

WEBVTT

1

00:00:01.794 --> 00:00:12.685

Good morning everyone I'd like to thank you for joining us today for the Medicaid home and community based waiver service definition training when we posted the registration for this webinar,

2

00:00:12.804 --> 00:00:17.065

we did include the presentation and the programmatic change documents.

3

00:00:17.754 --> 00:00:27.565

There have been a couple updates, made to the presentation that was originally posted I removed a couple duplicate slides and included an additional slide.

4

00:00:27.864 --> 00:00:41.365

So you will see if you're following along with the originally posted document, you might see a couple small changes. When we were post this recording this afternoon. We will post the updated presentation.

5

00:00:41.365 --> 00:00:43.795

So you will have that updated copy.

6

00:00:43.795 --> 00:00:45.655

Then also,

7

00:00:45.744 --> 00:00:59.125

we encourage you to please please submit your questions throughout today's presentation via the chat when you do that please send that to all panelists due to the time constraints and the amount of information that we're sharing,

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00:00:59.335 --> 00:01:02.515

we will not be answering those questions in real time,

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00:01:02.664 --> 00:01:03.505

however,

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00:01:03.685 --> 00:01:08.844

we will be providing a question answer your document that we will post on the divisions webpage.

11

00:01:09.144 --> 00:01:22.015

It will also be posted with the recording that I previously mentioned. Obviously, that question, the answer document will not be available this afternoon like the recording. However, we will get that to you as soon as possible.

12

00:01:22.704 --> 00:01:22.855

So,

13

00:01:22.855 --> 00:01:23.125

again,

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00:01:23.305 --> 00:01:24.655

this is being recorded,

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00:01:24.685 --> 00:01:28.765

it will be posted and we will send out an email blast,

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00:01:28.765 --> 00:01:34.254

letting folks know when that question answered documents is ready and with that,

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00:01:34.254 --> 00:01:36.625

since we do have a lot to cover today,

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00:01:36.984 --> 00:01:41.004

I am going to turn it over to the 1st,

19

00:01:41.004 --> 00:01:42.894

in our list of presenters today,

20

00:01:43.075 --> 00:01:44.034

Emily lubrizol,

21

00:01:44.034 --> 00:01:46.254

who is the director of the federal programs units?

22

00:01:49.704 --> 00:02:02.995

Hi, good morning. Everybody Thank you for joining us today. We have a lot to cover and, um, I wanted to start off by kind of giving a overview of the waiver renew renewal process.

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00:02:03.924 --> 00:02:13.435

The homing community based 915 C waiver applications, renew every 5 years and the last comprehensive and community support waver applications.

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00:02:15.509 --> 00:02:26.759

Were approved by the CMS effective July 1 of 2016, and were set to renew in July. 1st 2021.

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00:02:26.759 --> 00:02:37.914

The actual renewed labor renewal process starts several years in advance of the renewal date, and I'm going to provide a quick overview, a high level overview of that process.

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00:02:38.335 --> 00:02:38.634

And then,

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00:02:38.634 --> 00:02:39.115

of course,

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00:02:39.115 --> 00:02:44.935

the CMS approved the community support waiver on September 22nd,

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00:02:44.935 --> 00:02:45.534

2021,

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00:02:45.685 --> 00:02:54.025

and the comprehensive waiver renewal was approved on September 24th of this year both with an effective day of July 2021.

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00:02:57.629 --> 00:03:11.604

And the partnership for hope, and the mo kids or the Missouri children's and developmental disabilities waiver amendments to align with the renewals were approved by CMS on September, 20, September 22nd, 2021 with an effective day of October.

32

00:03:11.604 --> 00:03:24.594

1st so those are a lot of dates to remember. And we'll be going over more information about that, those dates throughout this presentation and we realize that there will be, um, some transition required for the changes.

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00:03:24.594 --> 00:03:33.025

And a letter will follow this, this training to come out this week about some of those transition periods.

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00:03:36.539 --> 00:03:40.710  
Um, the waiver renewal process.

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00:03:41.574 --> 00:03:55.764  
We started the actual renewal process several years ago, and the process was started in 2017. the division of developmental disabilities brought together a group of stakeholders, including individuals and family members.

36

00:03:57.659 --> 00:04:01.349  
Name the services advisory team, and this team.

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00:04:01.349 --> 00:04:04.740  
I was brought together to consider developing a.

38

00:04:04.740 --> 00:04:08.490  
At the process for upcoming renewals, the group contain.

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00:04:08.490 --> 00:04:12.780  
Um, included individuals, family members.

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00:04:12.780 --> 00:04:21.300  
Members of Mark and Mac the DD cancel Ulan Casey Mo helpnet and the division.

41

00:04:21.300 --> 00:04:26.038  
In June of 19,019, CMS requested evidence.

42

00:04:26.038 --> 00:04:36.149  
Request reports for waiver, performance measures and the federal programs unit, submitted the information for those performance measures.

43

00:04:36.149 --> 00:04:45.269  
The beginning of 2020, the federal programs unit began preparing waiver application documents for a program leads to review.

44

00:04:46.673 --> 00:05:00.173  
In further in 2000, July draft waiver renewals were posted on the DD website for 30 day public comment and we also had 3 public forum webinars that were held by the by nasties.

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00:05:01.678 --> 00:05:10.978

In December of 2020, Mo, health Mo, health net, posted a 30 day formal public comment period.

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00:05:12.449 --> 00:05:19.858

And then early 2021 in February, submitted the applications to.

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00:05:19.858 --> 00:05:28.348

Followed by communications between CMS and DD to answer questions regarding the renewal applications.

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00:05:28.348 --> 00:05:41.129

March of 2021, CMS sent their 1st round of informal request for additional information and in May of that of 2020 CMS sent a formal request for additional information.

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00:05:44.963 --> 00:05:46.973

In June of 2021,

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00:05:47.033 --> 00:05:47.363

CMS,

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00:05:47.363 --> 00:05:47.634

granted,

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00:05:47.634 --> 00:05:59.514

a temporary extension for both the comprehensive and community support waivers in order to provide the state with additional time to respond to CMS formal requests for additional information,

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00:05:59.514 --> 00:06:10.524

and make all revisions to the waiver renewal application that were necessary for CMS approval this allowed the state to continue operating both waivers through September of 2021.

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00:06:10.973 --> 00:06:17.754

and then, as I mentioned in September 22nd and September 24th, we received our approvals for our waivers and amendments.

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00:06:21.209 --> 00:06:28.259

So, that was just a brief overview of all the time involved in the renewal process.

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00:06:29.639 --> 00:06:37.499

This next slide is resources for all of our providers and individuals and families. The.

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00:06:37.499 --> 00:06:44.608

The resources listed here, the applications, the links to the applications that were renewed.

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00:06:44.608 --> 00:06:55.319

In this period, and now, um, we'll turn it over to the home and home delivered meals.

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00:06:57.749 --> 00:07:02.009

I wanted to Crocker, and I'll be talking about the home delivered meals service definition.

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00:07:02.009 --> 00:07:06.059

This is a brand new service definition to the permanent waiver.

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00:07:06.059 --> 00:07:11.218

It might ring some bells for you all as it is currently a part of our appendix K.

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00:07:11.218 --> 00:07:22.108

Home delivered meals means of preparation, packaging and delivery of meals to individuals who are unable to prepare or obtain nourishing meals.

63

00:07:22.108 --> 00:07:31.588

The intent of home delivered meals is to allow individuals to remain in their natural home without paid staff, who would not otherwise be able to do.

64

00:07:31.588 --> 00:07:34.588

Able to, without the delivery of meals.

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00:07:34.588 --> 00:07:39.629

A full regiment of 3 meals a day shall not be provided under the htbs labor.

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00:07:39.629 --> 00:07:46.769

The provision of a home delivered meals is the most cost effective method to ensuring a nutritiously adequate meal.

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00:07:46.769 --> 00:07:55.709

The goal of the home delivered meals service is to supplement, not replace the local home delivered meals services, provided at no cost.

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00:07:55.709 --> 00:07:59.639

Home delivered meals must be in lieu of paid staff.

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00:08:04.228 --> 00:08:08.369

So, a little bit of isn't is not, um.

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00:08:08.369 --> 00:08:11.399

A full regiment is not available.

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00:08:11.399 --> 00:08:18.178

Um, 3 meals a day no more than 2. we home delivered meals will be authorized for each day.

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00:08:18.178 --> 00:08:23.608

With a maximum of 14 meals per week. A unit of service is a meal.

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00:08:23.608 --> 00:08:29.069

The individual's isb addresses how the individual's healthcare needs are being met.

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00:08:29.069 --> 00:08:36.418

And services will be monitored by the support coordinator through the isb to avoid any duplication with other services.

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00:08:36.418 --> 00:08:46.948

The utilization of a home delivered meal may not occur if another paid or natural support is required during the meal.

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00:08:48.208 --> 00:08:52.499

So there is, and is not available only the community waiver.

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00:08:52.499 --> 00:08:58.528

Monitored by the support coordinator up to 14 meals a week at a standard rate.

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00:08:58.528 --> 00:09:11.038

Is not authorized when natural supporter paid supports is required during the meal and is not authorized if the person has natural supports, that can prep meals ahead of time for the person to warm up.

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00:09:16.198 --> 00:09:24.719

In order to receive the service, there are some requirements or some, some skills the individual has to meet as well as requirements for the provider.

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00:09:24.719 --> 00:09:36.778

The individual must be able to prepare some or all of his or own meals, but they will have to be able to warm up the meal independently if needed and feed themselves.

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00:09:36.778 --> 00:09:42.178

And they must have no other natural supports to prepare their own meals.

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00:09:42.178 --> 00:09:48.869

And have the provision of home delivered meals, delivered, um, included in their individual support plan.

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00:09:48.869 --> 00:09:57.899

For providers providers must initiate new orders for home delivered meals within 72 hours of referral. If specified in the.

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00:09:57.899 --> 00:10:05.818

They have to have the capacity to provide 2 meals per day. 7 days a week. They must be able to provide home delivered meals.

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00:10:05.818 --> 00:10:09.208

In accordance with each individual's.

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00:10:09.208 --> 00:10:22.349

And they must ensure that the meals serve contains, at least 4th of the current recommended dietary allowance as established by the food and nutrition board of the National Academy of sciences, National Research Council.

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00:10:22.349 --> 00:10:33.178

Shall provide menus to meet the particular dietary needs arising from the health requirements religious requirements, or ethnic requirements of service recipients were appropriate.

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00:10:33.178 --> 00:10:41.399

And must plan prepare and serve special meals for health requirements under the supervision consultation of a dietitian.



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00:10:41.399 --> 00:10:50.129

And train the person responsible for the service special diets to make appropriate substitutions based on food values.

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00:10:50.844 --> 00:10:56.964

Right now we have agency areas on aging contract through appendix K for this service.

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00:10:57.323 --> 00:11:08.844

The service is open to all existing providers who can meet this need perhaps a day program who has a full kitchen, can consult with a dietitian and delivered meals as prescribed.

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00:11:09.114 --> 00:11:17.514

So, there are some options for providers who previously didn't consider home delivered meals as being a possibility.

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00:11:17.818 --> 00:11:25.589

And so with that, I'm going to pass that on the next slide to benefits planning to Dwayne. She may.

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00:11:26.759 --> 00:11:37.019

Thank you Wanda um, 1 of the primary concerns expressed by individuals, families and public administrators, considering employment has been the impact of public benefits.

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00:11:37.019 --> 00:11:42.923

Previously, individuals could receive benefits, planning services as a billable activity within career planning.

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00:11:43.433 --> 00:11:54.504

However, this did not ensure information was being provided from a nationally certified and credentialed professional as such a new service definition of benefits planning has been added to the comprehensive.

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00:11:54.839 --> 00:11:57.899

Community support and partnership wavers.

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00:11:57.899 --> 00:12:10.619

This is a service based upon the analysis needed of an individual's, an individual's specific benefits eligibility. Therefore, it is an individual service only with no group option.

99

00:12:11.879 --> 00:12:23.458

The service is designed to inform an individual about competitive, integrated employment and a system to assess if it will result in increased economic self sufficiency and ordinate, financial benefit.

100

00:12:23.458 --> 00:12:34.139

The service does provide information available about work and cities that 1 may be eligible for as a recipient of supplemental security income.

101

00:12:34.139 --> 00:12:39.389

Social security, disability, insurance, and also work incentives that may be applicable.

102

00:12:39.389 --> 00:12:42.479

As a medicated recipient Medicare recipients.

103

00:12:42.479 --> 00:12:47.788

As well, as the recipients of housing subsidies, food stamps and Abel accounts.

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00:12:57.778 --> 00:13:03.089

There are several activities that could be included as part of the benefits planning service service definition.

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00:13:03.089 --> 00:13:10.828

These include income reporting requirements, necessary for public benefits programs to include the social security administration.

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00:13:10.828 --> 00:13:19.828

Working with an individual on formally formerly developing a personal pass plan, which is a plan for achieving self sufficiency.

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00:13:19.828 --> 00:13:29.698

Or a test plan, which is a property essential to sell support assistants is also available and utilizing a variety of social security work incentives.

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00:13:29.698 --> 00:13:32.849

To coordinate social security and Medicaid work incentives.

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00:13:32.849 --> 00:13:38.788

That would support an individual as well as providing assistance with individual benefit verification.

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00:13:38.788 --> 00:13:43.229

Consultation education and ongoing analysis and planning.

111

00:13:47.879 --> 00:13:53.668

The services available for not just individuals who are employed, but also for those who are 1.

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00:13:53.668 --> 00:13:58.198

May be considering employment and are early in the exploration of possibilities.

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00:13:58.198 --> 00:14:02.249

2 are actively seeking competitive, integrative employment.

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00:14:02.249 --> 00:14:07.349

3, those who are considering career advancement, therefore, increased work hours.

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00:14:07.349 --> 00:14:14.068

Wages and new job goals, or for those who need problem solving assistance to maintain employment.

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00:14:14.068 --> 00:14:19.019

Therefore, when they're considering raises increased work expenses.

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00:14:19.019 --> 00:14:22.078

Or similar other activities that were impacts.

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00:14:22.078 --> 00:14:28.649

The individual does not need to be present and deliver the service as there are activities, which include an analysis of earnings.

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00:14:28.649 --> 00:14:32.609

Review of benefits planning queries from social security administration.

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00:14:32.609 --> 00:14:40.198

And other activities, however, the service is only available when the individual is already attempted to seek.

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00:14:40.198 --> 00:14:43.528

Support and services through a Missouri based so security.

122

00:14:43.528 --> 00:14:46.558

Supportive work and city planning and assistance program.

123

00:14:46.558 --> 00:14:50.818

Commonly known as a whip program, so the must.

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00:14:50.818 --> 00:14:56.428

Document that the service was not available, accessible or applicable to the individual.

125

00:14:56.428 --> 00:15:01.078

Through the whipper program prior to receiving the benefits planning service.

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00:15:03.269 --> 00:15:13.499

Service is limited to know more than 60 units per annual support plan. Additional units may be approved by the divisions, regional director or designee and exceptional circumstances.

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00:15:19.979 --> 00:15:26.759

This service is not appropriate for individuals who are not exploring seeking or maintaining, uh, or advancing employment.

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00:15:26.759 --> 00:15:32.849

It's not appropriate for someone to simply report monthly earnings to Social Security or family support division.

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00:15:33.173 --> 00:15:33.803

And also,

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00:15:33.803 --> 00:15:37.764

the service must be delivered by qualified provider 1,

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00:15:37.764 --> 00:15:42.774

who has a national credential or certification as outlined the waiver application,

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00:15:43.254 --> 00:15:48.683

the specific credential certification for a qualified provider are outlined in the waiver application.

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00:15:49.073 --> 00:15:54.384

The sources of these credentials are from either Cornell University or Virginia, Commonwealth University.

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00:15:54.688 --> 00:15:58.769

As they are the only 2 national work, instead of certification programs.

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00:15:58.769 --> 00:16:04.318

The division is supporting capacity building by assisting with the cost of training at Cornell.

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00:16:04.318 --> 00:16:11.458

If any participant in today's webinar would like to gain additional information about that please contact your local regional office.

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00:16:11.458 --> 00:16:18.418

To learn more information and with that, I will turn it over to Tanner Stevenson, our director of self directed services.

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00:16:21.803 --> 00:16:22.734

Good morning,

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00:16:22.884 --> 00:16:28.312

we will start with individual directed goods and services often referred to as,

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00:16:30.053 --> 00:16:30.533

um,

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00:16:31.614 --> 00:16:39.114

is intended to allow individuals who self direct their own budgets to purchase various needs services supports goods that.

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00:16:39.359 --> 00:16:51.839

Assist individuals in achieving their goals and outcomes that are specified in the isb all while reducing the need for, or substituting for human assistance.

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00:16:55.499 --> 00:16:59.724

These are the qualifications reported in the waiver,

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00:16:59.813 --> 00:17:12.023

each service support or good purchase by an individual must meet the individual safety needs community membership and advanced the desired outcomes in the increase independents,

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00:17:12.054 --> 00:17:14.814

reduce the need for a Medicaid waiver service.

146

00:17:15.263 --> 00:17:15.804

Um.

147

00:17:16.403 --> 00:17:30.324

Have documented outcomes in the rsp not be provided by federal state. Not be prohibited by federal state statutes, regulations, not available through another source. And the individual does not have the funds to purchase it themselves.

148

00:17:30.834 --> 00:17:44.663

It must be acquired upon anticipated use and most cost effective methods. Whether that be, um, purchased out right or a lease and it must not be experimental or prohibited.

149

00:17:50.723 --> 00:18:04.854

The maximum amount that may be allocated toward is 3000 dollars per annual support plan per year. This must be accommodated within the individual's budget without compromising the individual's health or safety.

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00:18:07.378 --> 00:18:13.648

And I will now pass it on to read for intensive therapeutic, residential.

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00:18:20.124 --> 00:18:28.794

All right, so intensive therapeutic residential rehabilitation service is a short term integrated treatment service. It's new.

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00:18:29.903 --> 00:18:39.864

It is it follows an integrated team approach with a focus on building space community skills when all other methods have failed in the past.

153

00:18:52.828 --> 00:19:07.584

Next slide 1

154

00:19:07.584 --> 00:19:08.003

slide.

155

00:19:10.078 --> 00:19:17.128

Okay, so this service is meant for people who have tried less restrictive.

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00:19:17.128 --> 00:19:28.648

Supports in the past, and those supports have not worked out. It's for folks that need longer more intensive, integrated treatment so that they can learn skills, but will help them return.

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00:19:28.648 --> 00:19:41.278

To a lesser restricted community setting next slide.

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00:19:46.858 --> 00:19:53.909

So, how you would go about requesting the service is, the service coordinator would put in a U. R request.

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00:19:54.023 --> 00:20:07.374

And the chief behavior analyst or area behavior, analysts will help determine if medical necessity is met at the time of that you are request, because not everyone meets criteria for medical necessity.

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00:20:07.374 --> 00:20:11.634

So that needs needs to be established as part of the person centered planning.

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00:20:17.128 --> 00:20:23.219

The service is meant to be short term, not a forever Homer service, and it.

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00:20:23.219 --> 00:20:29.878

Um, so up to 12 months is typical, but it may be extended on a need basis.

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00:20:29.878 --> 00:20:42.989

We also ensure that there's careful monitoring and extra transition support when individuals graduates from the service, and are ready to go back into a lesser restrictive community setting.

164

00:20:48.598 --> 00:20:53.878

And then who can provide this service so, providers that are contracted.

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00:20:53.878 --> 00:21:00.449

Be a waiver that also maintain status as an active tiered support agency.

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00:21:00.449 --> 00:21:09.568

Not every provider can provide this service. It's got to be approved by the chief behavior analyst, or their designee and there needs to.

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00:21:09.568 --> 00:21:15.808

That they need to meet the ongoing requirements of having a clinical director that has.

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00:21:15.808 --> 00:21:23.098

Graduate level training and applied behavior analysis or another division approved evidence based intervention.

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00:21:23.098 --> 00:21:38.038

They also need to have that clinical director needs to have 3 years of experience delivering services to people with dual diagnosis and high risk behaviors. And then 3 years of experience participating in an integrated clinical team.

170

00:21:39.118 --> 00:21:45.179

And then oversight of the service provided by the clinical director.

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00:21:45.179 --> 00:21:49.739

And support staff would be done by the division.

172

00:21:49.739 --> 00:21:58.739

And the clinical director needs to participate in, at least annual performance appraisal by the chief behavior analyst, or their designee.

173

00:22:01.828 --> 00:22:07.019

And now I'm going to pass it off to Shelley brown the PR specialists for universal design.

174

00:22:10.888 --> 00:22:19.019

Okay, good morning I just wanted to go through a few of the changes that are going to be impacting services.

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00:22:19.019 --> 00:22:22.888

Hopefully, this will be able to provide some ease in the requesting.

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00:22:22.888 --> 00:22:28.048

Portion of that as well as provide additional options for families and to use. So.



177

00:22:28.048 --> 00:22:32.128

We on the current slide, we do have what is currently.

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00:22:32.128 --> 00:22:43.439

Listed in the waiver as exceptions, or I'm sorry, is the exclusions to the service and those are going to continue as is so adaptations or improvements to the vehicle better of a general utility.

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00:22:43.439 --> 00:22:48.209

Um, are not direct medical or remedial benefit to the individual.

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00:22:48.209 --> 00:22:59.098

Shelley, I'm going to interrupt you for just a moment. We have folks saying that they can't hear. So if you could speak just a little bit louder. I think that would be helpful.

181

00:22:59.394 --> 00:23:12.864

Okay, is this better? Yes, that's a lot better. Thank you. Okay, my apologies. So, let me kind of start over real quick. Um, just wanted to review a couple of changes. That are gonna be occurring. That are specific to IAE services.

182

00:23:13.163 --> 00:23:21.953

Um, and these are hopefully going to provide some ease in the requesting of services as well as provide some additional options for family members and individuals to utilize.

183

00:23:22.253 --> 00:23:28.554

So, what we have on the current screen is the vehicle adaptations that are excluded in the waiver.

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00:23:28.824 --> 00:23:39.713

And these are gonna continue as is so adaptations or improvements to the vehicle that are of a general utility, um, are not a direct medical or medial benefit to the individual. Um, waiver will not.

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00:23:39.989 --> 00:23:50.993

Provide purchase, or lease of a vehicle, um, nor will the waiver regularly scheduled upkeeping maintenance of a vehicle with the exception of upkeep and maintenance of the modification will be considered.

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00:23:51.534 --> 00:23:55.584

Um, so on the next slide, we'll go into a little more detail.

187

00:23:56.009 --> 00:24:02.098

In regards to some changes in vehicle use, um.

188

00:24:02.098 --> 00:24:16.824

Currently, we don't have a option for, um, the purchase of an existing adaption and in Pre owned vehicle but the language change will allow this, in instances where the vendor the contracted vendor would be paid directly by the state.

189

00:24:17.153 --> 00:24:28.584

Um, the individual will not receive any direct Medicaid funding for the purchase. Um, but as stated before, this will be directly to the contracted provider. Um, that contract provider must provide an invoice.

190

00:24:28.614 --> 00:24:42.534

Um, that includes not the vehicle costs, but only the modification costs and the price of the adaption must be comparable to market value and not include any labor cost, um, which goes back to why it's already an existing adoption in a vehicle.

191

00:24:42.953 --> 00:24:48.594

Um, 1, exciting piece is that, at this time, the 7,500, um, limit has been, um.

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00:24:50.278 --> 00:24:59.398

Modified to the 10,000 without the use of an exception. So you should be able to access the maximum of 10,000 without going through the exception process.

193

00:24:59.398 --> 00:25:03.929

Um, so we'll go a little more detail and give some examples on the next slide.

194

00:25:03.929 --> 00:25:13.318

Again, waiver, funds are not are cannot be used for the purchase of the vehicle or the chassis. So, for instance, family members may make.

195

00:25:13.318 --> 00:25:24.624

Full, uh, arrangement for payment of the vehicle they may be doing, um, payment options for that vehicle. Um, but again, the, the use of waiver dollars would only be for the adoption.

196

00:25:25.104 --> 00:25:32.423

Some examples of things that we could do that could be utilized as a resource to establish that vehicle cost would be the blue book.

197

00:25:32.753 --> 00:25:40.584

Um, so utilizing blue book value to determine the vehicle cost without modifications is something that is, um.

198

00:25:40.888 --> 00:25:44.729

Recommended and, um, allowed to be utilized in that surface.

199

00:25:44.729 --> 00:25:58.409

Next slide is going to give a little more example. Um, for instance, if the modified modified vehicle price from that contracted provider is 25,000, um, blue book, or another similar resource.

200

00:25:58.913 --> 00:26:07.884

Gives the vehicle value of the unmodified vehicle at 20,000. we can determine that the waiver funded amount for the modification is at, at 5,000 dollar cost.

201

00:26:07.884 --> 00:26:21.173

It is that 5,000 that will be directly paid to that contracted vendor, um, to pay for the actual modification cost. So those are a couple of changes hopefully, um, those will provide some ease in utilizing the service.

202

00:26:21.173 --> 00:26:25.673

Um, and we'll, we'll go ahead and turn this over to the next presenter.

203

00:26:30.509 --> 00:26:41.483

Good morning this renewal for assistive technology sees a complete revision of the assistive technology definition in an effort to truly define what it is.

204

00:26:41.784 --> 00:26:50.903

How does used and the components of the service as a technology 1st state, the planning team should always consider technology solutions to meet a person's need.

205

00:26:51.628 --> 00:27:01.288

Before considering in person supports assistive, technology is now part of every person's daily lives and has the means to improve independence.

206

00:27:01.288 --> 00:27:04.949

Vocational skills, community involvement.

207

00:27:04.949 --> 00:27:09.929

Mitigating isolation and improving people's overall life satisfaction.

208

00:27:09.929 --> 00:27:13.679

And realizing true independence and privacy.

209

00:27:13.679 --> 00:27:26.939

If you take away only 1 thing from these assistive technology, technology slides, please take away a philosophy and belief that all people should be afforded the same technology benefits as.

210

00:27:26.939 --> 00:27:39.868

And that, while we might take those things for granted, the people, we serve, use them as vital tools to their daily lives. And we should facilitate that level of independence to the best of each person's ability.

211

00:27:42.628 --> 00:27:49.499

The waiver cap for assistive technology is still 9,000 dollars. All 4 of the new components must fit in within that cap.

212

00:27:49.499 --> 00:27:58.858

This means that the response centers for remote supports currently authorized as personal assistants will have to be converted to the remote support service code.

213

00:27:58.858 --> 00:28:05.759

Amendments and renewals to plants, implementing this service definition change must be completed in no later than September.

214

00:28:05.759 --> 00:28:09.598

24th 2022.

215

00:28:10.648 --> 00:28:15.659

We had not anticipated CMS requiring us to remove the response center.

216

00:28:15.659 --> 00:28:21.509

From the remote to the remote support services, this will make.

217

00:28:21.509 --> 00:28:32.308

Many people exceed the cap, the division will be considering options such as separating remote support from general assistive technology definition. Please remember as you move forward in exploring.

218

00:28:32.308 --> 00:28:36.749

Technology as the solution for you, and I, technology makes daily life.

219

00:28:36.749 --> 00:28:40.919

And independence easier for the people we serve it makes things possible.

220

00:28:44.729 --> 00:28:48.419

So who can do assistive technology.

221

00:28:53.848 --> 00:29:03.358

The consultation component may be provided by a person with a Missouri license in occupational therapy or physical therapy our speech and language pathology.

222

00:29:04.858 --> 00:29:08.249

And assistive technology, professional, certified.

223

00:29:08.249 --> 00:29:20.699

Certification issued by the rehabilitation engineering and assistive technology Society of North. America are a bachelor's degree and a certification from a nationally recognized.

224

00:29:20.699 --> 00:29:27.058

Assistive technology assessment, curriculum, such a shift are college program.

225

00:29:27.058 --> 00:29:36.689

Or have a bachelor's degree, considered a specific technology expert as employed by a technology specific provider for at least 1 year.

226

00:29:36.689 --> 00:29:42.749

Consultation is a new part of the definition.

227

00:29:46.229 --> 00:29:51.298

The billing codes for assistive technology are broken into 5 components.

228

00:29:52.798 --> 00:30:01.288

Which are listed on the next slide consultation will have a modifier of UA.

229

00:30:01.288 --> 00:30:05.308

Equipment service delivery.

230

00:30:05.308 --> 00:30:09.929

Support you 9 and all 4 components will have the modification.

231

00:30:09.929 --> 00:30:17.608

Of g, T each component is given a modifier so we can pull reports and determine which components are being used.

232

00:30:17.608 --> 00:30:22.318

And how widely they are being used, this is part of our technology 1st, data collection efforts.

233

00:30:30.413 --> 00:30:40.884

Planning activities should include the explosion of technology solutions, whenever possible providing opportunity for discovery and implementation assistive technology consultant.

234

00:30:41.219 --> 00:30:48.659

Consultation means an evaluation as of the assistive technology needs for an individual.

235

00:30:48.659 --> 00:30:54.749

Including functional evaluation of technologies available to address the individual's assess to needs.

236

00:30:54.749 --> 00:30:59.249

And support the individual to achieve outcomes identified in his, or her.

237

00:30:59.249 --> 00:31:05.818

Individualized service plan 1 per year is the max.

238

00:31:05.818 --> 00:31:11.189

An exception, maybe extended if the person is pursuing new are additional types of technology.

239

00:31:11.189 --> 00:31:16.798

Assistive technology equipment means the cost of leasing purchasing.

240

00:31:16.798 --> 00:31:25.288

Warranty at purchase are otherwise providing for the acquisition of equipment that may include engineering designing.

241

00:31:25.288 --> 00:31:28.348

Fitting customizing or otherwise adapting.

242

00:31:28.348 --> 00:31:31.558

The equipment to meet the individual's specific needs.

243

00:31:31.558 --> 00:31:45.118

Assistive technology equipment may include personal emergency response systems also referred to as purse, mobile, emergency response systems, known as MERS and medication response systems.

244

00:31:45.118 --> 00:31:49.229

The acronym for that is misses, but it's an.

245

00:31:49.229 --> 00:31:54.358

The equipment used for remote support, such as motion, sensing systems.

246

00:31:54.358 --> 00:32:01.138

Radio frequency identification, live video, feed, live audio feed are web based monitoring.

247

00:32:01.138 --> 00:32:08.848

Assistive technology cannot be access to purchase video monitors are cameras to be placed in bedrooms or bathrooms.

248

00:32:08.848 --> 00:32:15.028

Remote monitoring and placement of cameras in bedrooms and bathrooms are not too loud.

249

00:32:16.618 --> 00:32:24.028

Assistive technology service delivery means monthly implementation of service or monitoring of the technology equipment.

250

00:32:24.028 --> 00:32:29.759

And individual as necessary monitoring may include the response system center.

251

00:32:29.759 --> 00:32:33.419

Farmers are remote sports.

252

00:32:33.419 --> 00:32:39.058

Assistive technology support is intended for education and training beyond what is.

253

00:32:39.058 --> 00:32:44.398

Included in the initial installation and training our routine service delivery questions.

254

00:32:44.398 --> 00:32:51.449

And implementation that eats the individual in use of these assistive technology equipment as well as training for the family.

255

00:32:51.449 --> 00:32:58.499

Members guardian staff are the persons providing natural sports are paid services, employ the individual.

256

00:32:58.499 --> 00:33:05.338

Are who, otherwise subs are substantially involved in activities being supported by assistive technology equipment.

257

00:33:05.338 --> 00:33:09.388

Assistive technology support may include when necessary.

258

00:33:09.388 --> 00:33:15.449

Coordination of complimentary therapies, our interventions and adjustments to existing.

259

00:33:15.449 --> 00:33:19.078

Assistive technology to insure ongoing effectiveness.

260

00:33:24.058 --> 00:33:30.719

Next slide please.

261

00:33:36.239 --> 00:33:37.403

1 more slide please

262

00:33:54.773 --> 00:34:06.054

planning activities should include the exploration of technology solutions whenever possible providing opportunity for discovery and implementation technology promotes independents and self reliance.

263

00:34:06.239 --> 00:34:17.878



Remote support more than any other technology builds confidence, which decreases people's reliance on paid staff for activities in home and in the community why these things might seem.

264

00:34:17.878 --> 00:34:22.228

Knew to some of you, the newly designed universal.

265

00:34:22.228 --> 00:34:29.278

Universal design and assistive technology team is working to bring you additional resources in trading opportunities. So please.

266

00:34:29.278 --> 00:34:33.208

stay to me as we bring those to you i will now pass it on to

267

00:34:40.438 --> 00:34:48.809

So, we had some changes to the community transition service definition.

268

00:34:48.809 --> 00:34:55.318

We revised the 1st paragraph of the definition to incorporate VMS requirement.

269

00:34:55.318 --> 00:35:00.208

It now, states community transition services are non reoccurring.

270

00:35:00.208 --> 00:35:10.438

Set up expenses for individuals who are transitioning from an institutional or another provider operated living arrangement to a living arrangement in a private residence.

271

00:35:10.438 --> 00:35:13.798

Those provider operated living arrangements.

272

00:35:13.798 --> 00:35:20.159

Our provider owned residential settings where Mo, health reimbursement is available.

273

00:35:20.159 --> 00:35:32.398

It includes the following intermediate care facilities for individuals with intellectual disability, nursing facilities, residential care facilities, assisted living.

274

00:35:32.398 --> 00:35:46.344

Nbd waiver group home, the 2 bullets expenses to transport furnishings and personal possessions to the new living.

275

00:35:46.373 --> 00:35:57.143

Arrangement were combined to say a central household furnishings and moving expenses required to occupied and use a community domiciled.

276

00:36:04.018 --> 00:36:13.498

We adjusted language and the 1st sentence under limit section. We replaced the waiver with a living arrangements in a private resident.

277

00:36:18.778 --> 00:36:31.648

And then under allergen control, we added the assurance only to be rendered when the Allergan control addresses the individuals disability who demonstrates the need for Allergan control.

278

00:36:37.228 --> 00:36:43.228

And then we added a couple of items, so allowable expenses.

279

00:36:43.228 --> 00:36:47.398

Under allowable expenses we added Internet service setup.

280

00:36:47.398 --> 00:36:54.989

Allowable expenses are those those things that are necessary to enable a person to establish a basic household?

281

00:36:54.989 --> 00:37:04.438

That do not constitute room and board. They include things like a central household furnishings and moving expenses, security deposits.

282

00:37:04.438 --> 00:37:11.818

In order to obtain a lease utility setup fees, health and safety assurances.

283

00:37:11.818 --> 00:37:17.398

And things like allergy and control and now, Internet service setup was added to that.

284

00:37:17.398 --> 00:37:24.898

And then for the exclusion list, we added TV service or media site players.

285

00:37:24.898 --> 00:37:28.498

We're added to the central furnishings exclusion.

286

00:37:37.199 --> 00:37:48.719

Clothing was proposed to be included as a recommendation from the SAT work group. However, CMS required it to be removed as it is not an unprovable.

287

00:37:52.259 --> 00:38:06.329

And now I'm going to pass it back to London. So, in home wrestling care is provided to individuals unable to care for themselves.

288

00:38:06.329 --> 00:38:13.289

On a short term basis, because of the absence, or need for relief of those persons.

289

00:38:13.289 --> 00:38:17.369

Other than paid caregivers normally providing the care.

290

00:38:17.369 --> 00:38:21.690

The claim language is.

291

00:38:21.690 --> 00:38:28.559

The service definition, so those persons other than the pay givers is, um.

292

00:38:28.559 --> 00:38:38.429

Is revised, and as is the last sentence respite care may not be furnished for the purpose of compensating relief or substituting staff.

293

00:38:40.260 --> 00:38:43.769

In our prior language, um.

294

00:38:45.239 --> 00:38:54.570

We said, provided in the individual's place of residence, or in a license to certified accredited facility, when services provided for interim periods.

295

00:38:54.570 --> 00:39:00.119

And it said that overnight care must be provided in the individual's place of residence.

296

00:39:00.119 --> 00:39:09.090

The current language says the services provided in the individual's home or private place of residence.

297

00:39:10.949 --> 00:39:19.019

So, a little bit of change of distinction there, as we move onto different kinds of Russ that.

298

00:39:19.019 --> 00:39:23.940

Examining out of home, versus in home again, the attacks being new.

299

00:39:23.940 --> 00:39:31.920

Out of home rest in a short term basis, due to absence, or need for relief of those who normally provide care for the individual.

300

00:39:33.510 --> 00:39:38.670

It is provided, um, outside of the person's home must be short term.

301

00:39:38.670 --> 00:39:43.769

Statement has to be identified as a need in the.

302

00:39:43.769 --> 00:39:51.030

And provides planned relief to the customary caregiver and is not intended to be a permanent placement.

303

00:39:53.699 --> 00:40:04.469

While the limit remains mostly intact from the previous Laver CMS did ask us to insert a hard limit to the exception amount by adding this language.

304

00:40:04.469 --> 00:40:12.835

So our current limit says, no more than 60 days annually, unless an exception approved by a rod or designated designated being new.

305

00:40:13.284 --> 00:40:26.425

Um, if provided an ID or state have center cannot exceed 30 days, asked us to add a hard limit of total limit of out of home rest. That is 6 months.

306

00:40:26.454 --> 00:40:35.605

The out of home respite service is a temporary service and requires a hard limit to the exception amount. And this would not affect the other sections.

307

00:40:40.945 --> 00:40:55.704

So, as we were going through the waiver renewal, and through previous service advisory teams, we did hear from individuals and families, support players and providers that we don't have enough resources to provide the out of home service.

308

00:40:55.733 --> 00:41:06.715

That locations were limited few and far between sometimes used turned into permanent placement instead of rusted beds. Um, so.

309

00:41:07.079 --> 00:41:12.210

We added additional eligible locations to the waiver based on that feedback.

310

00:41:12.210 --> 00:41:19.170

Previously, you had to use a licensed community residential facility, or a state operated.

311

00:41:19.170 --> 00:41:23.250

We revised and added additional locations.

312

00:41:23.250 --> 00:41:26.789

To include shared living most homes.

313

00:41:26.789 --> 00:41:32.489

Shared living relief homes and stand alone respite facilities.

314

00:41:32.489 --> 00:41:37.469

So that's quite a nice expansion. We'll talk about a little more detail in the next slide.

315

00:41:38.940 --> 00:41:48.360

So, even though as we've expanded, the italics are new language, standalone respite facility still has to be certified or accredited.

316

00:41:48.360 --> 00:41:59.579

Licensure and certification will be amending applications and developing new processes around the stand alone facility. So we do have a certification process for that.

317

00:41:59.579 --> 00:42:05.130

Um, the caveats surrounding host home providers.

318

00:42:05.130 --> 00:42:15.869

Is that they may not provide out of home respite services if there is currently an individual living in that home and receiving post them services.

319

00:42:16.980 --> 00:42:26.429

So the host homes shall not provide out of home Russ, that if there is an individual currently residing in the home and receiving host home services.

320

00:42:31.019 --> 00:42:41.065

So move on to personal assistant, the core service definition is not changed. It includes a range of assistants to enable the individuals to complete tasks.

321

00:42:41.065 --> 00:42:54.085

They are not able to do for themselves, provide supports and incidental teachings to assist the person to participate in their home. And community, and can be provided in the person's home family home and in the community.

322

00:42:55.650 --> 00:43:02.159

A few reminders about personal assistants, it is always performed in the presence of the person.

323

00:43:02.159 --> 00:43:07.170

It is staff are not eligible to sleep during the service provision.

324

00:43:07.170 --> 00:43:18.179

It is limited to additional services, not otherwise covered by state plan. So you must always source state plan or other resources before accessing the waiver.

325

00:43:20.394 --> 00:43:30.594

The team collaboration component specifically applies to self directed services and the sentence is replacing up to 120 hour per plan year to limited.

326

00:43:33.269 --> 00:43:39.239

To 2120 hours for planning, just a small distinction, um, that we.

327

00:43:39.239 --> 00:43:54.114

That that was made in the definition. So we were very successful enabled and enable to retain the appendix K hospital support, uh, component in the waiver service definition.

328

00:43:54.114 --> 00:43:57.204

So, very exciting that we were able to do that.

329

00:43:57.480 --> 00:44:05.369

The hospital support, component of personal assistant has to be identified in the person's centered service plan.

330

00:44:05.369 --> 00:44:11.849

Provided to meet the needs of an individual that are not met through the provision of hospital services.

331

00:44:11.849 --> 00:44:17.940

It is not a substitute for services of a hospital is obligated to provide.

332

00:44:17.940 --> 00:44:22.530

Um, through its conditions of participation under the federal or state law.

333

00:44:22.530 --> 00:44:36.389

Or under another applicable requirement, and be designed to ensure smooth transitions between acute care settings and home and community based settings and to preserve the individual's functional limitation.

334

00:44:37.829 --> 00:44:44.639

So, they're just a little few little points. Very defined. It cannot be.

335

00:44:44.639 --> 00:44:48.360

Used as a substitute for hospital obligations.

336

00:44:48.360 --> 00:45:01.974

It is also not used for simply visiting, simply checking in um, you have to clearly define what the purpose of the personal assistant is in that hospital, and that it serves the function a purpose.

337

00:45:02.005 --> 00:45:03.684

And that hospital cannot provide.

338

00:45:05.605 --> 00:45:19.735

Hospital supports under personal assistants are built to the same personal assistant code and the existing authorized rate already

authorized in the person's with personal assistants. So no special code for personal assistance.

339

00:45:24.420 --> 00:45:30.300

So, there are some changes to the service definition that we all need to be aware of.

340

00:45:30.300 --> 00:45:36.119

People who are currently receiving group home, which includes semi independent living centers.

341

00:45:36.119 --> 00:45:45.090

Individualized supported living or shared living services can no longer receive personal assistants as an additional service.

342

00:45:45.090 --> 00:45:48.750

This is due to the fact that both group home.

343

00:45:48.750 --> 00:46:01.139

And shared living definitions, contain personal assistant components the residential services are required to meet the personal assistants needs of the individual through that service definition.

344

00:46:01.139 --> 00:46:09.119

So, how we're going to work with that everyone I know is asking.

345

00:46:09.119 --> 00:46:15.239

Um, so we have 365 days from approval.

346

00:46:15.239 --> 00:46:20.039

Or, till September 24th of 2022.

347

00:46:20.039 --> 00:46:29.849

To make amendments or renewals to the plans that currently have personal assistant authorized in addition to group home, or or shared living services.

348

00:46:29.849 --> 00:46:40.289

So, you can change it tomorrow. You can change it 2 months from now, you can change it 4 months from now, but it must be changed. No later than September 24th of 2022.

349

00:46:41.369 --> 00:46:55.559



Additionally, CMS, how does make another change? Um, and that is that personal assistants can no longer be authorized for the purpose of a remote support response center.

350

00:46:57.150 --> 00:47:06.809

Um, CMS felt that using group for remote support response centers. It was a duplication of the intent of the assistive technology service.

351

00:47:06.809 --> 00:47:12.989

They saw it as a direct component of remote support. It should be built to assistant technologies.

352

00:47:13.795 --> 00:47:28.704

So providers who have been billing for the purpose of response center will need to work with the planning teams to remove the remaining authorizations for the people's, to the assistive technology, remote support, specific code.

353

00:47:29.039 --> 00:47:32.940

89 9, 9, 9.

354

00:47:32.940 --> 00:47:39.659

So, all components of remote support are authorized the a 909 9, 9, 9 GT.

355

00:47:39.659 --> 00:47:43.230

Um, the remote support, there's.

356

00:47:43.585 --> 00:47:56.574

The technology component, the response center in all 4 of the components that Holly talked about earlier, the consultation, the follow up anything related to remote supports, gets built to the 89999 GT code.

357

00:47:59.670 --> 00:48:09.090

So, we had sent an email out to our assistive technology providers, provide remote, supports to give them a heads up about this change.

358

00:48:09.090 --> 00:48:18.449

And, uh, to those community support providers that we know had developed, or were in the process of developing a response center.

359

00:48:18.449 --> 00:48:32.579

Um, so they would know that this was coming and so they could start working on it. What we know now, is we also have for a transition period of no later than September 24th 2022 to make these changes.

360

00:48:32.934 --> 00:48:41.695

So we wanted to get you the heads up, but we've only recently realized that we were going to allow a time period to achieve these changes.

361

00:48:41.905 --> 00:48:51.085

So, again, just like the other change, you can change this next month, 4 months from now. But no later than September 24th of 2022.

362

00:48:56.309 --> 00:49:01.829

So, moving on to group home services, um, group, home services.

363

00:49:01.829 --> 00:49:13.679

Core definition has not changed, um, the group home services provide care supervision skills, training and activities of daily living, home management, community integration.

364

00:49:13.679 --> 00:49:17.309

Includes assistants and support in the areas of self care.

365

00:49:17.309 --> 00:49:20.579

Sensory and motor development interpersonal skills.

366

00:49:20.579 --> 00:49:29.940

Communication community living skills, mobility, health care, socialization, money, management and household responsibilities.

367

00:49:32.695 --> 00:49:41.125

A few minor changes in the language were made referencing instead of groups of recipients it's individuals who live in,

368

00:49:41.364 --> 00:49:41.605

um,

369

00:49:41.605 --> 00:49:51.565

to represent more person centered language in the service definition language was added to emphasize the home and community service rule around group homes,

370

00:49:51.594 --> 00:49:52.855

being provided by owner.

371

00:49:53.219 --> 00:49:58.769

Provider owned controlled and therefore must ensure compliance with the htbs rule.

372

00:50:00.985 --> 00:50:15.085

We also wanted to make sure that people realize and understand that. Transportation is a component of the group home service. It is included in that daily rate and I think we defined in that definition.

373

00:50:15.264 --> 00:50:30.144

Some differences there. So, to provide some more clarity things. We've always done, but just some clarification. So the transportation in the fluid in a group home daily rate includes non medical transportation access to the community.

374

00:50:30.449 --> 00:50:39.300

Their additional transportation may be authorized to access work and data visitation programs.

375

00:50:39.300 --> 00:50:49.769

And the transportation service is the transportation component of the group home is responsible to ensure medical transportation is built to state plan.

376

00:50:50.880 --> 00:50:59.130

So those are kind of the 3 breakdowns of transportation, a group home group homes definitely responsible for non medical transportation into the community.

377

00:50:59.130 --> 00:51:02.909

They can access transportation.

378

00:51:02.909 --> 00:51:13.110

Outside of the group home for day program work purposes. Um, but the group home cannot build transportation for medical purposes that has to be built to state plan.

379

00:51:16.284 --> 00:51:26.605

Again, just to re, emphasize how lucky we are to be able to retain the hospital support component, um, that we had temporarily approved their appendix K.

380

00:51:26.635 --> 00:51:31.914

we were able to be able to keep that as a component of the group home service as well.

381

00:51:32.190 --> 00:51:38.849

Um, this service component of hospital support is identified in an individual's.

382

00:51:38.849 --> 00:51:45.750

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

383

00:51:45.750 --> 00:51:50.849

They are not a substitute for the services that the hospital is obligated to provide.

384

00:51:50.849 --> 00:51:59.909

And they are designed to ensure a smooth transitions between acute care search settings and home and community settings and to preserve the individuals.

385

00:51:59.909 --> 00:52:04.079

Functional abilities again.

386

00:52:04.079 --> 00:52:18.809

Very specific cannot replace responsibly the group homes and you cannot use it for the purpose of visiting checking in making sure they're okay. It has to be clearly defined in the isb and have a distinct purpose.

387

00:52:18.809 --> 00:52:28.349

Um, when a person receives a group home, and also receives hospital supports the group home will reflect an absent.

388

00:52:28.349 --> 00:52:36.480

See more and not Bill for that day the supports identified in the isb are built to a separate code.

389

00:52:36.480 --> 00:52:44.340

Under 525 at 77 a quarter units.

390

00:52:49.230 --> 00:52:59.519

But we had previously referenced this when I talked about personal assistants, but it's always worth just kind of bringing it home everywhere that the impact applies.

391

00:53:00.900 --> 00:53:07.710

In the column again, um, CMS read our language and.

392

00:53:08.125 --> 00:53:20.094

The components of personal assistant are included in the group policy reflect back to the 1st slide. I read you about a group homes responsibility. It includes socialization and community access.

393

00:53:20.394 --> 00:53:29.994

Therefore, the group home service includes components of personal assistants, individual skills, development and community networking.

394

00:53:32.159 --> 00:53:36.389

So the planning, so therefore.

395

00:53:36.389 --> 00:53:40.139

Neither.

396

00:53:40.139 --> 00:53:44.639

Or community networking services can be authorized in a.

397

00:53:44.639 --> 00:53:47.820

It cannot be authorized in addition to group homes.

398

00:53:47.820 --> 00:53:59.099

So, a person receiving group home services can no longer receive personal assistants or community networking as a separate billable service from group home.

399

00:53:59.099 --> 00:54:09.960

Cms out made us add the specific language that these networking already components of a group home service, and funded under the group homes service.

400

00:54:09.960 --> 00:54:18.989

Deaf definition, so alternatives to the group home combination of and C networking.

401

00:54:18.989 --> 00:54:22.530

Um, alternatives are employment services they have.

402

00:54:22.530 --> 00:54:32.969

Facilitation services, or receiving those community services at home from the day program. I'm sorry at home from a group home during the day.

403

00:54:32.969 --> 00:54:33.420

So,

404

00:54:33.414 --> 00:54:34.704

just as the other services,

405

00:54:34.704 --> 00:54:38.155

we talked about any amendments or renewals to the plans,

406

00:54:38.184 --> 00:54:39.744

implementing the change,

407

00:54:39.775 --> 00:54:48.715

removing authorizations for and community networking from people who also receive group home services must be completed.

408

00:54:48.715 --> 00:54:50.635

No later than September 24th, 2022.

409

00:54:56.159 --> 00:55:01.800

So, likewise, we had a few minor changes in the individualized supported living definition.

410

00:55:01.800 --> 00:55:14.130

Um, language was added to the definition to emphasize individualized, supportive living, reflecting 4 principals, um, community membership, self determination rights.

411

00:55:14.130 --> 00:55:24.389

And basic needs, so is delivered is personalized manner to individuals who live in homes of their choice.

412

00:55:24.389 --> 00:55:32.190

They may choose with whom, and where they live and a type of community activities in which they wish they in, which they wish to be involved.

413

00:55:32.190 --> 00:55:41.639

Characterized by creativity, flexibility, responsiveness and diversity, and enables people with disabilities to fully integrate in communities.

414

00:55:44.010 --> 00:55:57.119

Clarifying language that home in which a person receives service is a private dwelling, not a licensed facility and must be owned or at least by at least 1 of the individuals residing in the home.

415

00:55:57.119 --> 00:56:00.300

And or by someone designated by.

416

00:56:00.300 --> 00:56:04.230

And 1 of those individuals, such as a family member, or a legal guardian.

417

00:56:04.230 --> 00:56:13.710

Each individual in the home has free choice of provider and is not required to use the same provided by their housemates.

418

00:56:13.710 --> 00:56:23.579

The 2nd bullet is a philosophy and practice the division has supported for many years and we've updated our definition to match that philosophy and practice.

419

00:56:26.280 --> 00:56:31.949

Just like personal assistants and group home services. We were.

420

00:56:31.949 --> 00:56:41.400

Able to successfully retain the hospital support component currently available in appendix as a component of the service.

421

00:56:41.400 --> 00:56:46.440

Again, um, maybe providing the hospital supports.

422

00:56:46.440 --> 00:56:57.090

To assist supervision and communication and transition, um, and other components at the hospital is unable to provide, or, uh, not required to provide.

423

00:56:57.090 --> 00:57:00.389

It must be identified in the person's.

424

00:57:00.389 --> 00:57:09.300

It is not used for visiting checking in. It must be clearly defined as how the function is working. Um, with the person.

425

00:57:09.300 --> 00:57:18.449

Like, group home hospital supports are built to a separate code so the provider in their billing.

426

00:57:18.449 --> 00:57:25.050

For the T2 016 code builds absent for the days of the persons in the hospital.

427

00:57:25.050 --> 00:57:36.210

But if they use hospital supports identified in the, they build to the ask 5125 at 727, a quarter unit.

428

00:57:41.215 --> 00:57:53.454

Just, as in the group homes, the new limitation related to personal assistants, individual skills, development, community networking that limitation also applies to individualized supported living.

429

00:57:53.815 --> 00:58:03.655

Now, we did full report last week and from preliminary data, we do not have any individualized supported living also authorized in conjunction.

430

00:58:03.960 --> 00:58:14.844

Um, with personal assistance, uh, or so we're still pulling and finalizing that data, making sure that we've captured everyone in all the current authorizations.

431

00:58:15.264 --> 00:58:28.494

Um, but it's looking relatively clean with the service definition and community networking are already components of the service and funded under the service.

432

00:58:28.914 --> 00:58:30.474

So, again if.

433

00:58:30.809 --> 00:58:41.849

We do come across any combination of networking authorized in addition to services. Those have to be.

434

00:58:42.175 --> 00:58:56.275

Modified and and the appropriate service selected, whether that's employment or additional hours, they have to be adjusted. No later than September 24th of 2022.

435

00:59:02.280 --> 00:59:14.610



Shared loving, so our core definition has not changed an arrangement in which an individual chooses to live with a couple another individual or family in the community to share their life experiences together.

436

00:59:14.610 --> 00:59:18.030

Shared living can be provided in the home of a caregiver.

437

00:59:18.030 --> 00:59:21.300

Or a host, or in the individual's home.

438

00:59:21.474 --> 00:59:26.244

In which case it's a companion shared loving,

439

00:59:26.244 --> 00:59:37.164

include skills development to prevent the loss of skills and enhance skills leading to greater independence and community inclusion and transportation is included in the shared the rate.

440

00:59:37.409 --> 00:59:40.440

While the shared living services, oftentimes.

441

00:59:40.440 --> 00:59:50.159

Is the experience of belonging to a family? Um, there are service expectations in that living arrangement, which include supporting people to develop skills.

442

00:59:50.159 --> 00:59:55.980

New language was added to the service definition to state what is already included in the budget development.

443

00:59:55.980 --> 00:59:59.280

That transportation is included in the shared living rate.

444

01:00:01.320 --> 01:00:05.610

Again, just as an group home and.

445

01:00:05.610 --> 01:00:08.699

We were able to retain the ability.

446

01:00:08.699 --> 01:00:18.630

To use hospital supports as a billable service for people who were in the hospital and receiving shared living services just as the other service. This is for.

447

01:00:18.630 --> 01:00:24.239

Components that the hospital is unable to provide or not required to provide.

448

01:00:24.239 --> 01:00:29.579

By their regulations must be identified in the as a distinct service.

449

01:00:29.579 --> 01:00:37.829

Not visiting, or checking in clearly defined as what the staff are going to be provided and how it's not duplicative of.

450

01:00:37.829 --> 01:00:40.949

The hospital service, um.

451

01:00:40.949 --> 01:00:49.500

In this instance, the shared living provider will still reflect an absence in Seymour related to the shared living billing.

452

01:00:49.500 --> 01:01:00.030

For those reports, they will also build as 5125 at 727 a 15 minute unit.

453

01:01:04.199 --> 01:01:12.119

While shared living is a home with a family or other individuals, and the host, or companion has always been expected to provide.

454

01:01:12.119 --> 01:01:16.800

Distance skills development and community integration.

455

01:01:16.800 --> 01:01:21.840

Always been a component of that service definition therefore.

456

01:01:21.840 --> 01:01:30.900

People receiving personal assistants, individualized skills development and community networking can no longer also receive shared living.

457

01:01:30.900 --> 01:01:36.989

The combination of services is a duplication of the core shared living definition.

458

01:01:38.610 --> 01:01:46.829

Therefore, people who currently have these services authorizes a combination, need to have their plan reviewed.

459

01:01:46.829 --> 01:01:57.659

And assessed for what the person's needs are and what is the appropriate replacement services again, is that they have limitation? Is that employment? Um, is it.

460

01:01:57.659 --> 01:02:04.739

Staying home with their host, or home with their companion, or home by themselves um.

461

01:02:04.739 --> 01:02:16.769

So, again, all modifications are renewals to the plans implementing the removal of the duplicate services must be completed no longer longer than September 24th.

462

01:02:16.769 --> 01:02:23.280

2022 and with that.

463

01:02:23.280 --> 01:02:26.789

I am going to turn it back over to Dwayne.

464

01:02:26.789 --> 01:02:40.650

To talk about community networking, thank you Ronda community networking previously known as community integration is an individual a group service that is in the comprehensive community support partnership and waivers.

465

01:02:40.650 --> 01:02:51.989

Group size cannot exceed 4 individuals per staff person. Individuals are to be supportive in the setting, which aligns with their skills abilities and optimizes our optimizes. Excuse me.

466

01:02:51.989 --> 01:02:57.239

Their autonomy and independence, the name was changed to clarify the intent of the service.

467

01:02:57.239 --> 01:03:10.590

It is not just to be in the community, but to support individuals for value and active participation into integrated activities, the outcomes are for individuals to participate in and choose activities.

468

01:03:10.590 --> 01:03:14.219

That builds social relationships, community involvement.

469

01:03:14.219 --> 01:03:27.360

And membership that builds upon the individual's interest preference gifts and strings clarification was also added that the expectation is to decrease supports and transition to natural supports.

470

01:03:27.360 --> 01:03:31.860

When possible.

471

01:03:31.860 --> 01:03:42.300

The for greater flexibility and individualization, the service limit has been revised to a monthly amount of 432 units, which is 108 hours.

472

01:03:42.300 --> 01:03:47.400

In addition to clarifying language was added that activities related to community service.

473

01:03:47.400 --> 01:03:58.320

Commonly called volunteering are allowed for personal leisure and preference as part of community networking. However, if the person is volunteering.

474

01:03:58.320 --> 01:04:07.440

For purposes of working on employment pathways, then the appropriate service would be Pre, vocational services. So again, community service.

475

01:04:07.440 --> 01:04:17.550

It's okay as community networking, but if one's volunteering as part of an employment pathway, then that service should be Pre, vocational and not community networking.

476

01:04:19.644 --> 01:04:32.394

Okay, moving on to individualized skills development. It is an individual or group service that is in the comprehensive community support partnership and bokin waivers the group size for individuals per staff person.

477

01:04:32.844 --> 01:04:36.264

Individual's are to be supported in the setting, which aligns with their skills.

478

01:04:36.659 --> 01:04:40.230

Abilities and optimizes autonomy and independence.

479

01:04:40.230 --> 01:04:50.909

Clarifying language was added to reflect outcomes for individuals to learn specific skills necessary for independent living. Clarifying language was also added.

480

01:04:52.199 --> 01:05:04.230

To indicate that it is for individuals who live in their own home, or their family homes as 1 day indicated earlier is not available to individuals in shared living or group homes.

481

01:05:04.230 --> 01:05:11.369

Service limits have also been revised to a monthly amount to 348 units.

482

01:05:19.440 --> 01:05:32.550

An addition was also added for as required from CMS to indicate that services are limited to those, not otherwise covered under the state plan to include early and periodic screening diagnosis and treatment.

483

01:05:32.550 --> 01:05:37.289

It says consistent with the waiver objective of avoiding institutionalization.

484

01:05:37.289 --> 01:05:48.329

Lastly was updated to include the language included within provider Bolton, number, 25 volume 1 on credentialing requirements.

485

01:05:48.329 --> 01:05:54.239

Essentially, what was completed was a deletion of previous language regarding state credential process.

486

01:05:54.239 --> 01:06:06.449

And it was replaced with successful completion of the course work as identified in this provider Bolton, which is systematic instruction training through either reliance learning, or college of direct supports.

487

01:06:10.139 --> 01:06:19.980

Moving onto dehabilitation dehabilitation is a service again that continues to be available in comprehensive community support partnership for hope. And the Missouri Mo kids.

488

01:06:19.980 --> 01:06:29.010

Waiver language was revised to reflect that services are designed to assist individuals to acquire improve and retain self help.

489

01:06:29.010 --> 01:06:38.159

Socialization and adaptive skills that enhance social development and develop skills and performing activities of daily living and community living.

490

01:06:38.159 --> 01:06:44.369

Services may also be provided to support retirement activities and this was a new language.

491

01:06:44.369 --> 01:06:47.489

Uh, to ensure that we're working with individuals across.

492

01:06:47.489 --> 01:06:52.920

The entirety of their lifespan activities and environments. Uh, also.

493

01:06:52.920 --> 01:07:06.000

Language was added to reflect that activities and environments are designed to foster the acquisition of skills, building, positive, social behavior and interpersonal competence, greater independence and personal choice.

494

01:07:06.000 --> 01:07:10.739

Activities should be appropriate to the setting and occur in the most natural setting possible.

495

01:07:10.739 --> 01:07:14.190

For the individual, so again, if an individual is just a.

496

01:07:14.190 --> 01:07:22.139

Attending activities in the community as part of they have that is wonderful if we're working on individualized goals.

497

01:07:22.139 --> 01:07:28.530

Around value, added integration and true community membership and that would be community networking.

498

01:07:31.619 --> 01:07:45.420

Lastly, with dehabilitation, the medical exception language was revised, uh, documentation required for requesting reviewed and approval by the URL committee. Uh, W, what is required as a written support plan, which includes clinical outcome data.

499

01:07:45.420 --> 01:07:57.570

With criteria for reduction of supports, if relevant to the identified medical condition, the word if replaced what we previously had in there, uh, which was the word as relevant.

500

01:07:57.570 --> 01:08:06.840

In addition written documentation, noting the individual's assess need for medical or mobility supports is required from the individual's medical practitioner.

501

01:08:10.349 --> 01:08:15.960

also uh and they have uh behavior exception language was revised

502

01:08:15.960 --> 01:08:22.829

To indicate that people with exceptional behavior supports needs, may be granted a behavior exception when additional staffing.

503

01:08:22.829 --> 01:08:33.180

Is required to keep them into or other safe request for behavior of exception. She'll be submitted the, your committee and include 1 of the following types of documentation.

504

01:08:33.180 --> 01:08:36.539

An isb, inclusive of behavior, support plan.

505

01:08:36.539 --> 01:08:48.390

Including supports to be implemented through the day of invitation service and confirmation of ongoing applied behavior, analysis services, or an approved isb documenting behavior supports.

506

01:08:48.390 --> 01:08:56.399

Had been recommended, so those are the new language that was added for the behavior exception.

507

01:08:58.800 --> 01:09:10.859

As we move on to career planning, uh, career planning is an individualized service that is in the comprehensive community support and partnership waivers and it has been in the past language was updated to reflect national best practices.

508

01:09:10.859 --> 01:09:16.979

To include discovery and customized employment, which is the person centered approach to supporting individuals.

509

01:09:16.979 --> 01:09:24.810

With intellectual, developmental disabilities language, and the definition clarifies that the rates are included for the implementation.

510

01:09:24.810 --> 01:09:32.909

Therefore, the delivery of the service that are not included and to get someone to and from the service provider.

511

01:09:34.590 --> 01:09:48.960

Embracing the divisions tech 1st initiative. Excuse me initiative an additional billable activity was included for the employment support professional, and be exploring and assisting the individual with considering what types of apps or general technology.

512

01:09:48.960 --> 01:09:52.619

Can be utilized in the system and overcoming potential barriers.

513

01:09:52.619 --> 01:10:00.449

And future work settings and work pathways, although previously required.

514

01:10:00.449 --> 01:10:12.600

They expected outcome of a career plan at the completion of career planning was further clarified upon completion of that service. The provider must complete a career plan. Sometimes known as a discovery profile.

515

01:10:12.600 --> 01:10:21.060

Which will guide the planning team and the individual, and the future employment supports and services that are needed. This must include a career path.

516

01:10:21.060 --> 01:10:27.840

Which is a job goal or a job thing as an example warehouse worker stocker secretary.

517

01:10:27.840 --> 01:10:32.970

Health occupations, et cetera. Uh, but the job goal needs to be specified.

518

01:10:32.970 --> 01:10:37.260

With an indication of what the individual's desired amount of work hours.

519

01:10:37.260 --> 01:10:40.439

And work outcome, excuse me work income.



520

01:10:40.439 --> 01:10:45.840

Uh, is upon completion of the service the plan was to also identify needs.

521

01:10:45.840 --> 01:10:52.470

The individual strengths and considerations of natural supports and the potential work environment means they have.

522

01:10:52.470 --> 01:11:03.090

The plan must specify the actions needed to achieve those goals. So this will really help the support coordinator in the individual and knowing what type of additional.

523

01:11:03.090 --> 01:11:06.359

Supports and services may be needed upon completion.

524

01:11:06.359 --> 01:11:11.789

Of the career planning service, an additional training will be delivered in the future.

525

01:11:11.789 --> 01:11:15.810

Uh, by the division on these outcomes and reporting requirements.

526

01:11:17.039 --> 01:11:22.500

Earlier we talked about there being a new service definition for benefits planning.

527

01:11:22.500 --> 01:11:29.279

As the benefits planning service was added to the waiver, we did remove language around billable activity.

528

01:11:29.279 --> 01:11:33.689

Social Security benefits, support, training, consultation and planning.

529

01:11:33.689 --> 01:11:39.119

Informal discussion related to asset development is available activity.

530

01:11:39.119 --> 01:11:47.220

As, as the determination and coordination of specific work incentives that would require the benefits planning service definition.

531

01:11:47.220 --> 01:11:56.515

So just the informal discussion about one's ability to work the informal discussion about the ability to have earned income and retain benefits,

532

01:11:56.784 --> 01:12:00.324

those are still discussions that can occur as part of career planning,

533

01:12:00.654 --> 01:12:03.204

and also continue to be billable activity.

534

01:12:03.685 --> 01:12:06.595

But if we are working on specific work incentives.

535

01:12:07.074 --> 01:12:21.744

Requesting benefits planning queries to assist the individual and determine the exact amount of income that type of benefits analysis and planning should be occurring in the benefits planning service definition and not end the career planning

536

01:12:21.744 --> 01:12:22.944

service definition.

537

01:12:24.449 --> 01:12:32.909

As we move on to job development, uh, job developments, uh, continues to be an individualized service that's available in the comprehensive community support.

538

01:12:32.909 --> 01:12:39.029

And partnership waivers language is updated it here as well to reflect national best practices.

539

01:12:39.029 --> 01:12:44.760

A person, similar approach and job development for individuals with intellectual and developmental disabilities.

540

01:12:44.760 --> 01:12:48.840

Language in the definition clarifies that the rates are included.

541

01:12:48.840 --> 01:12:52.770

For transportation, as part of the delivery of the service.

542

01:12:52.770 --> 01:12:56.579

But are not included to get someone to and from the service provider.

543

01:12:57.659 --> 01:13:09.989

Also, similar to career planning to embrace the divisions tech 1st, initiative and additional billable activity was included from employment, support, professional to also be exploring and considering.

544

01:13:09.989 --> 01:13:15.779

How assistive technology or apps could be utilized assist the individual in future.

545

01:13:15.779 --> 01:13:20.430

Workplace sites and to secure potential employment.

546

01:13:22.524 --> 01:13:32.784

Moving on to the next slide, uh, similar to career planning, uh, language was added on the expected outcome with the completion of job development upon completion of the service.

547

01:13:32.784 --> 01:13:40.404

The provider must complete a job retention plan, which will guide the planning team and individual on future employment. Supports and services.

548

01:13:40.680 --> 01:13:48.270

That may be needed this must outline the job title of the secure and employment position.

549

01:13:48.270 --> 01:13:52.500

The wages projected average number of hours you worked, uh, weekly.

550

01:13:52.500 --> 01:13:58.170

Also, the job plan should include the implementation strategies.

551

01:13:58.170 --> 01:14:03.449

For paid in natural supports regarding any unmet needs that the individual may have.

552

01:14:03.449 --> 01:14:09.930

In the work setting again, additional training will be delivered on these outcomes and.

553

01:14:09.930 --> 01:14:22.319

Uh, content of these plans, support, employment, uh, continues to be a service that is available as an individual of group service in the comprehensive community support.

554

01:14:22.319 --> 01:14:31.770

And partnership waivers, um, not unlike previously, the group size cannot exceed 4 individuals per staff person. Individuals are.

555

01:14:31.770 --> 01:14:34.979

Required to be supportive the setting, which aligns with their skills.

556

01:14:34.979 --> 01:14:38.189

Abilities and optimizes autonomy and independence.

557

01:14:38.189 --> 01:14:45.449

For those who receive were support employment, there continues to be the requirement that this be reviewed annually to determine if the person.

558

01:14:45.449 --> 01:14:49.800

Transition to a more affirmed and optimized individual setting.

559

01:14:51.149 --> 01:14:57.840

New language was added indicating billable activity to include assistance with just reporting and managing earnings.

560

01:14:57.840 --> 01:15:03.060

With social security and Medicaid for anybody who is a social security recipient.

561

01:15:03.060 --> 01:15:10.319

Uh, or Medicaid recipients, there is the requirement to be reporting monthly earnings just that simple of reporting of earnings.

562

01:15:10.319 --> 01:15:15.869

To social security is a billable activity and supported employment. Um.

563

01:15:15.869 --> 01:15:26.579

This is simply the process of reporting and not doing formal benefits planning again. If someone's looking at formal benefits, planning of utilizing work incentives.

564

01:15:26.579 --> 01:15:35.250

Considering changes to their Medicaid eligibility type, and those types of activities should be completed in the benefits planning.

565

01:15:35.250 --> 01:15:38.909

Service definition.

566

01:15:40.319 --> 01:15:49.319

Similar to the other employment services language was added around an expected outcome of support employment. That outcome is sustained employment at the end of each month.

567

01:15:49.319 --> 01:15:59.850

Upon completion of the service at the end of each month, the provider must complete a retention plan for the upcoming month, which again will guide the planning team and the individual.

568

01:15:59.850 --> 01:16:03.359

On what ongoing employment supports and services they might need.

569

01:16:04.380 --> 01:16:11.250

This must include a description of the results of the observation and assessment that has occurred throughout the month on the worksite.

570

01:16:11.250 --> 01:16:16.439

As well, as what ongoing paid and unpaid supports may be needed.

571

01:16:16.439 --> 01:16:23.130

It also includes a summary of implementation strategies, which are necessary to maximize employment independence.

572

01:16:23.130 --> 01:16:28.319

Natural supports job performance and identification of any potential risks.

573

01:16:28.319 --> 01:16:32.970

Similar to the other employment definitions, there will be additional training.

574

01:16:32.970 --> 01:16:36.539

About these play and requirements and outcomes.

575

01:16:38.310 --> 01:16:44.520

Pre vocational as an individual or group service that continues to be in the comprehensive community support and partnership waiver.

576

01:16:44.520 --> 01:16:50.369

I'm not unlike, uh, employment group size continues to be limited for individuals.

577

01:16:50.369 --> 01:16:56.640

For staff person, individuals again must be supported in the setting, which aligns with their skills.

578

01:16:56.640 --> 01:17:00.060

Abilities and optimizes autonomy and independence.

579

01:17:00.060 --> 01:17:06.000

Language was added that clarifies that volunteering as part of Pre, vocational.

580

01:17:06.000 --> 01:17:13.649

As for employment skill development, as I noted earlier, if someone's simply volunteering at what we will call community service.

581

01:17:13.649 --> 01:17:18.210

For personal application reasons, then that can be commuting networking.

582

01:17:18.210 --> 01:17:24.569

But if an individual's volunteering as part of an appointment pathway, or to learn skills necessary for employment.

583

01:17:24.569 --> 01:17:29.100

That should be being completed underneath the Pre vocational service definition.

584

01:17:29.100 --> 01:17:35.279

In order to forward greater flexibility the previous weekly service limits were removed.

585

01:17:35.279 --> 01:17:40.949

And replaced by allowing the same number of units to be delivered over an annual plan here.

586

01:17:40.949 --> 01:17:47.699

So, there is no reduction in the amount of units. All we've done is simply remove the weekly limits.

587

01:17:47.699 --> 01:17:51.779

And enable providers to deliver up to 2008 units.

588

01:17:51.779 --> 01:18:00.119

Per annual support plan the year new language was added also to allow for billable activity.

589

01:18:00.119 --> 01:18:03.689

To consider the use of assistant technology.

590

01:18:03.689 --> 01:18:06.930

Or apps and helping individuals become more independent.

591

01:18:06.930 --> 01:18:15.539

In the pursuit of employment also in formal discussion, just to related to asset development and financial literacy.

592

01:18:15.539 --> 01:18:23.670

Can be completed as part of Pre vocational as long as it's not about looking at actual work incentives and coordinating those work incentives.

593

01:18:23.670 --> 01:18:32.550

If that's the level of, uh, formal discussion that needs to occur, then again that should be requested as part of benefits planning.

594

01:18:32.550 --> 01:18:35.909

Which could be occurring concurrently with Pre vote.

595

01:18:35.909 --> 01:18:39.630

We're planning or support employment services.

596

01:18:41.369 --> 01:18:48.840

Language is adding on the expected outcomes, a Pre vocational, which is progress of ability skills necessary.

597

01:18:48.840 --> 01:18:52.319

For employment, uh, upon completion of the service.

598

01:18:52.319 --> 01:18:57.720

At the end of each month, the provider must complete a plan that reflects progress towards and skills.

599

01:18:57.720 --> 01:19:01.949

Being developed an ongoing development activity from the upcoming month.

600

01:19:01.949 --> 01:19:07.949

Which will guide the planning team. So if an individual has a specific skill that they're working on.

601

01:19:07.949 --> 01:19:14.460

Related to accepting supervision that needs to be clear documentation on what the skill being developed is.

602

01:19:14.460 --> 01:19:22.229

How it's going to be developed and the progress towards that development additional training will continue to be provided by the division.

603

01:19:22.229 --> 01:19:28.890

On these outcomes, as you as you have noticed, uh, each, the employment services have at an outcomes.

604

01:19:28.890 --> 01:19:32.159

Which were recommended by the employment services advisory team.

605

01:19:32.159 --> 01:19:35.550

These outcomes help clarify progression through services.

606

01:19:35.550 --> 01:19:39.630

Informed the individual and planning team of specific supports.

607

01:19:39.630 --> 01:19:44.609

Being delivered and needed and will assist with ongoing future data collection.

608

01:19:44.609 --> 01:19:51.119

And reporting, which will assist the division and beginning to explore value, based purchasing in the future.

609

01:19:51.119 --> 01:19:54.270

And with that, I will turn it over to.

610



01:19:54.270 --> 01:20:05.005

Kim stock updates in regards to professional assessment, and monitoring, or Pam, as we know the service for these slides.

611

01:20:05.005 --> 01:20:16.885

You'll note that we're highlighting the revisions or changes in red font as a reminder professional assessment and monitoring, or Pam is intended to promote and support an optimal level of health and wellbeing.

612

01:20:17.220 --> 01:20:24.479

New language has been added that indicates a prescribing practitioner. Must prescribe an identified need for the Pam service.

613

01:20:24.479 --> 01:20:27.899

The intent of this is to support individualized.

614

01:20:27.899 --> 01:20:32.970

Planning and support the team to identify what the specific purpose for Pam.

615

01:20:32.970 --> 01:20:44.100

Is necessary for to enhance and promote health and wellbeing of the individual an example could be or supportive, chronic disease management, or in response to an acute healthcare change in status.

616

01:20:49.109 --> 01:20:54.329

Additional language again, under the new service, under the surface definition under scope.

617

01:20:54.329 --> 01:21:02.460

As a reminder, the service must not supplant Medicaid state, planned services or Medicare services for which an individual is eligible.

618

01:21:02.460 --> 01:21:15.359

Excluded services include diabetes, self management, training and available under the state plan and medical nutrition therapy services prescribed by a physician from Medicare eligibles who have diabetes or renal diseases.

619

01:21:15.359 --> 01:21:22.619

The new language is Pam is not continuous care as a reminder. The intent of Pam is a consultant service.

620

01:21:26.729 --> 01:21:30.569

With Pam being consultative in nature um.

621

01:21:30.569 --> 01:21:41.729

As we've highlighted here, it's a surface that is by a licensed healthcare professional that may be utilized to assess examine, evaluate and or treat and individual's identified condition or conditions.

622

01:21:41.729 --> 01:21:45.659

Or health care needs and planning and may include instruction.

623

01:21:45.659 --> 01:21:48.930

And additional information.

624

01:21:48.930 --> 01:21:56.399

The statement was changed from training indicated to training when identified as needed for the care of the individual.

625

01:21:58.770 --> 01:22:07.260

Next slide, please the state revise the following statement again under the service definition scope.

626

01:22:07.260 --> 01:22:18.270

From this would include it is not limited to reporting all changes in health status to the physician and the support coordinator, and providing written reports of the visit to the support coordinator.

627

01:22:18.270 --> 01:22:25.619

This language was changed too, all changes in house status are to be communicated to the physician and the support coordinator.

628

01:22:25.619 --> 01:22:29.460

Written reports of the visit will be provided to the support coordinator.

629

01:22:29.460 --> 01:22:32.850

All services must be documented in the individual of record.

630

01:22:37.439 --> 01:22:46.859

The state revised the 1st sentence after to include the following language, but consistent with waiver objectives of avoiding institutional mobilization.

631

01:22:50.399 --> 01:22:59.130

Next slide please and with that, we'll be turning it over to Taylor. Steven said he'll be speaking to updates in regards to communities specialist.

632

01:23:00.114 --> 01:23:09.505

Thanks, Kim, the service definition of community specialist has been enhanced to include the following text that you see on this slide.

633

01:23:10.284 --> 01:23:20.095

The enhancement of the definition is aimed at further preventing the service of community specialists from duplicating other supports or services provided by other means,

634

01:23:20.515 --> 01:23:30.835

by suggesting that a community specialist may require the needed experience and skills to provide direct instruction to individuals that assist the individual.

635

01:23:30.835 --> 01:23:32.784

And achieving their outcomes.

636

01:23:37.404 --> 01:23:50.335

The waiver has been updated what you see at the top of this slide is what was previously reported is the provider category categories and provider types that could provide community specialist services.

637

01:23:50.875 --> 01:24:05.664

Um, it was thought that the language reported on the top of the slide limited, the type of providers that could offer the community specialist services. So, the waiver now reports what you see at the bottom of this slide, which.

638

01:24:06.000 --> 01:24:14.130

Will allow any provider with a contract who has a qualified staff to provide the community specialist services.

639

01:24:18.534 --> 01:24:22.135

This is another change within the waiver for support brokers.

640

01:24:22.494 --> 01:24:35.244

The scope of support brokers is enhanced to include, as we discussed earlier as an item that support brokers are permitted to provide information assistance with 2 individuals or designated representatives.

641

01:24:40.465 --> 01:24:46.795

Another change within the support broker service is just a rearrangement of this requirement.

642

01:24:47.274 --> 01:25:00.295

The requirement that the support broker have experience or division approved training is no longer referencing the definition or scope of the support broker, but is now referenced under each provider type.

643

01:25:00.595 --> 01:25:04.465

The verification of provider requirements so this.

644

01:25:05.220 --> 01:25:11.130

Again, it's just a rearrangement of the requirement and no changes should be.

645

01:25:11.130 --> 01:25:21.810

Recognized and I will now pass it back to read for crisis intervention.

646

01:25:25.649 --> 01:25:31.079

All right, so we have some changes to the language and the crisis intervention service.

647

01:25:31.494 --> 01:25:40.435

As you can see on the text on the slide, the take away points from this is we wanted to clarify intent of the service.

648

01:25:40.494 --> 01:25:47.423

Both the availability and location has been clarified here and that the service must be available.

649

01:25:47.699 --> 01:25:55.529

To the individual any time of day during the approved dates of service, and it may be provided at home.

650

01:25:55.529 --> 01:26:01.649

While also being provided in a group home or setting or shared living services.

651

01:26:01.649 --> 01:26:02.904

Somewhere else in the community,

652

01:26:07.645 --> 01:26:22.225

the key takeaway points from the language change on this slide is we make it clear that there should be a written crisis plan when the service is being used and we also added that there must be

653

01:26:22.225 --> 01:26:26.755

monitoring of the fidelity and efficacy of service.

654

01:26:27.180 --> 01:26:31.560

So that adjustments can be made to interventions as necessary.

655

01:26:37.050 --> 01:26:44.520

Here we revised the service to the unit based rather than time based within a plan year.

656

01:26:44.520 --> 01:26:57.539

So, we, we designed temporary instead of being 4 to 8 weeks maximum. We now defined it as not to exceed 2920 units per individual per waiter year.

657

01:26:57.539 --> 01:27:01.800

This should allow for greater flexibility and the services use.

658

01:27:08.220 --> 01:27:14.939

And then this is a continuation of the clarification from the previous slide. So, again, we clarified.

659

01:27:14.939 --> 01:27:18.840

This to be unit based rather than time based and.

660

01:27:18.840 --> 01:27:24.960

That it could be 24 hour care in a crisis bed of a resident.

661

01:27:32.310 --> 01:27:38.609

Here we clarified qualifications of the service team to be that.

662

01:27:38.609 --> 01:27:48.720

There must be a crisis professional that provides clinical oversight of the service. And there also must be a crisis technician.

663

01:27:56.609 --> 01:28:03.630

And then we have some minor changes to the applied behavior analysis service.

664

01:28:03.630 --> 01:28:10.590

The primary changes for individuals that are hospitalized, we clarified to where.

665

01:28:10.590 --> 01:28:18.149

Applied behavioral analysis services can be provided in a hospital whenever the hospital cannot meet the needs.

666

01:28:18.149 --> 01:28:29.399

And whenever a hospital can't meet the person behavioral need, and also to allow for a smoother transition back to a community based setting.

667

01:28:29.399 --> 01:28:37.890

Again, like our other lever services, this is not a substitute for services that the hospital is obligated by law to provide.

668

01:28:40.170 --> 01:28:43.319

And now I'm going to turn it back to Emily.

669

01:28:48.210 --> 01:28:57.329

I want to thank everybody for joining today. I know there was many questions in the chat post a day in the chat.

670

01:28:57.329 --> 01:29:00.449

And, um, we will be.

671

01:29:00.449 --> 01:29:07.500

Um, pulling those together and creating the answers for those questions and providing it. Um.

672

01:29:07.500 --> 01:29:12.869

Hi, I'm not sure is that going out by email and a blast with that information?

673

01:29:13.645 --> 01:29:26.725

So, what we'll do is we will post that question and answer document along with the recorded webinar presentation on our previous webinar page. Again, the recording will go out this afternoon. But that Q.

674

01:29:26.725 --> 01:29:41.604

and a document will likely not go out for several days to ensure that we get complete answers to all of your questions. So when that becomes

available, we will send out an email blast from the division. Letting folks know that.

675

01:29:41.604 --> 01:29:46.225

That is now available. So be watching for that to come via email blast.

676

01:29:46.710 --> 01:29:52.649

Sure, thanks like a, just a reminder that the slides are available on our website.

677

01:29:52.649 --> 01:30:04.164

The updated ones that you will sell today, and there is a programmatic change document that goes through the high level changes for each of the services.

678

01:30:04.645 --> 01:30:11.814

And, as I mentioned earlier, and there will be some more communication about the transition period uh, Wanda hit on.

679

01:30:11.814 --> 01:30:26.425

Some of those transitions today in that, in our training, There'll be a memo or letters sent out about that transition period, just as a reminder for those services that have a transition and then we'll be working on your question and answers.

680

01:30:26.425 --> 01:30:39.444

So, we really appreciate your time today and I know as you're implementing changes, you'll have more questions and our resources regional offices are out there to help as well as, and the whole division.

681

01:30:42.989 --> 01:30:48.671

And that's all I have Thank you for attending.