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#### **Using Zoom**







- Mute yourself when not speaking.
- Raise your hand or type in the chat if you have a question.



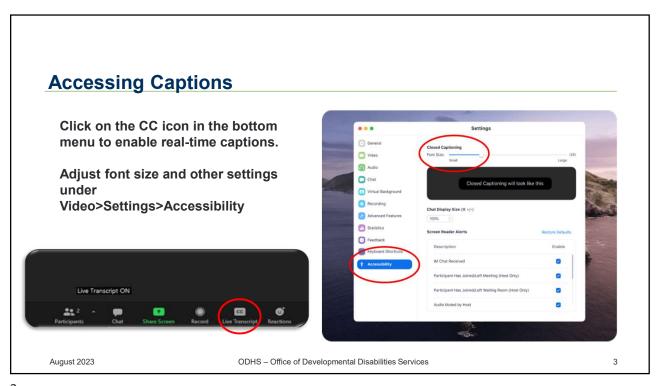
Click on "Reactions" to open the menu to raise your hand.

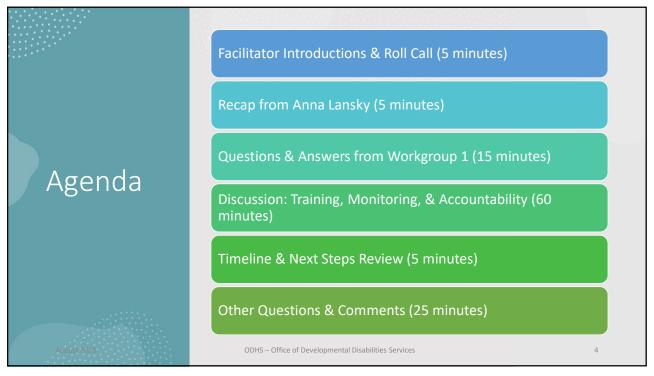
ODDS will be recording this meeting for our records.

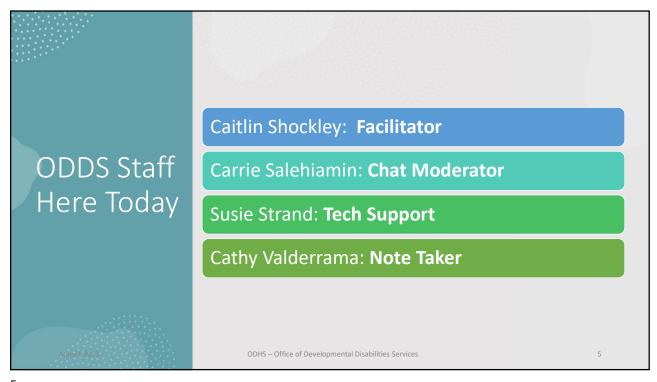
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## **Eligibility Questions**

Q: If income is an eligibility requirement, will income earned from this program "count against" parents, making them ineligible later?

A: This income will count as income just like any other wage or job. That could make income as an eligibility criteria unworkable. We have asked CMS for guidance.

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### **Enrollment Questions**

Q: Will children be unenrolled for failure to utilize the program?

A: Eventually, because the purpose of this waiver is access to a paid parent provider. These conditions need to be described in waiver applications.

Q: Can the random lottery be comprised of the highest need? Or age groups?

A: No. Members of a waitlist cannot be prioritized over other members.

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## **Enrollment Questions**

Q: Can there be a random drawing to put an order to the original list and then add new people as they come in?

A: Yes. States can assign a random number to the first group of children who sign up during the initial period. The first group gets in up to the waiver capacity, and the rest are on the waitlist according to the number assigned. As others sign up later, they would be given a number behind the initial group.

Q: What accountability measures will be in place to notify parents before the window has closed to sign up?

A: ODDS will be a close partner to case management entities (CMEs) in this process. Whatever is decided in terms of method, CMEs are held accountable via quality assurance processes and subject to corrective action.

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## Hospitalization/Reserved Space Questions

Q: Can there be additional settings besides hospitals considered for reserved spots, mental health, 24-hour residential, nursing facility, SACU?

A: Yes. States can include a list of settings or circumstances for reserved space.

Q: What happens if the reserved spaces aren't utilized?

A: We have asked CMS for guidance on this. They haven't responded yet.

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## **Provider Qualifications**

Q: Can ODDS waive the Office of Inspector General "exclusion list" requirement for paid parent providers?

A: No. ODDS does not have the authority to waive this requirement for any Medicaid provider.

Q: What are current direct support professional qualifications?

A: At minimum, all DSPs must be legally able to work in US, 18+, pass a background check, not be excluded or disbarred from OIG, complete 12-24 hours job-related training/year, have skills to perform tasks of the job, be CPR and first aid certified, and have clear job responsibilities. All DSPs are mandatory reporters 24/7.

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## Training Directed in SB 91

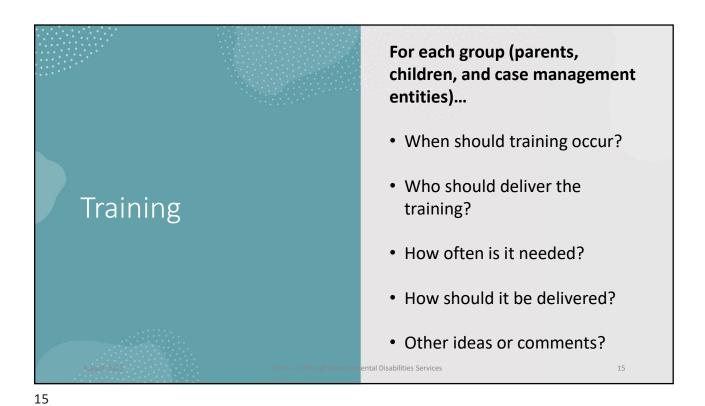
#### **ODDS** must require training for:

- Parent providers about
  - o federal and state requirements
  - the impact of the rules on parent-child relationships re: discipline, supervision, physical intervention and self-determination
- Client children to learn to advocate for themselves and choose their providers
- Community developmental disabilities programs related to the employment of parent providers, including on how to support families to manage issues concerning conflicts of interest, provider recruitment and retention and the empowerment of the client child

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## Limitations on Paid Parent Care in SB 91

- Parents have freedom and flexibility in how they support their children, manage their care, and make decisions on their behalf.
- Medicaid providers do not have the same flexibility.
- SB 91 includes clear limitations to address the complication of one person having both roles.

School hours

Responsibility for other children

Responsibility for other vulnerable people

Household errands

Discipline

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# Monitoring and accountability

- Parent providers, ODDS, agencies, and case management entities will all have a role in ensuring parent providers are only paid for qualifying activities.
- Paid providers cannot be the designated representative for planning.
- Currently, case management entities monitor services at least quarterly with the child's legal or designated representative.

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# Monitoring and accountability

## In addition to routine case management monitoring, what ideas do you have to ensure:

- Paid parent providers are following the requirements of SB 91?
- Agencies are supporting paid parent providers to follow the requirements?
- Children's self-determination?

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