

WEBVTT

1

00:00:01.709 --> 00:00:15.989

Good morning everyone, it's 11 o'clock so we will get started with today's webinar. Today. This is the 2nd session the waiver service question and answers. We do have a specific list.

2

00:00:33.000 --> 00:00:39.119

Environmental accessibility, adaptations, assistive, technology in home respite.

3

00:00:39.119 --> 00:00:42.659

Out of home respite, personal assistant services.

4

00:00:42.659 --> 00:00:47.369

Group home individualized supported, living, shared living.

5

00:00:47.369 --> 00:00:50.460

Community specialist and support broker.

6

00:00:50.460 --> 00:01:01.259

So, if you're familiar with our platform, and you know, that I will ask you to please submit your questions via the chat, when you do that, please select all panelists.

7

00:01:01.734 --> 00:01:06.924

Also, this session is being recorded, so you will be able to go back and revisit.

8

00:01:07.435 --> 00:01:16.855

It will be posted on our previous webinar page along with a transcript, a presentation and the Q and a documents, please know.

9

00:01:17.129 --> 00:01:29.280

That that Q, and a documents will include the questions that were not answered during the live session, and it will take a few days for us to get all of those questions reviewed. And response is provided.

10

00:01:29.280 --> 00:01:35.730

So, with that, I am going to turn it over to our 1st presenter today. Tanner Stevenson.

11

00:01:37.920 --> 00:01:44.579

Good morning everybody we will start with just a high level run through on the.

12

00:01:45.444 --> 00:01:48.625

Change it to the definition of community specialist,

13

00:01:49.165 --> 00:01:56.995

the definition was enhanced to include additional text and that reads a community specialist is a direct service,

14

00:01:56.995 --> 00:02:02.814

which may require higher level of skill set and training that assist the individual on achieving their outcomes.

15

00:02:03.444 --> 00:02:10.435

The community specialist performs the implementation strategies of the outcome through direct instruction communities.

16

00:02:10.680 --> 00:02:21.300

Specialist staff, maybe part of the person center planning process that identifies the individual's needs and desires however, does not authorize the service nor monitors the progress.

17

00:02:21.300 --> 00:02:22.645

Of the community special service,

18

00:02:24.264 --> 00:02:34.254

the aim for that is largely to just guarantee that the community specialists have the skills experience knowledge to address these specific outcome or goal,

19

00:02:34.254 --> 00:02:35.754

that the person needs assistance with,

20

00:02:36.655 --> 00:02:42.324

in that it's it's not a global approval of all individuals to service committee specialists.

21

00:02:57.030 --> 00:03:00.360

And on this slide at the top, you can see.

22

00:03:00.360 --> 00:03:09.955

The provider categories and provider types that community specialists applied to this has been changed in now reports as it does at the bottom of the screen.

23

00:03:10.344 --> 00:03:16.854

Um, this was intended to clarify who can offer the community special services, the language.

24

00:03:17.219 --> 00:03:21.629

Previously used the language at the top, seemed to a limit.

25

00:03:21.629 --> 00:03:33.060

The provider types, they could allow for community specialists, but this should open it up. So that any provider with a contract who has qualified staff to provide this service.

26

00:03:39.060 --> 00:03:44.789

And the new service, the new waiver service, individual, directed goods and service.

27

00:03:45.594 --> 00:03:59.905

The definition is at the very top, just to kind of clarification, the individual director goods and services or services supports are goods, not otherwise provided by another source and that can be paid for gifted donated um.

28

00:04:00.150 --> 00:04:09.960

And anything else that an individual and another resource that an individual could use to acquire these, the individual goods and services must.

29

00:04:09.960 --> 00:04:16.920

Meet the 8 required criteria, which will see on the next slide that address identified need of the individual.

30

00:04:18.055 --> 00:04:30.324

The individual directed goods and services will have an allowable 3000 dollars to be allocated to an individual through an ID GS or individual goods and services budgets. And we'll get to that shortly.

31

00:04:30.324 --> 00:04:33.805

So long as the services approved.

32

00:04:37.678 --> 00:04:46.769

These are the 8 criteria that must be met in order for individual goods and services service to be approved.

33

00:04:48.509 --> 00:04:55.949

They must meet the individual safety, needs community membership and also advances the desired outcomes in the individual.

34

00:05:31.978 --> 00:05:36.028

Individual direct goods and services must not be experimental or prohibited.

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00:05:38.519 --> 00:05:43.468

1 of the biggest questions that I just wanted to hint on, um.

36

00:05:43.468 --> 00:05:48.478

There's no cumulative or exhaustive list of services supports or goods that can be.

37

00:05:48.478 --> 00:05:54.959

Purchased using the individual directing goods and services service that does leave.

38

00:05:55.733 --> 00:06:10.553

What would qualify open and very broad that is intended an item that is purchase so really anything could qualify, but not everything will. So an item is purchase through individual directed goods and services for 1.

39

00:06:10.553 --> 00:06:25.343

individual may not be appropriate and or necessary for another person to purchase. It must advance a desired outcome as documented in the individual's and meet each of the criteria required for that individual.

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00:06:25.944 --> 00:06:37.613

This tailoring of the service limits. The ability to provide actual and true examples without assessing the need of each individual separately in conjunction with those required 8 criteria.

41

00:06:38.519 --> 00:06:47.848

Individuals will not pay.

42

00:06:47.848 --> 00:06:52.649

For the pay for the service and the be reimbursed, um.

43

00:06:52.649 --> 00:07:06.533

And then if we go to the next slide hike, Missouri's FMS or financial management service acumen will service the payer once service has been approved by.

44

00:07:07.858 --> 00:07:22.733

Division development, and and service budget will be created for the individuals. This will be separate than the budget that is used currently for self directed supports for medical committee specialist.

45

00:07:23.574 --> 00:07:28.944

The service budget will have its own service code, which we're discussing right now.

46

00:07:29.218 --> 00:07:32.879

But acumen in this case would make the.

47

00:07:32.879 --> 00:07:43.468

Payment to the vendor, providing the service support. Good under the service via invoices, which could be screenshots of various carts. Um, it could be a physical.

48

00:07:43.468 --> 00:07:49.168

Invoice that an individual received from a vendor and submitted with the.

49

00:07:49.168 --> 00:07:52.379

Assessment tool that we're currently working on, uh.

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00:07:52.379 --> 00:07:59.249

And then those amounts would then be deducted from that individual's specific service budget.

51

00:08:33.119 --> 00:08:44.094

Financial management service, and we have asked and plan on creating a cumulative list of vendors that have already submitted a form W9. That is not going to be repetitive.

52

00:08:44.094 --> 00:08:55.823

Where any each, any individual purchasing an item through will have to receive that W9. It will only be in the situations in which that vendor has not done. So already.

53

00:08:56.879 --> 00:09:06.178

And that includes services provided in any other states. So long as acumen has received that form W9 it will it will.

54

00:09:06.178 --> 00:09:13.918

Be applicable to the state of Missouri as well.

55

00:09:14.933 --> 00:09:29.783

And we're currently working through the mechanics of the services. We're creating an assessment of need tool. We're working with, you are on review and approval processes. We're working with acumen on unusual billing situations.

56

00:09:30.234 --> 00:09:30.864

Um.

57

00:09:31.259 --> 00:09:35.249

The inclusion of taxation and shipping.

58

00:09:35.249 --> 00:09:40.109

Where we're creating the service code for the budget themselves and, um.

59

00:09:40.109 --> 00:09:44.339

Once these processes have been finalized, they will be shared with everybody.

60

00:09:48.298 --> 00:10:00.869

Uh, the scope of support broker simply changed it added that is an item in what support works are permitted to provide information and assistance on 2 individuals.

61

00:10:00.984 --> 00:10:01.974

And or yours,

62

00:10:05.124 --> 00:10:19.344

and then last for the support brokers is that the requirement support brokers have experience or DD approved training is no longer reference in the definition itself is now referenced under each provider type specifications.

63

00:10:19.614 --> 00:10:21.474

And the requirement is.

64

00:10:21.808 --> 00:10:27.658

Under each provider type, so there should not be any change, which is a simple, uh.

65

00:10:27.658 --> 00:10:31.408

Rearrangement of where it's located in the labor.

66

00:10:34.499 --> 00:10:38.668

So, I can go through some of these questions um.

67

00:10:40.918 --> 00:10:51.328

That would be great. Tanner? Yep. The 1st, 1 from shay Bernard, is the community specialist able to train other staff working with an individual I.

68

00:10:51.328 --> 00:11:00.568

I don't know the answer to this question sheet. I would assume not. Um, I assume that the end of the community specialist.

69

00:11:00.568 --> 00:11:07.168

Would have those knowledge experience to help the individual themselves? Um.

70

00:11:07.168 --> 00:11:17.938

If a, the scope of community specialist is not to be duplicative. So, if a community specialist trains, other staff.

71

00:11:17.938 --> 00:11:23.428

That staff may be per providing services that the community specialist does not um.

72

00:11:23.428 --> 00:11:28.408

Now, does that mean that the community specialist is no longer.

73

00:11:28.408 --> 00:11:31.499

Needed I, I don't know.

74

00:11:35.369 --> 00:11:42.509

Jamie, can you Jamie Wilcox vendor? Can you give examples of service?

75

00:11:42.509 --> 00:11:55.408

We're reluctant to give examples Jamie, and that's simply because it will be specific to each and every individual based off those outcomes stated in that individual's. Now, if.

76

00:11:55.408 --> 00:12:03.089

For example, you and I sat down and went through an individual's isb specifically looked at those desired outcomes. How that worked.

77

00:12:03.089 --> 00:12:10.198

In conjunction with those 8 required criteria, an example, could probably be proven and give them, um.

78

00:12:10.198 --> 00:12:23.394

This is something that we have worked on, we plan on creating an example ourselves, using the allocation of need tool that we're developing right now once that is done. And we can give that to you. That will serve 2 purposes.

79

00:12:23.423 --> 00:12:32.394

1, give several examples of what would qualify, but how they would qualify in conjunction with the 8 required.

80

00:12:32.759 --> 00:12:35.969

Criteria and the individuals.

81

00:12:35.969 --> 00:12:46.229

Desired outcomes again how is different than adaptive equipment? Do you mean.

82

00:12:48.208 --> 00:12:56.609

I don't know the answer to that is specific to self directed supports, um.

83

00:12:59.548 --> 00:13:02.788

But Jay, let me follow up on that when you get back to you.

84

00:13:08.609 --> 00:13:20.729

When you Stroud, I think my confusion regarding is when I think of it, I think of how modifications okay. Accessible adaptations. I see this as a support only for SDS, right?

85

00:13:20.729 --> 00:13:26.188

My question is, where is the difference requesting this or just okay. Same answer. I'm not sure.

86

00:13:26.188 --> 00:13:35.369

I, it would really fall into and this may clarify your Shane as well. So, that service would it be provided.

87

00:13:36.568 --> 00:13:40.379

Using the code has aimed it. Um.

88

00:13:40.379 --> 00:13:47.548

Providing good services and supports that are not otherwise available through any other means.

89

00:13:47.548 --> 00:13:59.129

So, I hope that that might clarify some of this. So, if they can get those home modifications, um, accessible adaptations through another source, such as active equipment.

90

00:13:59.129 --> 00:14:03.178

It wouldn't qualify for the service.

91

00:14:07.139 --> 00:14:17.308

Ruth is the service only available to people who are self renting services? That is correct? It is specific to self directed supports.

92

00:14:26.573 --> 00:14:41.153

Let's see, can't Craig trying to understand how to explain for example, Internet could allow an individual to communicate access health care records, et cetera. If it meets the criteria is this an example? I would say, yes, if it needs.

93

00:14:41.399 --> 00:14:44.938

The criteria, um, if.

94

00:14:44.938 --> 00:14:50.639

Communication or improved communication through means of electronics.

95

00:14:50.639 --> 00:14:53.938

Instead of perhaps postage.

96

00:14:53.938 --> 00:14:59.999

It is a documented outcome in the isb. I'm sure that could be an example. Yes.

97

00:15:03.509 --> 00:15:13.408

Theresa legged, the consumer does not have to utilize the program for any other service to utilize. Correct?

98

00:15:13.408 --> 00:15:20.698

They can use admin for only the no, they must utilize the self directed supports program.

99

00:15:27.808 --> 00:15:33.538

Craig, can you give examples of what types of services can be purchased through the again?

100

00:15:33.538 --> 00:15:39.749

I don't have specific examples. I don't want to say that, um.

101

00:15:39.749 --> 00:15:44.183

A front load washer is an example, because it very well could be for some.

102

00:15:44.183 --> 00:15:56.244

It cannot be for others, depending on those documented outcomes in the, whether those front load washers can be acquired for that individual through another means another source and said.

103

00:15:58.198 --> 00:16:05.668

Is having a support broker an option? It is it is not required.

104

00:16:11.933 --> 00:16:20.063

So, is Greg your question? So, can only work in the vendors willing to provide invoices and wait for payment after the service.

105

00:16:20.063 --> 00:16:34.673

We have envisioned Uber being a great resource here, especially for employment but I doubt Uber will be interested in providing invoices and waiting for payment. Just want to confirm there's no way for individuals to pay and be reimbursed.

106

00:16:34.673 --> 00:16:38.964

Right now there's no way for an individual to pay and be reimbursed.

107

00:16:40.678 --> 00:16:48.688

Largely, Greg, that's because everything must be approved prior to the service being.

108

00:16:48.688 --> 00:16:52.198  
Utilized, I assume for.

109  
00:16:52.198 --> 00:16:57.989  
And because that budget will be specific to each.

110  
00:16:57.989 --> 00:17:02.849  
Purchase, I'm not sure how that would work with Uber.

111  
00:17:09.179 --> 00:17:21.598  
How does the person use a service and individual goods and services if  
the must reduce human assistance there are very few services that don't  
involve humans.

112  
00:17:21.598 --> 00:17:24.868  
How does the person use this service?

113  
00:17:24.868 --> 00:17:29.489  
And if it must reduce human assistance.

114  
00:17:29.489 --> 00:17:34.138  
Can't or yes, Chad. It looks like.

115  
00:17:37.439 --> 00:17:48.689  
Your question is there are very few services that don't involve humans  
again. I will stick with it so I don't get too out there with the  
examples.

116  
00:17:48.689 --> 00:17:59.578  
Front load, washer may reduce the need for a, to provide assistance. When  
doing the laundry right now the individuals.

117  
00:17:59.578 --> 00:18:06.598  
Have a top load washer and cannot reach down into the bottom of the  
washer to get everything. They need.

118  
00:18:06.598 --> 00:18:10.229  
That would reduce the need for human assistance.

119  
00:18:10.229 --> 00:18:23.249  
If it helps, do you really need a broker support? Brokers are highly  
recommended. They provide a lot of good information and can direct  
individuals.

120

00:18:23.249 --> 00:18:26.308

To the various resources available.

121

00:18:31.949 --> 00:18:40.378

Then, Ronda Crocker has providing some clarification that they would need to check with federal programs union because Internet is not fundable through other waiver services.

122

00:18:40.378 --> 00:18:46.469

And CMS is specifically exclude that.

123

00:18:55.854 --> 00:19:07.044

If a family, so, Ruth, your if your family would want to use self directed for P a. but they are held back because they don't have a computer Internet home, could they potentially use to pay for that?

124

00:19:10.949 --> 00:19:14.999

Ruth that we'd have to sit down and go through the assessment and see what that looks like.

125

00:19:14.999 --> 00:19:16.074

I I can't say,

126

00:19:16.074 --> 00:19:16.493

yes or no,

127

00:19:16.493 --> 00:19:17.094

at this point,

128

00:19:21.054 --> 00:19:21.324

uh,

129

00:19:21.683 --> 00:19:33.503

just to clarify all the people currently receiving or community specialists can utilize that is correct is specific to self directed supports and the individuals within participating.

130

00:19:36.239 --> 00:19:50.939

If someone would like to be able to learn to drive, could I used to pay for driving lists Ruth? Um, great question. I'd almost feel like that might fall into a community specialist situation. If you could hire a.

131  
00:19:52.019 --> 00:19:55.648  
Retired driving instructor that would.

132  
00:19:55.648 --> 00:20:06.358  
That may serve as a great community specialist, rather than purchasing that through. But again, each of these are so specific to the individual. Those.

133  
00:20:06.358 --> 00:20:16.019  
Those outcomes documented in the isb as well as those 8 criteria and I'm not sure that this 1 would need it if it's provided through another service.

134  
00:20:16.019 --> 00:20:20.999  
And this would likely increase human assistance. So it will.

135  
00:20:20.999 --> 00:20:25.949  
Ruth is difficult to say, but I think that were far more in line with community specialist instead of.

136  
00:20:40.973 --> 00:20:45.564  
Thank you. Hi, the question is there any discussion of being available to consumers?

137  
00:20:45.564 --> 00:20:57.144  
Not in the self directed support program in the future just trying to determine why only those and self directed sports would be recognized as having needs outside other wavered services. Um.

138  
00:21:03.118 --> 00:21:06.538  
Right now I haven't been a part of any discussions.

139  
00:21:06.538 --> 00:21:10.528  
In which I would be available outside of the self sports program.

140  
00:21:21.028 --> 00:21:26.213  
Okay, we will go ahead and move on to, um, environmental accessibility adoption.

141  
00:21:26.663 --> 00:21:40.763  
And in our previous discussion, we did indicate that there would be the addition of language that allows for the EA service to be used towards

the purchase of an existing adaption in a Pre owned vehicle. So we wanted to add some clarifying points.

142

00:21:42.983 --> 00:21:56.634

Medicaid funding must be paid directly to a contracted provider. Therefore, the purchase of the vehicle must be through a dmhc contracted provider. So this does eliminate the option of the individual to receive direct Medicaid funds to make the purchase on their own.

143

00:21:57.233 --> 00:22:10.163

Um, the contractor provider must also submit an invoice or purchase order for the price of the vehicle adaption only and ensure it does not include the price of the vehicle, or include any labor cost since the adaption is already present in the vehicle.

144

00:22:10.163 --> 00:22:12.443

There should not be any labor costs associated.

145

00:22:12.719 --> 00:22:22.409

Um, as with all home and vehicle modifications, um, there must be an evaluation to recommend the need for the adaption or the modification.

146

00:22:23.153 --> 00:22:34.284

Next slide, please just reiterate the waiver funds is, of course, used only for the adaption and not for the actual vehicle costs.

147

00:22:34.284 --> 00:22:42.173

So, there is a need to differentiate the 2, um, to ensure that we can separate the cost of the vehicle from the cost of the adoption. Um, this can be.

148

00:22:42.479 --> 00:22:54.834

Done through a, uh, multiple resources 1 being the blue book, but there are other resources out there that are optional to use. Um, and really what we're trying to narrow down is to determine the value of the unmodified vehicle.

149

00:22:55.253 --> 00:23:08.273

Um, whatever tool you choose to use to make this determination should be included in the request for the IAE service. Um, so there can just be a reference of where you did obtain the, um, the decision and the, the, uh, information.

150

00:23:09.233 --> 00:23:23.993

Um, next slide, um, the other change is that the previous language cap, the annual limit to 7,500, with the option to submit an exception for consideration up to 10,000. um, the new limit is going to be 10,000 for all home mod vehicle services.

151

00:23:23.993 --> 00:23:36.173

And this does not require the need for an exception. So, there is no option for an exception. Above 10,000 dollars is that is the Medicaid cap and that will be the limit. This just.

152

00:23:38.334 --> 00:23:46.253

Actually resolves the need for an exception up to 10,000. um, this increased to 10,000 is being supported with the FMS funds specific to 22.

153

00:23:46.253 --> 00:23:58.973

so, continuation of this limit into subsequent or fiscal years will require budget review and approval in the future. Um, for the time being though, again, that exception is no longer required to reach the 10,000 limit.

154

00:24:01.378 --> 00:24:14.489

Hi good. That's really all I have. I don't see any questions popping up immediately in the chat, unless I have missed anything. Um, so if there are questions that do present, um, please let me know, and I'll be happy to follow up.

155

00:24:17.429 --> 00:24:29.848

Hi, Holly, this is Emily from and I think we need the clarification. The limit is still 7,500. you do require a.

156

00:24:29.848 --> 00:24:33.719

An exception to to go up to 10,000.

157

00:24:39.179 --> 00:24:47.489

Okay, I'm sorry. I'm sorry I had to unmute for a 2nd. Okay so the exception process I apologize.

158

00:24:47.489 --> 00:24:56.009

An exception may be approved by the regional director and DD deputy assistant with the max of 10,000 per year.

159

00:24:56.009 --> 00:24:59.939

Per individual yeah. Okay. Okay. Thank you.

160

00:24:59.939 --> 00:25:12.719

Yeah, I guess I should clarify the maximum limit is 10,000, but you have to have that exception to go over to 7,500. okay. Exception has to be completed. Okay, thank you. For that clarification.

161

00:25:27.388 --> 00:25:37.499

So, we didn't have a lot of questions on assistive technology. Um, I know assistive technology is still really new to some people to just to give an overview. It's that.

162

00:25:37.499 --> 00:25:40.648

Same devices.

163

00:25:41.003 --> 00:25:54.983

Products and solutions that we use on an everyday basis, without knowing it that our individuals can now use and remember as a technology 1st state. Um, we think about technology, but technology does not need to stand alone.

164

00:25:55.013 --> 00:26:02.183

It's up for customization and connection with all other services.

165

00:26:02.278 --> 00:26:17.183

So, please keep that in mind. And if you have any questions about that, you always feel free to contact me and we can work through specific individuals. Um, our main questions for concerning consulting and our new codes.

166

00:26:17.213 --> 00:26:20.334

So, consultation is not a requirement.

167

00:26:20.429 --> 00:26:23.759

Um, it can be used, um.

168

00:26:24.929 --> 00:26:29.459

To help decide what technologies might be the most beneficial.

169

00:26:29.459 --> 00:26:33.479

But you don't have to have a consultant, the planning team can look at.

170

00:26:33.479 --> 00:26:38.578

The situation and outcomes and decide for themselves what technologies might be useful.

171

00:26:38.578 --> 00:26:43.679

Um, the other main questions we had were concerning our new codes.

172

00:26:43.679 --> 00:26:56.489

Um, so this remote support code does cover all 4 codes. Um, so if you have a remote support, which would include your personal emergency device.

173

00:26:56.489 --> 00:27:01.828

Are your medical emergency device? These would all be built under that a.

174

00:27:01.828 --> 00:27:08.128

9999 GT code, um, all of our remote sports would be built that way.

175

00:27:08.128 --> 00:27:15.659

If you're just looking for equipment or devices, um, that would still be built under that equipment code with the modifier.

176

00:27:15.659 --> 00:27:19.019

Again, if if you're a.

177

00:27:19.019 --> 00:27:22.108

Assistive technology provider our community.

178

00:27:22.108 --> 00:27:27.358

Support provider that, uh, needs to do some work around your.

179

00:27:27.358 --> 00:27:36.179

Response center, please reach out to me. We can work through those 1 on 1 and we can we're working on making sure that all the codes are updated on the contracts as well.

180

00:27:38.848 --> 00:27:42.598

And I also am not seeing any questions so.

181

00:27:42.923 --> 00:27:54.773

If you come up, I'll pop back over, we did have a question come in that goes back to the, a Shelley.

182

00:27:54.773 --> 00:27:59.814

If you want to take a look at that in the chat box, we could grab that question. Really quick.

183

00:28:00.118 --> 00:28:04.739

Said what is the process for an exception to E a.

184

00:28:20.969 --> 00:28:24.749

Or we can roll right on to 1.

185

00:28:27.388 --> 00:28:34.288

All right, we'll follow up and get that exception process later.

186

00:28:34.288 --> 00:28:38.729

Um, out to people, so we'll move on to home delivered meals.

187

00:28:38.729 --> 00:28:46.858

Home delivered meals is the preparation, packaging and delivery of meals to those unable to prepare or obtain nourishing meals.

188

00:28:46.858 --> 00:28:59.009

It is a supplement to the local home delivered meal at no service cost a full regiment of free meals a day. Shall not be provided under the htbs waiver. No more than 2 home delivered meals. We delivered.

189

00:28:59.009 --> 00:29:03.148

Um, on any given day, for a maximum, 14 meals a day.

190

00:29:03.148 --> 00:29:16.378

Each meal is a unit of service, the individual's addresses how the individual's health care needs are being met services will be monitored by the support pointer through the isb to avoid duplication with other services.

191

00:29:20.788 --> 00:29:31.709

In order to receive home delivered meals, there is some criteria the individual must need they must be unable to prepare some or all of his or her own meals.

192

00:29:31.709 --> 00:29:46.378

They cannot have any natural supports available to prepare the meals whether that is in the moment, or whether that's preparing ahead of time for them to warm up for themselves. And they need to have a need identified in the individual support plan.

193

00:29:46.378 --> 00:29:51.989

And there is a list of the provider requirements that we went over from the last time, just to offer a reminder.

194

00:29:56.729 --> 00:30:03.868

For in home respites, um, there weren't a whole lot of questions around this. I think it was pretty clear.

195

00:30:03.868 --> 00:30:11.818

But a question or situation or rows outside, just want to provide some clarification that in home Russ that is provided in the individual's home.

196

00:30:11.818 --> 00:30:15.929

Or a private place of residence, um, you can't.

197

00:30:15.929 --> 00:30:19.169

Offer the service at a.

198

00:30:19.169 --> 00:30:29.729

Outside physical locations, say a group home and call it in home rested and home respite is in the person's place or a private place of residence.

199

00:30:33.354 --> 00:30:48.203

Out of home respites is provided outside of the person's home so very similar reverse of the previous service. It cannot be provided in the person's home. It's a short term service due to absence or need.

200

00:30:48.203 --> 00:30:51.804

Really? For those who normally provide care for an individual.

201

00:30:52.348 --> 00:31:02.098

Out of home respite is used by an unpaid caregiver. It is not for use by providers and it is not compatible with residential services.

202

00:31:02.098 --> 00:31:05.159

Those services meet the needs of the individual.

203

00:31:08.159 --> 00:31:21.148

There was a little bit of clarification needed. We realize that the language here is kind of a little unfamiliar, but the actual service limits for out of home respite is 60 days annually.

204

00:31:21.148 --> 00:31:27.358

However, in the service definition, we had the unless exception approved by rod or designee.

205

00:31:27.358 --> 00:31:38.338

Cms wanted to know well, what's your hard cap if you're going to go over the 60 days? What's the hard cap that the rod can provide an exception up to.

206

00:31:38.338 --> 00:31:48.028

And the exception up 2 is no more than 6 months. They asked us to create a hard cap. So that's not the goal. That's not.

207

00:31:48.028 --> 00:31:59.999

The intent for everyone to ask for 6 months in extenuating circumstances. With an exception an individual could be approved for more than 60 days of respite. But.

208

00:31:59.999 --> 00:32:06.419

Not more than 6 months. They just wanted a hard cap in there. They didn't want us to leave it open.

209

00:32:09.419 --> 00:32:17.608

Just a reminder on the out of home, temporary residential that we did add some settings to the out of home respite, which is.

210

00:32:17.608 --> 00:32:20.939

An awesome achieve it. We're so glad to have that happen.

211

00:32:20.939 --> 00:32:32.788

I wanted to clarify that while these are all the sites listed explicitly, not listed, not eligible for provision about a home respite is an individualized supported living.

212

00:32:32.788 --> 00:32:35.818

Service location.

213

00:32:35.818 --> 00:32:41.308

So, you can do out of home, respite, temporary, residential and group homes, standalone facility.

214

00:32:41.308 --> 00:32:48.179

A host home who is not currently serving anyone in that home through shared living.

215

00:32:48.179 --> 00:32:55.019

Um, and also shared living relief homes, but cannot be provided and setting.

216

00:32:59.759 --> 00:33:13.588

For a personal assistance, um, there was no real core definition changes, but just a few reminders that personal assistant is always in the presence of the person staff cannot sleep during the service provision.

217

00:33:13.588 --> 00:33:18.868

It is limited to additional services, not otherwise covered by state plan.

218

00:33:18.868 --> 00:33:31.949

And for those, receiving through that new component, or new language, revision team, collaboration can be included in the individual's budget limited to 120 hours per plan year.

219

00:33:37.284 --> 00:33:40.493

We were able to successfully maintain the appendix,

220

00:33:40.493 --> 00:33:40.943

Kate,

221

00:33:41.064 --> 00:33:41.334

um,

222

00:33:41.334 --> 00:33:42.983

hospital support definition,

223

00:33:43.614 --> 00:33:44.064

um,

224

00:33:44.094 --> 00:33:57.804

for individuals hospitalized staffing supports normally provided through applicable waiver services may assist with support supervision communication and any other supports that the hospital is unable to provide the service must be identified in the person's.

225

00:33:58.828 --> 00:34:04.348

Must be provided to meet the needs of the individual that are not met through the provision of hospital services.

226

00:34:04.348 --> 00:34:07.409

It is not a substitute for the hospital.

227

00:34:07.409 --> 00:34:11.458

Um, is obligated to provide those conditions of participation.

228

00:34:12.534 --> 00:34:26.784

It can be designed to ensure smooth transitions between acute care settings and home and community based settings and to preserve the individual's functional abilities. The providers should work with the hospital to determine what fits into the hospital scope of service provision.

229

00:34:27.088 --> 00:34:34.858

As well, as to what other services they may provide such as sitter services that the individual may be able to access from them.

230

00:34:34.858 --> 00:34:49.469

So, hospitals are not a 1 size fits all and each individual is not a 1 size fits all still going to have to work with the hospital and question and that specific individual support needs to determine what can.

231

00:34:49.469 --> 00:34:53.458

Um, what can the provider do in that setting in that situation?

232

00:34:57.599 --> 00:35:06.539

Um, 1 of the, the big changes that we saw from this waiver, renewal was, um.

233

00:35:06.893 --> 00:35:15.293

That people who are receiving group home or shared living services cannot also receive personal assistance.

234

00:35:15.534 --> 00:35:26.693

I know in our 1st, training session, we had said that the date for transition was September 22nd we've since issued a memo of clarification that we're asking for those transitions to occur.

235

00:35:27.539 --> 00:35:30.688

No, later than September 1st of 2022.

236

00:35:30.688 --> 00:35:39.208

Service alternatives for people who were receiving and either group home, including semi independent living.

237

00:35:39.208 --> 00:35:51.809

Or shared living could include dehabilitation, employment services and increase staffing pattern and remote supports in an setting.

238

00:35:51.809 --> 00:36:04.079

Seymour reflects residential, specific codes for group home and that was a specific question from the last original session regarding whether.

239

00:36:05.364 --> 00:36:09.954

A location is in assisted living facility or residential care facility,

240

00:36:10.074 --> 00:36:20.724

the support coordinator will need to ask the or for confirmation of exactly what setting or what side of the setting program the person is receiving.

241

00:36:21.059 --> 00:36:24.059

That won't be reflected in Seymour.

242

00:36:27.478 --> 00:36:39.599

So, group, homes, service, definition our core definition did not change. I left to this slide here to remind people that the core definition has always included assistance in areas of.

243

00:36:39.599 --> 00:36:48.869

Interpersonal skills, community, living skills, health care, socialization, money, management and household responsibilities. Those have.

244

00:36:48.869 --> 00:36:53.068

Always been or for, I shouldn't say always, but for many years.

245

00:36:53.068 --> 00:36:56.608

Has been a part of the group home service definition.

246

00:36:59.759 --> 00:37:11.398

Um, the group home likewise is also, um, eligible for the hospital support component. Um, in the case of a group home, they're going to build to a separate code.

247

00:37:11.398 --> 00:37:16.228

Uh, specifically designed for the hospital supports, so the agency will.

248

00:37:16.228 --> 00:37:23.849

Bill, absent for the group home, but they'll be able to code billing to the 1 to 5.

249

00:37:23.849 --> 00:37:28.139

So, similarly, to what we capture the personal assistants.

250

00:37:28.139 --> 00:37:31.139

The hospital supports are meant for the same purpose.

251

00:37:31.139 --> 00:37:42.599

Staffing sports normally provided through applicable waiver services may assist with support supervision, communication and any other supports of the hospitals unable to provide.

252

00:37:42.599 --> 00:37:45.688

The service must be identified in the.

253

00:37:45.688 --> 00:37:51.659

Must be provided to meet the needs of the individual that are not met through the provision of hospital services.

254

00:37:51.659 --> 00:37:56.398

Are not a substitute for services that the hospitals obligated to provide.

255

00:37:56.398 --> 00:38:08.969

Uh, and maybe designed to ensure smooth transitions between acute care settings and home and community based settings and to preserve the individual's functional abilities. And again, in these situations, you need to work with the hospital.

256

00:38:08.969 --> 00:38:22.980

To find out what their requirements are, and their optional service provisions are available to determine in this individual situation. What kind of supports would fit underneath hospital supports for that person.

257

00:38:25.800 --> 00:38:29.039

Uh, likewise, as I mentioned under the P a.

258

00:38:29.039 --> 00:38:32.250  
The, the new limitation.

259  
00:38:32.250 --> 00:38:42.599  
That P, a, um, individual skills development community networking are core components of a group home service definition. Therefore.

260  
00:38:42.599 --> 00:38:47.820  
Those services are no longer compatible with group home service definition.

261  
00:38:47.820 --> 00:38:56.909  
So anyone receiving personal assistants, individual skills development are cleaning networking and also receiving group home. We need to have those services transitioned.

262  
00:38:56.909 --> 00:39:00.030  
To the appropriate service no later than.

263  
00:39:00.030 --> 00:39:13.014  
Um, September 1st of 2022, and you might want to refresh reference the memo that we distributed last week. Um, see more reflects a waiver, residential specific codes for group home. Again, for the support.

264  
00:39:13.224 --> 00:39:20.545  
Queries should ask the provider for which confirmation of which side of the programming the person is receiving services from.

265  
00:39:22.409 --> 00:39:32.579  
Service alternatives for people who were receiving, or community networking in conjunction with group home, including semi independent living.

266  
00:39:32.579 --> 00:39:46.949  
Um, are eligible to consider rehabilitation, employment services, um, or remaining at their group home during the day whose responsibility it is to ensure that they are involved in their community and have those resources available to them.

267  
00:39:51.179 --> 00:39:57.059  
For individualized supported living no core changes to the definition.

268  
00:39:57.059 --> 00:40:02.190  
Um, it would just reflect a slight change to, uh.

269

00:40:02.190 --> 00:40:08.880

Point out the 4 sets of principals, community membership, self determination, rights, and meeting basic needs.

270

00:40:12.269 --> 00:40:17.519

I services are provided in the home in which, uh, on Friday.

271

00:40:17.519 --> 00:40:28.019

The home in which a person receives ISIL services is the private dwelling, not a licensed facility. So, again, just tweaking a little bit of language there to support the home and community based services.

272

00:40:28.019 --> 00:40:37.500

And, of course, reiterating that each individual in the home has free choice a provider and is not required to use the same anistel provider chosen by their housemate.

273

00:40:37.500 --> 00:40:42.420

Um, in a scenario where 1 person in a home selects a different provider.

274

00:40:42.420 --> 00:40:49.559

Therefore, they are not sharing a provider with the other housemates. They're not sharing a staffing pattern with the other housemates.

275

00:40:49.559 --> 00:40:55.590

Um, completely separated, then the single person I asked cell guidance will apply to the person.

276

00:40:55.590 --> 00:40:58.889

Um, who was choosing to select a different provider.

277

00:41:03.059 --> 00:41:11.550

Also, as as a group home, we have individualized supported living, um, also eligible for the hospital support component.

278

00:41:11.550 --> 00:41:14.730

That would build to the 525.

279

00:41:14.730 --> 00:41:26.340

Same reiteration must be identified in the person's must be provided to meet the needs of the individual. Not met through the provision of hospital services.

280

00:41:26.340 --> 00:41:30.929

Are not a substitute for services at the hospitals obligated to pay for.

281

00:41:30.929 --> 00:41:40.320

Can be designed to ensure a smooth transition between acute care settings and home and community based settings and to preserve the individual's functional abilities. And again.

282

00:41:40.320 --> 00:41:45.565

You'll work with that hospital to find out what their requirements are to fulfill their,

283

00:41:46.074 --> 00:41:51.474

their federal state law and what other services they might offer as a hospital,

284

00:41:51.474 --> 00:41:59.815

such as center services and evaluate the individual situation with that individual hospital to see if there are supports that.

285

00:41:59.815 --> 00:42:02.574

The service could offer to the individual.

286

00:42:05.789 --> 00:42:09.780

Um, as we talked in previous services, um.

287

00:42:09.780 --> 00:42:14.940

The personal assistants, individual skills, development and community networking.

288

00:42:14.940 --> 00:42:18.449

Our components of the individualized supported living service.

289

00:42:18.449 --> 00:42:25.739

Therefore, they cannot be authorized in addition to individualized supported living services.

290

00:42:25.739 --> 00:42:31.769

So, individuals who are currently receiving a combination of or community networking.

291

00:42:31.769 --> 00:42:35.369  
And, um, must be.

292  
00:42:35.369 --> 00:42:43.289  
Converted over to the appropriate alternative. No later than September 1st, the 2022 for the memo.

293  
00:42:43.289 --> 00:42:47.070  
Service alternatives for people who are.

294  
00:42:47.070 --> 00:42:50.760  
Can be networking and services.

295  
00:42:50.760 --> 00:42:54.570  
Include employment services.

296  
00:42:54.570 --> 00:42:58.019  
Increased by cell staffing patterns and.

297  
00:42:58.019 --> 00:43:04.530  
Technology 1st, remote support when they are receiving services.

298  
00:43:04.530 --> 00:43:15.809  
Excuse me shared living again our definition to the core did not change shared living is about sharing life experiences.

299  
00:43:15.809 --> 00:43:19.170  
In the community with the family, um.

300  
00:43:19.170 --> 00:43:28.260  
So that that core did not change, whether they're sharing a home with a host, or whether they are opening their home.

301  
00:43:28.260 --> 00:43:31.650  
Or the individual is opening their home to a companion.

302  
00:43:35.489 --> 00:43:38.760  
So, while shared living is often, um.

303  
00:43:38.760 --> 00:43:49.349  
Sharing the experiences of belonging to a family or sharing a home with a person, um, there are service expectations that are.

304

00:43:49.349 --> 00:43:54.059

To be met regarding the care and support to develop skills.

305

00:43:54.059 --> 00:44:08.820

Um, to belong to their community, it's not simply a service that's providing someone's home. It still has to be home and community based compliant and it still has to include, um, community, independent community, inclusion and independence.

306

00:44:08.820 --> 00:44:16.679

Transportation for the shared living provider, host or companion is included in the shared living rate.

307

00:44:16.679 --> 00:44:23.070

Additional transportation to a day program may be authorized in addition to the shared living service definition.

308

00:44:23.070 --> 00:44:31.710

Transportation to community activities, provided by the host or companion our components of a shared living budget and may not be authorized separately.

309

00:44:34.440 --> 00:44:43.829

Similarly, to the and group home services shared living is available to bill for hospital support. So, the S5 1, 2 5.

310

00:44:43.829 --> 00:44:49.260

Same reiteration there must be identified the isb.

311

00:44:49.260 --> 00:44:55.139

Must be provided to meet the needs of the individual or not met through the provision of the hospital supports.

312

00:44:55.139 --> 00:45:01.050

Cannot substitute for services at the hospital's obligated to provide those conditions of participation.

313

00:45:01.050 --> 00:45:09.594

May be designed to ensure smooth transitions between acute care settings and Coleman community based settings and to preserve the individual's functional abilities.

314

00:45:10.164 --> 00:45:17.063

Again, you work with the hospital with the individual's unique circumstances and their medical need in that moment in that hospital.

315

00:45:17.369 --> 00:45:26.849

To determine what the hospitals responsibilities are, and what the shared living service provider might be able to code through the 1 2. 5.

316

00:45:30.269 --> 00:45:34.739

The shared living service, like, and group home.

317

00:45:34.739 --> 00:45:47.940

Includes components of personal assistant, individual skills, development and community networking within the service implementation. Therefore, it is incompatible with or community networking.

318

00:45:47.940 --> 00:46:01.019

All individuals currently or community networking, and also receiving shared living services must have their service converted by September 1st 2021.

319

00:46:01.019 --> 00:46:06.150

Service alternatives are for consideration employment services.

320

00:46:06.150 --> 00:46:12.780

dehabilitation services are choosing to remain in their own home with the support, provided their.

321

00:46:14.519 --> 00:46:18.780

I am going to go back up. We have a little bit of time.

322

00:46:18.780 --> 00:46:22.289

Um.

323

00:46:23.699 --> 00:46:28.650

Trying to go up because there were a few other questions.

324

00:46:30.300 --> 00:46:42.780

We will answer the through, um, the Q and a, because they're asking about the process to be completed.

325

00:46:51.054 --> 00:47:00.474

Does Holly I know you're still on, but I'm gonna hit this 1 for you. So you don't have to come off of mute, do all 4 components of.

326

00:47:00.809 --> 00:47:07.590

This is the technology bill as the 9, 9, 9, 9 GT.

327

00:47:07.590 --> 00:47:10.920

Or what if there's just a couple of the newer codes.

328

00:47:10.920 --> 00:47:14.489

If it is related to remote supports.

329

00:47:14.489 --> 00:47:19.050

All 4 components built to 8, 9, 9, 9, 9 GT.

330

00:47:19.050 --> 00:47:27.030

So, there's no break out under remote supports of those 4 components. The components still exist to help you.

331

00:47:27.030 --> 00:47:31.019

Navigate your way through maybe what should we do? 1st. Oh, well, let's do.

332

00:47:31.019 --> 00:47:35.820

A student assessment. Oh, well, let's think about maybe we need to do some.

333

00:47:35.820 --> 00:47:49.735

Um, you know, some ongoing supports for that year to make sure that they're understanding the technology and the service delivery of remote supports. So you can still use those 4 components to help you guide designing a plan for the individual.

334

00:47:50.094 --> 00:47:55.195

But they all bill to a 999 GTE, if they relate to remote supports.

335

00:48:00.119 --> 00:48:10.289

Um, Greg asked if a residential provider is not meeting the community networking needs of an individual, would that be addressed through and individual referral to PR.

336

00:48:10.289 --> 00:48:16.800

Yes, it would be an IQ entry and when a pattern comes into.

337

00:48:16.800 --> 00:48:21.329

Realization then, yes, that needs to be a referral to PR.

338

00:48:21.329 --> 00:48:29.969

Um, so that we can work with that provider to determine what the barrier is to them, providing the service definition.

339

00:48:29.969 --> 00:48:33.929

Um, that they are required to provide good question, right?

340

00:48:35.519 --> 00:48:40.860

Asked if we can provide a copy of the slides and absolutely. Yes.

341

00:48:40.860 --> 00:48:46.619

Um, it will be posted with the Q and a, uh, and the recording when it is available.

342

00:48:46.619 --> 00:48:50.519

Usually we try to provide those slides ahead of time, but.

343

00:48:50.519 --> 00:49:00.690

We were trying to get this out in short timelines so we could provide clarification quickly. So yes, look for look for that to be posted when the recording is supposed to.

344

00:49:04.650 --> 00:49:07.860

I think there's another question.

345

00:49:07.860 --> 00:49:15.900

Single person guidance, I'll include the link to that in the Q and a, when we.

346

00:49:15.900 --> 00:49:20.250

Post that, um, but it is on the division website.

347

00:49:20.250 --> 00:49:27.119

That's something that I do because I know sometimes that things aren't right at my fingertips is I just put in the search box.

348

00:49:27.119 --> 00:49:38.940

Single person I sell guidance and that might be the quickest way to find it, but I'll be sure to put that link in our Q and a, if I'm not able to put it into this box before we log off today.

349

00:49:41.849 --> 00:49:51.929

Um, right now, only 2 providers come up and see more is doing hospital services. Do we know when other providers are going to add this to their contract?

350

00:49:51.929 --> 00:50:05.275

So that is an awesome technical questions. And the answer is we are currently pulling, um, a list to a list of all residential service providers, um, to send to our procurement unit.

351

00:50:05.275 --> 00:50:13.764

We are going to do a mass addition to any contract parent contract I should say. Um.

352

00:50:14.070 --> 00:50:18.510

Because some providers haven't parent contract and might have 10 sites underneath it.

353

00:50:18.510 --> 00:50:25.980

So, we will make sure that that billing code is available on every parent organization contract to.

354

00:50:25.980 --> 00:50:29.909

Provides shared living group home or.

355

00:50:30.025 --> 00:50:37.344

If they come into a situation where they need to use that service before it gets on their contract.

356

00:50:37.375 --> 00:50:47.664

They just need to notify their provider relations vendor, service coordinator and if they're not sure who that person is, they can look it up and see more under contacts. Because.

357

00:50:47.969 --> 00:50:55.050

We have entered, um, created a provider relations vendor, service coordinator for every provider.

358

00:50:55.050 --> 00:50:58.860

In Seymour, under their contacts list um.

359

00:50:58.860 --> 00:51:04.349

So so we're going to try to do it through providing a procurement unit with the spreadsheet.

360

00:51:04.349 --> 00:51:19.139

So, they can just work through that spreadsheet and get it done versus sending them, you know, 140 individual requests. Um, but that might take a few weeks. We had to pull the report and then the procurement unit has to work through that. So, if there's a need prior to that.

361

00:51:19.139 --> 00:51:24.750

Um, please let your vendor service coordinator know, and they will, um, facilitate getting that added.

362

00:51:28.110 --> 00:51:38.760

Can all shared living receive transportation to, and from day program, or as an additional justification needed, why the host cannot provide it.

363

00:51:38.760 --> 00:51:44.730

Uh, that's a that's a good question and let me ponder that.

364

00:51:44.730 --> 00:51:48.030

Um, you know, I, I kinda.

365

00:51:48.030 --> 00:51:52.139

I mean, you're still going to have to have justification for the service meeting.

366

00:51:52.139 --> 00:51:55.260

Every service has to be justified.

367

00:51:55.260 --> 00:52:04.739

So so, yeah, you're probably going to have to explain why the host is not available to provide it. Especially if it's a situation where the host lives, you know.

368

00:52:04.739 --> 00:52:09.659

5 blocks from the day program, so so there's always going to be justified.

369

00:52:09.659 --> 00:52:22.920

Justification needed for any service request maximum number of units you can receive was hospital supports as 525. that is an awesome question.

370

00:52:22.920 --> 00:52:33.539

And I would have the answer if I had my rate sheets spread up, which don't, you know, I should always have that open because someone always asks me that.

371

00:52:33.539 --> 00:52:39.329

Something that's on my rate spreadsheet. Let me see if I can find it for you. Really, really quick.

372

00:52:39.329 --> 00:52:43.170

Unless Emily has that right off the top of her head.

373

00:52:45.659 --> 00:52:52.019

Um, which with service was it.

374

00:52:52.019 --> 00:52:59.190

Hospital supports looking through my procedure codes to see if I can find it really quick.

375

00:52:59.190 --> 00:53:05.550

For which I want to hospital supports, or potential, or.

376

00:53:05.550 --> 00:53:17.639

Uh, yeah, the s525, it actually represents 96 hours a day. Um, so we right now we do not have on the list, an annual cap.

377

00:53:17.639 --> 00:53:22.500

Um, but if someone is in the hospital every day for a year, there's, there's.

378

00:53:22.500 --> 00:53:25.679

Probably not receiving residential services anymore.

379

00:53:25.679 --> 00:53:31.650

But it's 96 a day, because when people are in the hospital, they are there for 24 hours a day. So, again.

380

00:53:31.650 --> 00:53:37.050

Possibly justified in the isb as a need as to why staff are there and cannot be duplicative.

381

00:53:37.050 --> 00:53:40.530

Of the hospitals responsibility.

382

00:53:42.389 --> 00:53:52.710

Um, well, the authorization be outlined as a designated amount of units for hospital supports and is there cap definition? So.

383

00:53:53.849 --> 00:53:57.210

Yes, the authorization has to be outlined.

384

00:53:57.210 --> 00:54:03.030

Um, for a specific number of units for hospital supports, and the cap is 96 units per day.

385

00:54:06.570 --> 00:54:14.130

Um, can provide a relations change in individuals for a shared living budget independent of the individual's team.

386

00:54:14.130 --> 00:54:18.809

Um, when we review.

387

00:54:18.809 --> 00:54:25.289

So this kind of goes off mark of what we're really doing, but since we're talking about shared living and I'll go ahead and answer it.

388

00:54:25.289 --> 00:54:32.130

We did an analysis of all the shared living budgets in the state just several months ago. We do it periodically.

389

00:54:32.130 --> 00:54:38.010

And we found over 30% of our shared living budgets are labeled as a level 3.

390

00:54:38.010 --> 00:54:41.909

That's a very specific criteria.

391

00:54:41.909 --> 00:54:53.610

So, um, and knowing some of those people and self admission from providers that we talked to about, that said they're not a level 3. I don't know what that what happened.

392

00:54:53.610 --> 00:55:04.195

So, yes, we are going back through and we are re, uh, re, looking at those level three's as they come in to see if there's, um, you know, see if it's accurate.

393

00:55:04.224 --> 00:55:08.724

If, if the person is reflecting the is working 30 hours a week.

394

00:55:09.000 --> 00:55:13.199

And has 8 hours a week of a long time.

395

00:55:13.199 --> 00:55:17.880

This can be really hard to justify that as a level 3, but that's what we found.

396

00:55:18.445 --> 00:55:32.724

That is what we found when we did that analysis. So what would be happiness PR would be working with the provider to say, hey, this is what this in the but you're saying this what's different and we may be recommending well.

397

00:55:33.059 --> 00:55:38.340

You know, we could have to go on what's in the, or what's in the isb just as you are does.

398

00:55:38.340 --> 00:55:43.440

So, if the evidence isn't there, then the planning team may need to get back together. It should determine.

399

00:55:43.440 --> 00:55:49.260

What's missing from the isb that I looked that actually justified them as a level? 3 that's not written there.

400

00:55:50.695 --> 00:56:04.824

So, no, it will not be independent. It will be a work with the provider. The provider is always a part of that discussion and looping in many of them loop in to support coordinators as a natural part of that process. But maybe we should look at a formal process for that.

401

00:56:05.130 --> 00:56:09.869

For those support coordinators who would like to be more involved.

402

00:56:09.869 --> 00:56:14.309

And that, but again, it has to be an, and if it's not.

403

00:56:14.309 --> 00:56:18.030

Then it has to be budgeted accordingly.

404

00:56:19.260 --> 00:56:29.489

Um, what providers are doing home meals right now it's, uh, something called. I, I, the area aging area associations on aging, which are.

405

00:56:29.489 --> 00:56:38.400

Also, dually contract with state plan for meals that there was a limitation kind of a.

406

00:56:38.400 --> 00:56:47.639

When it was an appendix K people or meal providers weren't really sure what to do because it's a temporary service. Right?

407

00:56:47.639 --> 00:56:52.710

So, that is open for more providers to explore.

408

00:56:52.710 --> 00:57:06.329

Perhaps a, um, I think an example given a previous training was a provider, a data provider who has an operating kitchen who also can access with a dietitian and who can meet the needs of the service, um, area.

409

00:57:06.329 --> 00:57:17.400

And the service definition could contract to provide this service. I think now that it's a permanent service, we'll see more people showing interest in its delivery. Um.

410

00:57:17.400 --> 00:57:24.420

And want to remind people that it is limited only to the community support waiver.

411

00:57:24.420 --> 00:57:30.719

So, that that is not a service that is eligible and all waivers. It is a limited service delivery.

412

00:57:35.039 --> 00:57:41.429

I'm trying to get to see if I can get.

413

00:57:41.429 --> 00:57:50.940

Thank you Leslie Bradley. Leslie Bradley added the link to single services guideline number 76 there in the chat box.

414

00:57:53.519 --> 00:57:57.480

I don't know if all participants can see the chat box.

415

00:57:57.480 --> 00:58:03.539

But it is guideline number 76 dot Gov slash media.

416

00:58:03.539 --> 00:58:11.579

Slash PDF, slash DD, Dash, guideline, Dash, 76. I know that was really fast, but it's in the chat box. I'll put it on the Q and a.

417

00:58:11.579 --> 00:58:18.690

Um, what about providers who are not residential, but who might.

418

00:58:18.690 --> 00:58:24.480

Be able to offer the hospital services, like, providers who offer, or.

419

00:58:24.480 --> 00:58:28.440

So P, a. can provide hospital services.

420

00:58:28.440 --> 00:58:41.460

And it's built through personal assistance, so they don't need a special code added to their contract. A provider would build personal assistants for hospital supports that meet the service definition.

421

00:58:41.460 --> 00:58:53.934

Typically, they're going to be doing that for people that they serve and they support, because you're going to be saying that the hospital can't do this. Um, they can't do this for this individual's unique needs unique reasons.

422

00:58:54.235 --> 00:58:59.125

So, typically, it's gonna be staff who's familiar with the individual um.

423

00:58:59.489 --> 00:59:03.630

Is not eligible for hospital supports.

424

00:59:03.630 --> 00:59:08.219

It's a provider, a group home provider provider.

425

00:59:08.219 --> 00:59:15.750

Or shared living and group home and shared living would be providing it to people that they support through those services.

426

00:59:15.750 --> 00:59:21.000

And so maybe we can go back and do a little clarification on that.

427

00:59:21.000 --> 00:59:26.969

It's not intended for you to offer hospital supports the people that you don't know that you don't support.

428

00:59:26.969 --> 00:59:35.130

That calling you today and say, can you do this tonight? Because that's not the intention but let me go back and talk with. Um.

429

00:59:35.130 --> 00:59:41.219

fccu and our management and get, uh, a real clarification cause I can see how people might be confused by that.

430

00:59:45.480 --> 00:59:56.610

Um, with the waiver definition language, stating that it is a private dwelling, not a licensed facility is the place of service considered the same as a group home non ICF facility.

431

00:59:56.610 --> 01:00:04.260

Or natural home when the support coordinator is logging activities details for an in person visit. Honestly.

432

01:00:04.260 --> 01:00:13.469

I haven't done TCM logging in a very long time. So, let me get you that answer from Carrie Williams and Jill, and have that in the Q and a, for, you.

433

01:00:16.889 --> 01:00:30.510

So, Emily posted for, hasn't that process always been that way?

434

01:00:30.510 --> 01:00:33.690

We just complete the waiver exceptions form and requests.

435

01:00:33.690 --> 01:00:37.500

To the 10,000 dollars.

436

01:00:37.500 --> 01:00:42.420

What changed was the 10,000 limit was specified in the waiver language.

437

01:00:42.420 --> 01:00:50.909

Um, and dawn just confirmed that you all can not see.

438

01:00:50.909 --> 01:00:59.730

Um, leslie's post posted it again. Thank you.

439

01:01:01.409 --> 01:01:13.650

All right, I know we're 1 minute over. I think we got through every question, or at least noted if there was a question that we need to follow up in the Q and a, if we weren't able to do it today.

440

01:01:13.650 --> 01:01:17.130

Um, so we will follow up with those things.

441

01:01:17.130 --> 01:01:21.360

And I'm going to pass it back over to to close this out.

442

01:01:23.184 --> 01:01:29.875

Thanks, Rhonda and thank you for everyone that attended today. We had a very large group on here, and we had approximately 300 folks.

443

01:01:29.875 --> 01:01:44.695

So, appreciate your questions, appreciate your patience as we go back over that information and you make sure that you let us know what those questions are so that we can help fill in those gaps as previously mentioned the recording.

444

01:01:45.780 --> 01:01:55.045

The PowerPoint, the transcript and the Q, and a document will all be packaged together on the previous webinar page for October.

445

01:01:55.494 --> 01:02:09.025

The data will be attached to today, October 25th know that the Q a document will be a few days later than the other items. But, again, thank you for joining us, and, please know, there is the 3rd session, the 3rd. Q.

446

01:02:09.025 --> 01:02:19.344

a session for waiver service definitions will be on November 11th. So if you miss that in the email blast, you can go to our division webinar page.

447

01:02:19.344 --> 01:02:26.125

I'll plug those links in real quick for folks who stay on per minute so that you have them and with that. Yeah.

448

01:02:28.525 --> 01:02:41.635

Right you're right if I said something different than November. 4th, you're spot on it is November. 4th I may have said the 11th, November. 4th, I'll post a link to the correct location for that information. So thanks for that clarification.

449

01:02:41.635 --> 01:02:44.875

And with that, we will call it a session. Thank you.