repeat work in approval process with no real improvement in quality
 - Multiple plans of care and inconsistency across CPOC/ISP and provider plan of care
 - Focus on building natural support networks and community connections
 - Team approach to supports
 - SC turnover rates (training needs, procedures for continuity/access to documentation for activities completed by SC, clarification of SC roles and expectations by OCDD)
 - SC pay and rates (current SC pay is lowest 10th percentile nationwide)

- Funding concerns with regard to individuals moving from nursing homes
- Inconsistency between licensing regulations and existing requirements

The sub-committee reviewed current OCDD and OAAS initiatives that would address the identified areas in need of improvement. The following initiatives are believed to be relevant for addressing areas of improvement and should continue.

- Automation of Components of the Plan of Care process (OCDD and OAAS)
- Modification of the plan approval process to allow SC Supervisors to approve plans with regional staff completing oversight and monitoring functions (OCDD and OAAS)
- Implementation of Support Coordination Monitoring Tool and Process (OCDD and OAAS)
- Modification to performance expectations through Statement of Work modifications (OCDD) or updated Performance Agreements (OAAS)
- Implementation of Provisional Plans of Care (OAAS)
- Implementation of Community Choices Waiver (OAAS)
- Changes in assessment update requirements (OCDD)
- Person Centered Thinking Initiative (OCDD)
- Implementation of modified ISP via pilot and refocus on annual planning beginning at the third quarterly meeting (OCDD)

The sub-committee recommends the following actions/initiatives for further systems improvements:

- Implement “specialization” of SCs with assignments to specific duties (OCDD and OAAS)
- Modify flexible hours options to include consideration of some “cushion” hours with alternate schedule if within resource allocation system and provide further training to providers with regard to flexible hours usage (OCDD)
- Modify process of planning for and scheduling meetings so that each upcoming meeting (quarterly or annual) is tentatively planned and scheduled at the previous meeting to ensure all needed parties are present and involved ; at 3rd quarterly meeting Sc and team evaluate effectiveness of plan and identify needs with preliminary annual plan draft sent prior to annual meeting to all parties so plan is finalized and signed by all parties at the annual meeting with no need for further review by team (OCDD)
- Move to a single plan of care rather than a waiver CPOC and then a provider plan of care (OCDD and OAAS)
- Review all paperwork requirements and remove any unnecessary paperwork and streamline/combine others (OCDD and OAAS)
- Set regular meetings/trainings with support coordination and providers present; consider using the current quarterly provider meetings with each regional area and include training on best practices (OCDD and OAAS)
- Develop and implement a support coordination core curriculum (OCDD and OAAS)
- Implement provider report card system (OCDD and OAAS)
- Develop tools for recipients and families to use to choose a support coordination agency and provider agency, informational material about what to expect from support coordinator and provider and establish rules/guidelines for changing providers (OCDD and OAAS)
- Assess possible funding mechanisms for individuals moving from nursing homes (OAAS)
- Complete a review of all licensing, CMS, and Department regulations to ensure consistency and make modifications as needed (OCDD and OAAS)

- Develop protocols for maintenance of documents upon termination or resignation of support coordinators (OCDD and OAAS)
 - Implement electronic signatures once the support plans are automated (OCDD and OAAS)
 - Recruit additional Supported Employment providers (OCDD)
 - Incorporate offering job training for each recipient at least at every annual planning (OCDD)
 - Implement funding mechanism at time of linkage for SC agency (OCDD and OAAS)
 - Address revision process (OCDD)
- Deliverables & Timelines
 - Area – Person-Centered Services and Planning Process
 1. Automation of budget documents
 - OAAS – 10/2011
 - OCDD – 1/2012
 2. Completion of OAAS electronic plan of care – FY 2012
 3. Completion of current work processes evaluation RE OCDD access to services and planning process
 - Present recommendations to OCDD EMT – (date)
 - Develop plan for development and implementation of automated aspects of the planning process for OCDD – (date)
 - ISP pilot – 12/2011 – 3/2012
 - Area – Access to Supports and Streamlining of Process
 4. Implementation of modified approval process for OAAS
 - 10/2011
 5. Modification of waiver rule for OCDD to allow for modified approval process
 - Children’s choice – Submitted to CMS 10/2011
 - NOW/Supports Waiver – 12/2011
 6. Implementation of modified approval process for OCDD
 - Within 30 days of receipt of approval from CMS
 7. Implementation of Support Coordination Monitoring Tool and Process
 - OCDD beginning in 10/2011 with 50% of agencies this FY
 - OAAS – 1/2012
 - Area – Joint Training, Improved Communication and SC Turnover
 8. Development of “specialization” areas for support coordinators (OCDD; OAAS has implemented already)
 - Definition - 12/2011
 - Implementation - 1/2012
 9. Offer training RE flexible hours usage and update as needed (OCDD)
 - Review and modification of previous training - 12/2011
 - Provide training - 1/1012 through 3/2012
 10. Implement Support Coordination Core Curriculum
 - Establish workgroup for development of support coordination core curriculum - 11/2011
 - Develop content areas and associated curriculum content – 6/2012
 - Assess options for automated/electronic training offerings – 6/2012
 - Implement support coordination core curriculum – Beginning 7/2012

11. Develop protocols for maintenance of documentation related to support coordinator turnover

- Initial development – 12/2011
- Review proposed protocols with support coordination alliance – 1/2012
- Implement protocols – 2/2012

Area – Teamwork and Movement to a Single Plan

12. Implement sanctions for deviations from the scheduling process for upcoming meetings (OCDD)

- 10/2011

13. Implement Single Plan of Care (final implementation will occur with ISP rolle out)

- Review licensing requirements RE provider plan of care – 12/2011
- Complete any modifications to Support Plan to address requirements – 1/2012

Area – Documentation, Consistency and Streamlining

14. Review paperwork currently used and determine options for streamlining

- Review and recommendations – 6/2012
- Implement modified paperwork requirements - Within 30 days of modifications

Area – Provider/SC Choice

15. Assess viability of provider report card system and present recommendations to OCDD and OAAS leadership

- 6/2012

16. Develop tools and informational handouts for recipients and families

- 6/2012

Area – Employment

17. Develop Strategic Partnerships RE Supported Employment (OCDD)

- Began in July and to continue throughout this FY

18. Define and collect baseline employment data (OCDD)

- 10/2011

19. Host listening sessions/forums in all regions RE employment needs (OCDD)

- 12/2011

20. Modify the Planning process to address employment needs and offering job training at each planning meeting

- 1/2012

21. Develop plan for second year pilot and implementation (OCDD)

- 6/2012

22. Draft proposed policy and rule changes for Supports Waiver (OCDD)

- 6/2012