

**Statewide forums Salem, Medford, Corvallis, La Grande, The Dalles, Hillsboro, Portland
Stakeholder comments
2015**

How can we ensure adequate provider capacity while keeping the services sustainable and budget growth rate low?

Overall System sustainability ideas:

- The I/DD system cannot afford to serve all individuals 1 on 1, creative approaches to serving individuals must be developed that meet the needs and include group options.
- Assessment must be done accurately and consistently, and should accurately reflect the resources needed to serve the individual.
- Providers should explore opportunities to pool resources together through local provider networks to find efficiencies in the system including, but not limited to: negotiating better insurance rates or benefits for workers, providing transportation to individuals served, providing training, managing crisis.
- There is a need for new providers to cover the gaps. Better data analysis on services provided and costs is needed to pinpoint actual capacity needs.
- Structure capacity around the need levels of individuals. To do that, better information and training is needed.
- We can't wait for the bad economy to save us – we have to now do more with less.
- There is a need for incentive payments for providers rather than penalties placed on them.
- There is a need for crisis funding.
- There is a need to ensure resources are used to meet goals for the individual supported.
- Need to foster a cultural shift in the broader community – invest in educating the community (including employment). Work on partnership and increase collaboration between agencies, organizations, systems and schools.
- Create ways for these communities to self-identify so providers meet up for volunteering.
- Seek out inclusive community groups – involve individuals – (plus transportation) customize this to the individual's interests.
- There is a need to decentralize the sanctioning process of providers.
- There is a need to prioritize discussion around automated, integrated systems (clock in and clock out system, CM systems, etc. IT systems that address eligibility systems, moves, transitions, etc. The workload with eXPRS is not sustainable.
- There is a need to cap in home services to reemphasize natural supports.
- Families that have resources can use natural supports – rely on that more – take a scalpel and not a sledge hammer.
- Skills demands on families are huge – families already contribute a lot to support individuals (employer responsibility) – can't standardize across all families.
- There are times when bundled services are paid for but not provided.
- Offer outcome payments for natural integration.

- There is a need to ensure that individuals are informed and have realistic expectations of them.

Workforce:

- I/DD Service delivery system cannot be sustainable without qualified providers and adequate workforce.
- Market/brand and develop recognition for I/DD as a profession/“field” of work, and a career path.
- To get professional outcomes we need to pay professional wages.
- DSP/PSW wage disparity: workers are utilizing agencies for paid training, but then choose to leave and work as a PSW for higher pay. Agency providers invest resources in recruitment and training of workers, but cannot compete with higher pay in other industries or jobs. “We are set to lose 100 DSPs this year to PSW work this year”.
- Training requirements are different for Direct Support Professionals and PSWs – another source of disparity.
- Providers are looking forward to training being available on Core Competencies through the on-line Learning Center.
- Coaching within the teams can be an effective way to train people and increase retention.
- Culture of the work environment is also important for retention. Providers should explore incentives for employees other than money, such as appreciation and recognition.
- Create a career path for Direct Service Professionals, including tiered wages, annual evaluations that may result in raises with added responsibilities.
- There is a need for startup funds to get new programs started.
- There is a need to encourage PSWs to work more than part-time.
- People who do the work are the key – must have the money to keep them and to recruit more.
- Entry level positions are viewed as dead end jobs. Provider agencies need more levels of management to create a career path.
- There is a need for providers to specialize more and increase quality rather than trying to do it all.
- There is a need for more acknowledgement of staff when they have done a good job.
- There is a need to get providers in faster. With training, drug tests, eXPRS, and background checks – right now it takes 3 to 4 months to get a provider started.
- There is a need for oversight/monitoring requirements for PSWs. There needs to be a process for better progress notes, monitoring those progress notes, checking with family or the person and comparing that back to the job description.
- For sustainability there is a need to get out of workforce crisis.
- Need skilled professionals to provide skills building – can be in group settings and need to pay adequately.

Training:

- Ensure that there are clear training requirements that outline a path to get a provider started.
- There is a strong need around training on how to serve aging population – medical needs, transportation, hospice, dealing with loss, end of life and mental health supports.
- There is a need for diagnosis and setting specific training.
- Providers should explore opportunities to partner and pool resources to do training.
- Training presents a significant up-front cost to providers.
- The best training is on the job training.
- There is a need for mentoring opportunities.
- Classroom and/or book training does not necessarily translate to how to work with a specific person.
- There is a need for employer of record training as well as how to manage their services and workers.
- SC/PA need training about how to address natural supports with families.
- There is a need for training on how to measure outcomes. Is the provider running the program in a way that provides quality services and outcomes?
- There is a need for more efficient training methods such as in groups or online training.
- There is a need for training around the rules.
- There is a need to improve consistency/quality of behavior consultant to help stabilize people in the community.

Referral process

- The I/DD service delivery system should have a reliable Referral process.
- Communication is essential to make sure real choices and all options are offered to individuals seeking services.
- Match needs and wants of the individuals to providers.
- Make info on providers and options available to people - case managers must have information on all options available to individuals to offer meaningful choice.
- There is a need to narrow eligibility for DD services and in-home services. Examine IQ levels – is the door too wide – more capped time limited supports? Skills building?

Assessments

- If Assessment reflects changes in level of need of the individual and results in the change of rates, there must be adequate time to have a new ISP meeting and to adjust services.
- Assessor must make sure the right people are in the room for assessments for most accurate assessment results.
- Assessment must accurately reflect resources needed to support the individual.
- Reevaluate how assessments come up with hours.
- Needs assessment helps guide where skills can be improved. Need to focus on skill building, intensive time limited support to build on independence and decreased hours.
- Need to do consistent reassessment of skills and setting expectations for a decrease in the need for supports.
- Don't assume that everyone needs lots of support.

Employment

- More training is needed for SC/PA on Supported Employment.
- Discovery – streamline access to service so that capacity is not lost.
- There is a need to develop Employer capacity for integrated employment.
- Need for ability to create businesses to employ individuals with I/DD.
- IT capacity and IT personnel are costly. Larger providers are better able to afford technology and cope with technology demands of State systems. Small providers have less resources to develop IT capacity as compared to large providers.
- OIS training/training on eXPRS is needed.

Change Management

- When there are changes, ODDS should notify stakeholders in advance of approaching deadlines and clarify specific steps or actions that are required.
- Providers need more lead time for implementing changes.
- Need to find a better way for the shoe to drop.
- Any transition needs to be gradual.

What can the SC/PA do to keep the DD system sustainable?

Person-centered

- Recognize that conversations begin with what supports are already in place by family and friends. The concept of needing the “whole enchilada” is an important one as the system of supports will not be sustainable if everyone decides to access all the paid services they can, and let go of those unpaid friends and family who are in a person’s life.
- SC/PAs can support the concept of self-determination by supporting community inclusion and skill building around relationships when needed. The idea is to increase friendships and connections that do not depend on a paycheck to be in someone’s life.

System issues

- Increase access to Benefits Planning on an ongoing basis and incorporate elements into the Expenditure Guidelines.
- Consider no longer paying family or relatives for supports provided. In some circumstances, this has become an income resource that families now depend on, and options for self direction become limited.
- Relook at our assessment tools. Are they “over paying” for identified supports. Rates seem very high, particularly in family homes and in foster care.
- CMS says that states cannot compel a family member to provide services that others are paid for; however, can’t the state argue that concept when discussing the effective and efficient delivery of State Plan and waived services?
- Consider a standard of only paying families or relatives when they do not share a home with their son or daughter, with the strategy of supporting self determination.
- Consider limiting in home pay for families/relatives to 40 hours total.

- PSWs are trained in how to enter their payroll, but not much more. They need person centered thinking training, as well as mandatory abuse reporting and other basic elements necessary to do the job. Direct care support staff have a much higher level of training. There needs to be a crosswalk between Direct Support Professionals and PSWs.
- We need to rethink eligibility criteria. PhDs are given too much weight. Adaptive scores can be so easily manipulated. Is there a way to determine whether PhDs are manipulating scores, because it is easier to find services through DD, rather than use the appropriate diagnosis (mental health) because that system lacks access or services?
- We need a general information or clearing house on community resources/registry.
- Resource registries are nice, but someone has to maintain them or else they are outdated in six months. Whose job is that?
- There are awesome providers, but there are some who do minimal effort. We need to hold providers accountable to the same standard that many strive for.
- It is important to maintain the impartiality of the person conducting assessments. Putting it on the shoulders of a SC or PA creates an unintentional conflict of interest.
- If SCs/PAs are charged with conducting assessments, how does the “system” assure consistency when shifts happen in who is doing the assessment?
- The discrepancy between SC and PA caseloads is very apparent and needs to be addressed.

CM issues – training, etc.

- Can we agree on things that make no sense and get rid of them? The constant NOPAs are confusing to people; The CDDP handling the change of address form for people in Brokerage is not working.
- Historically the scope of core responsibilities have been different between Brokerages and CDDPs. If we are all providing case management services, we need to understand the differences and decide whether we offer unique services or if it makes sense to unify our services.
- In foster care settings, it is difficult to monitor how much of the service payment goes toward the actual services being provided.
- We need core training on assessments as there are times it seems as though the feedback is manipulating the end result for payment. How do we deal with those situations?
- How do we support desired outcomes and identify goals in a way that meets state expectations? What is required?
- Caseloads are too high to get to know the people we support. We need help reducing caseload sizes.
- There is too much paperwork.
- We have lost sight of our responsibilities in supporting people. Because of all the paper work requirements and required functions to meet the State’s needs, we feel like we are going through the motions to meet the State’s needs, not helping the people we support.
- Rushed timelines result in the SC/PA not accurately assessing needs.

How can we encourage creative approaches to meeting people's needs and service delivery?

Employment

- We need to address the concern of those who do not want to work in the community through trainings and transformation grants to support agencies.

Assessment

- We need to consider a new assessment. The current assessment is reactive and results in loss of supports.
- We need an assessment that truly measures the support needed.
- We think about supports needed to increase success, but those are not necessarily captured on the assessment. There are some support needs that are not captured.
- The assessment conversation is focused on limitations.
- How do we support an appropriate engagement of the consumer in the SIS assessment?

Planning

- We need a better understanding of the purpose of a goal in the context of the desired outcomes.
- We need to focus on quality plans and creative goals.

Technology

- We need to think outside of the box; can we think about respite care for families using technology?
- We need increased access to technology that assists us with supporting speech therapy.
- Can we coordinate technology training with the schools when we are both supporting kids?
- What grants are available for technology? Is there a loan program for accessing technology?

Staffing

- We need well trained providers who can do in-home services and a provider registry that is available for people in services and their families.
- There is a never ending need to recruit and keep staff – how do we make this a profession that people want to aspire to work in?
- Wages are an issue. Direct Support Professionals are paid far less than PSWs and have so many more requirements in terms of training and, sometimes, the factors that they need to address when supporting someone.
- Enthusiasm for work within an agency is critical. Agency culture, values, and ethics help increase camaraderie and that enthusiasm for being a part of a team. Oregon's agencies do this well overall.
- Supporting positive attitudes is so important.

Case Management

- We need to afford more time so that SCs and PAs can have time to meet with people around what is important. There are so many meeting requirements. Can we think creatively about how to make sense of them in a time sensitive manner?
- The new ISP has a focus on outcomes and goals. How can we streamline the conversations so that we get to where the person wants to go without multiple meetings?
- Timelines and deadlines imposed by the system result in less capacity to be creative. Is there room for conversation about this?

How can we work together to ensure there is an adequate, well trained workforce?

Core Comps

- Do we need to consider further defining and refining core comps based on role?
- When we have to backfill slots to cover vacancies, we are not able to meet the intent of the core comps. How do we manage that?
- We would rather have an onsite mentoring process for new staff.
- Can the core comp system include some kind of license/certificate based on agreed upon standards?
- People with masters' degree still need core comps - education alone does not ensure competency.
- There is a need for online core comps for DSPs – any support with that would be helpful.

Additional Training

- We need training on disability specific topics, including co-occurring disorders.
- A training website through ODDS would be really helpful in terms of telling the field what is available, who the target audience is, and registration information.
- It would be helpful to offer online/remote training opportunities.
- It would help to clarify the training regulations.
- There is a need to cross train staff for different skills.
- The cost of training is prohibitive – maybe consider a training co-op where providers can share resources and offer different training topics each month.
- Can we use local community colleges to share our curriculum, the values we believe in, the local champions and experts? Can this become an accredited degree?
- Our field has its own “professors.” How do we take advantage of that information and skill set? How can their sharing of information contribute to “credits” for those working in the field? How do the “professors” get acknowledged and paid for their work?
- It is very valuable when SC/PA/Providers understand their own roles and when working together. Joint training is important.
- “We” need to be intentional about training. Training needs to be well established through available systems, such as a community college. This is professional work and college credits should support the work and the profession.

- Direct Support Professionals need at least 20 hours of shadowing a skilled staff before they start working with those in service.
- We need competent trainers throughout the state who are available to train others.
- Financially and logistically it is becoming increasingly difficult to pay for staff training for small organizations. Efforts to combine training resources across areas would be helpful. The old idea of regional trainings supported through the state was helpful. Freeing up trainers within agencies to work together and collaborate in training one another would be helpful. Increasing independent trainers would help.
- Need timecard training across the board so consequences of incorrectly completed timecards can be enforced.
- Having OTAC training available is a real plus. Having training offered more locally would be helpful.
- It is really difficult to train staff for 2 weeks solid, then to have them leave the job. The expense is high. 80 hours of training within 90 days is unreasonable.
- We need more training on the newly created employment positions. Regulations and requirements about training for those positions needs to be more widely shared.
- Employment providers need training to understand the new world order in employment.
- Job Developers have a pivotal role and we need to assure that they are well trained and supported.
- State needs to offer paid training – pay wages while staff attend training.
- Adequate training – agencies have to pay for this and workers aren't paid to attend training.
- Need training targeted about people with higher needs and how to work with people with behaviors.
- Need training on specific issues and diagnoses.
- Also need steps for continuing education and use of technology.
- Interested in College of Direct Support – but need more information.
- Need to have an educational opportunity (colleges) for people to have a career – certification process
- Need to have a way for people to let the state know the location of staff who need training so that it can be better coordinated at the state level.
- How do we partner with sources that have already developed training?
- OTAC – WISE – all have scope of work and not enough money to really adapt to what's needed. Need to assess need first.

Recruitment and retention

- Recruitment needs to become a fine art. The field is diverse with many exciting options for career growth to capitalize on.
- Hiring someone needs to include an initial observation time to see if the hire is a good fit, before investing a lot of money into training.
- We are an “invisible” field and profession that needs to become more visible. People working in the field need to be recognized, respected and paid a more competitive wage.

- It is frustrating to see well trained and dependable Direct Support Professionals take jobs with counties, brokerages and the state.
- It's frustrating to have agency staff start with us and get their week of training, which is paid time for them, and then they leave to be a PSW where they receive higher pay because PSWs can't get paid for getting training.
- How do we explore relationships with community colleges and funding sources that could offset tuition fees if a graduate works in direct services for a specified period of time?
- Consider how respectable the Certified Nursing Assistant title is for those working in nursing facilities. Can I/DD investigate something comparable? Consider developing a "College of DSPs" through the community colleges across the state.
- There seems to be a preconceived notion of what the I/DD field is. We need to promote our field as a creative professional service delivery system with options for many young workers. Get the word out via videos, social media, local clubs, provider networks, websites, Facebook, and flyers.
- Include in the messaging that this work is about social justice; reflects a positive culture; offers flexibility and engages in person centered work.
- Participate in Career days and job fairs at local high schools and colleges.
- Consider partnering with Work Source and have the focus on recruiting Direct Support Professionals for agencies and making this field an in-demand career choice.
- Establish and support an internship programs throughout our system.
- Retention – pay – benefits – positive culture – flexible – message: mission – understand motivation for work – person centered training.
- Direct Support Professionals have professional jobs without a professional wages.
- Consider recruiting nursing students as hands on experience or rotation possibility.
- Consider sharing staff between providers and/or families.
- Even if the recruitment process is effective you have to be able to retain the staff.
- People move around more than they used to which can make it difficult to keep staff.
- You need to find passionate people and then they have to have a reason to stay.
- There is a need to have more information about health benefits for PSWs.
- In areas where there are many providers there seems to be competition for some reason.
- Wage equity – the bar is set by Collective Bargaining Agreement.
- Minimum wage increase – need to plan because it cannot wait.
- Wage increase plus training increase equals better outcomes.
- There's only so much money so it comes down to how an agency allocates the money.
- The pay doesn't pay a living wage – we've talked about this before but now it's more urgent.
- Competition for workers is high across the system.
- Providers are competing with general businesses.
- Allowing staff to have creativity and make decisions equates to staff who feel valued.
- How do you keep people – on the case management side – people moving from brokerage to CDDP – because of pay differences from county to county – CDDP as a nonprofit vs county CDDP – rural areas vs urban.
- Make housing a part of the package (foster home) for staff.

System

- The lesson we have learned is that when there is too much change all at one time, people become lost. Would have been much better to more strategically roll out the changes we have experienced the last three years.
- Legislators still do not understand the I/DD field. Providers play a critical role in educating them. Keep it up!
- The state needs to support retention efforts by increasing pay for staff and leading in increasing professionalism of the work being done.
- There's a need to simplify eXPRS.
- Foster care credentialing takes too long.
- There are not enough Job development/job coaches- need a POP to support
- Need to shift from a support/maintenance system to more coaching/skill building and increasing independence of the people we support.
- Job development/Discovery/job coaching – cost for an agency to get staffed trained is cost prohibitive – and then 2 to 3 months for a job developer to get a job for someone and the agency can't get paid.
- Time to process new employee paperwork (4 weeks +) and then they have to wait to get a paycheck.
- Providers are too overwhelmed.
- Change in societal attitudes towards PSWs and Direct Support Professionals.
- Salary often equals respect and higher qualified people.
- What do we do to create a profession – looking at culture of the environment because people look for a culture that fits them.
- Look at specific communities of people – people underrepresented (supporting culture of staff-people of diff nationalities- high school-colleges).

Communication/Monitoring

- PSWs need to have a job description with clear expectations of the direct supports needed that result in measureable goals.
- There does not seem to be enough oversight of PSWs – with the collective bargaining agreement it's difficult to make changes in the requirements.
- PAs can't manage all of the providers (PSWs) but no one else seems to be monitoring them.
- There is a need for better coordination between case manager and agency employees – The Case Manager writes the ISP and then doesn't always know what happens with the implementation of the plan.
- There is a need for better communication of what agencies can provide so case managers know the resources that are available.
- Need to find alternative community forums (Facebook) to educate.
- Need to educate employees around other career opportunities in the system.

The Needs assessment – what does it tell us and how can it help with service planning?

Currently

- The assessment outlines the needs of the person while recognizing the flow of support needs throughout the year.
- It does not necessarily gather the perspectives from all who support the person. It should not be just from the county perspective.
- It should recognize the individuals' voice, choice and rights.
- There is a correlation between identified risks and payment.
- The needs assessment is subjective and deficit based. Need positive gift based system included in the assessment.
- You can overestimate when you don't know the person.
- The quality of comments make a difference in the outcome.

Suggested Assessment Changes

- How can person centered strategies be incorporated into the assessment tool and process?
- Recognize the supports that parents/providers already provide.
- Recognizing 1:1 supports has been lacking in the assessment, and there is great need to bring it back.
- How do we acknowledge and measure natural supports? We need to proactively address natural supports.
- Consider annual verses a monthly allocation.
- The assessment needs to be culturally relevant and translated into many different languages.
- It would be great if the needs could be auto populated into the Chosen Services section of the ISP.
- There needs to be more description on the difference between what is incidental and what is needed.
- Is it possible for adaptive equipment needs be added to the assessment?
- The assessment overall is far too broad. There needs to be more categories being assessed.
- Increase the assessments flexibility.
- Find ways to streamline the tool and the process.
- The assessment needs to include residential as well as employment needs.
- Need a way for everyone to answer the questions consistently.
- There needs to be oversight of the new tool.
- It would be nice if we could have a conversation and then go back later and fill in the information
- Case managers spend a lot of time on how the person fits into the box. Need to better define those boxes.
- There is a need to capture dual diagnosis supports.
- There is a need for OIS to be on board.

Barriers

- The assessment generates hours of support available to a person, but without a trained work force a person cannot get access to the needed supports.
- Effort needs to go into creating a pool of trained and available PSWs and providers.
- There is conflict at times between an assessment of support needs and a provider or family members' intent to influence rate setting.
- The assessment seems very black and white, and measures only issues tied to health and safety, leaving other needs uncaptured.
- Having to copy and paste information from the needs assessment into the ISP is cumbersome, duplicated effort and there is a risk of mistakes being made.
- We should change our thinking to funding through the ISP and not through the assessment.
- The assessment is not adaptable nor is there room for creativity.
- The family perspective sometimes gets lost.
- There seems to be redundancy in the questions.
- It doesn't feel like a planning tool so how do we reframe that?
- The ISP has gotten lost in the needs assessment.
- The assessment is locked into certain definitions.
- Having it tied to funding makes it challenging.
- Behavioral section is confusing and most of the interpretation occurs in this section. Bring in people who provide behavior supports to complete that section.
- Time spent is more focused on CMS/federal information than on the person's interest.
- 250 character box is a problem – not enough space.
- It doesn't address what is important to and for the person.
- Cross assessments don't line up.
- 4 hours in an assessment is agonizing.
- There's a need for more tools in the assessment about conversation to use natural supports and increase independence. Need natural supports vs paid.
- The true purpose is not outlined by (for) the assessor.
- There is a need for a transition from current rate to new rate.

What can an assessment do?

- The assessment helps in describing a person, identifying hours of support available and how those supports can meet a persons needs.
- An assessment can be helpful information to include in a referral packet, when someone is interested in a different service setting.
- When risks are included, duplication of effort will be reduced, and an understanding of risks can be mitigated because adequate supports can be identified as such.
- The Needs Assessment should capture when support needs decrease over time and what supports need to be maintained.

Training

- SCs and PAs need training on successful strategies for having the assessment conversation.
- There is a need for training for SC/PA on families on how to talk about the personal medical questions.
- Can a Worker Guide be developed to discuss administering the assessment effectively and in a person centered manner?
- Is there information contained in the assessment that might translate to individualized goals? If so, what would those look like?
- Training is needed on determining age appropriateness and how to handle the assessment when needs change.
- Providers need training on documenting their work as opposed to just billing for the hours worked and on the actual billing process.
- PSWs and Employers of Record need training on how to gather information naturally through their day to day involvement with the person.
- Training that supports honest conversations about support needs, natural supports and the assessment process.
- There is need for training for families.
- There is a need for training offered multiple days and in person – need refresher courses.
- Need clarification on complex medical.
- Have new case managers shadow experienced SC/PA.
- What is more important – answers? Comments? How it is used?
- How does assessment address resource allocation by setting?
- Having training makes it easier when working with new families.
- This starts the conversations may not have had - how do we add in benefits.

Miscellaneous

- Is there statewide data available that shows lowering or increasing support needs over time?
- How does the Needs Assessment identify support needs when someone is employed?
- Providers should not be held responsible for an individuals' choice.
- The appeal process is cumbersome.

What does quality mean to you and how do you measure it and reward it?

Training/networking

- Having adequate training about work expectations and requirements; when we see something that does not meet a performance standard or threshold, it should be reported and then addressed through additional training. If the concern continues, then it may be a bad match of staff, and other options need to be considered up to and including termination of staff.
- Providing relevant training to employees in the context of their job, e.g. if you are not responsible for administering medications, then don't require that training.
- Networking with others to share ideas, stories and strategies.

- An understanding of how people learn, and match the training to individual learning styles.
- Training that supports a person's dignity to risk while also helping SC/PA and providers understand how that plays out and their roles when supporting someone making decisions that others do not agree with.
- Establishing this work as an admirable, respected and credentialed profession.
- Consistent education through community colleges with a strategy for tuition reimbursement for those who agree to work in the field for a prescribed amount of time.
- Internship opportunities are available throughout the system so that people can explore the field and find their "right fit."
- When information is shared in a forthright manner between SCs and PAs with the family and providers, satisfaction and knowledge is increased.
- People receiving supports and their family members need more training on the newly created employment positions. Regulations and required training for these positions needs to be more widely shared and understood.

Qualities of staff

- Compassionate and empathetic.
- Someone who takes the time to truly know and understand the person that they support.
- Someone who meets the intangible qualities that go above and beyond the minimum standards.
- Someone who truly cares about the person supported, and who goes beyond working to only meet the ISP goals – having fun!
- Understanding and using person centered practices. The example given was knowing someone who loves to receive mail, and occasionally sending a card because it means so much to that person.
- It is all about building relationships, and understanding how actions, mannerisms and communication play a part in those relationships.
- Someone who can enjoy the moment and be present with the person, not focusing on the paperwork that's waiting for you.

How to motivate/recognize staff

- Give recognition "on the spot" when something is done well.
- Some agencies reward staff with gift cards, post a "kudo" boards, and have positive feedback forms available that can be completed by anyone regarding someone else.
- An Employee of the Month award promoted through a monthly newsletter.
- Setting a goal with staff that benefits all and the people they support.
- An adequate salary is recognition of the work that is done.
- Helping staff understand the "why" of requirements and supporting flexibility in "how" they are met.
- A progressive pay scale that rewards staff on length of employment; nature of the work and bonuses for work that goes above and beyond.

What does quality look like in services?

- When people are happy and feel like it's their home there is pride in themselves, personal growth and excitement to do new things and learn new skills.
- People are supported to achieve what they want out of like, like where to live, where to work, and who to hang out with.
- Relationship based living arrangements exist, where mutual decision making occurs when new housemates are being considered.
- People have choices and balance in their lives.
- There is an expectation of contribution that people in service understand and that giving to a community or a charity is a valued opportunity.
- Pets in the home are beneficial in that they can increase exercise of people living there; create a richer sense of belonging; and encourage personal responsibility.
- Opportunities to connect with a faith community, and support to become as involved as one chooses.
- Physical health changes can cause other effects.

Frustrations

- When an agency reports abuse according to the rules and guidelines, they are often fined by DHS which feels punitive.
- Collaboration with the person in services and other agencies who are also working with that person can lead to a richer and more meaningful ISP. However, many players who could be at the table are not, as they are not paid to attend the planning meeting.
- How will the new HCBS settings rules affect and complicate the lives with addictive personalities?
- Can we as a community identify elements of quality that can be measured?

How can PA/SC best work with providers to ensure individuals receive high quality coordinated service?

Needed system improvements

- Consistent communication from the state is critical. When we give information to providers, that then changes based on a new message from the state, we lose credibility and trust from our provider community.
- Clarify whether providers can make referrals. We call, do the paperwork and then are told that we cannot make those referrals.
- Recognize that there has been so much change, and not terribly helpful information from ODDS and the field is very afraid of making mistakes and getting "dinged" through the QA unit or licensing on issues we do not understand.
- We need a way for a provider to document conflict with the PA/SC.
- Guidelines issued through ODDS should be shared with everyone.
- Although some transmittals are confusing, overall they are helpful. What is unclear is their authority scope.

- Entering information into eXPRS takes so much time and pulls away from our work with individuals and their providers.
- When a person wants their provider at the ISP, that provider cannot get paid for participating. It is a problem.
- When elements are left out of the ISP due to the SCs failure, the program is taking the hit from licensing. Rules should be revised to minimize that problem.
- Licensing dinging on Career Development Plan because it is not complete when it is the SC/PA that is responsible to complete them.
- Licensing is different for different providers and it makes the expectations confusing.
- A transition plan for HCBS settings compliance for providers needs to be developed.
- Provider/CDDP meetings need leadership and guidance to get people on the same page.
- Increase the number of SCs and decrease the case load size.
- People who return to the CDDPs increases frustration because there is lack of time to do case management (caseload size between CDDP and Brokerage). CDDPs don't have a cap for caseload size.
- Turnover of SC/PA's has increased during the last three years of change. We need to get back into the groove where we know what we are supposed to do and have the time to do it.
- It would be nice if there was monthly meetings with all SC and providers and then quarterly meetings with VR/others.
- We want our regional coordinators back – it's hard to know who to call at Central Office.
- Brokerages want their liaisons back – it's easier for the state but is not easier for the field.
- Regional meetings with Regional Coordinator increased consistency.
- Struggle – need everyone on the same page about the services that are offered and delivered – there is a disconnect across provider/SC/PA/State.
- There's no centralized information – it's difficult to find information – there are no manuals – things change and aren't updated and it's time wasting Make information searchable and notify people when things change so people can keep up. There is a need for a streamlined communication system – database organized by topic – worker guides.
- The staff tools webpage is helpful.
- Rural issues – We are limited in capacity and have to accept what we have because of that.
- SC/PA need teeth to enforce requirements.
- There are a number of forms tied to ISP and there seems to be duplication and difficulty lining things up which takes away from talking to providers.
- Re-evaluation of forms for redundancies – there's many layers – need to think of how to combine and embed in the ISP process.
- ISPs are not supportive about employment.
- We don't have and very much luck with Health Care Commission registry.
- Transportation is cumbersome because the allocation is different based on site and payment systems.
- There is a need for conversations about quality and what is quality.
- Changes to forms are frustrating and it feels like it's starting over from scratch each time.

- There's so much paperwork with the ISP that the focus is on paperwork when we should be concentrating on what works/desired outcomes.
- We can make more money in K Plan services but there is less incentive for creativity.
- It's difficult when meeting someone for the first time – there is so much to get done.
- There is a need to get providers (PSW and agencies) trained to work with people with high needs and behavior supports (maybe someone who is specialized and comes in to help).
- Translation of forms doesn't always work because there is cultural interpretation that is wrong and people's level of literacy is sometimes low.
- Providers sometimes work in different systems which is confusing for them. There is a need to bring rules in alliance about the roles and responsibilities.
- There is a need for an electronic Case Management system that is clear, allows secure email, and where we can share information.
- People providing support for high behavioral needs need additional supports and it takes a lot of time.
- Too much time is spent on TNT – priority seems to be to get people paid and SC/PA is the face of who people talk to about that which is not good. When we can't pay on time we lose PSW providers – confusion about getting people paid. Don't really know what is required.
- Families request assistive technology and need support in identifying them but the case managers don't have the time to do the research and families are expressing incompetence of the SC/PA because there is too much work to do.
- PAs are not allowing providers to be included in ISPs – ISPs are 3 months late which is now the way of doing business – people in service want providers there and people are questioning if there is a Brokerage policy to not include providers.
- The Tier 7 process is really complicated with the 90 day reassessment process and denials and follow up with ReBAR.
- The process of providing supports varies from SC to SC and it's a slow process.
- Think "0337 like" to relay broad needed information on 1 form.
- The State needs to use person centered language when posting in public places like the web.
- The State is unable to adequately articulate system changes.
- There needs to be more effective ways to share information with families and adults. Parents need opportunities to hear information several times.

SC/PA and /provider barriers

- There is confusion when entering services and what needs to be on the ISP at entry.
- When providers raise questions, they sometimes feel retaliated against.
- SC/PAs need to practice respectful behavior toward providers and honor their knowledge. It is important to understand the value of those who know the person well, and who provides services.
- Listen!
- There is a perception of "power over" by SCs.
- Reduce the frequency and length of meetings.

- Decision making should be based on the person's desires, discussed with the team and not overridden by the beliefs and biases of the SC.
- Whose core responsibility is it to increase independence while assuring good services?
- It is hard when people don't know the answers.
- Huge case load for Services Coordinators. SC and there is no cap on caseload size.
- The provider perspective is often a different perspective from SC/PA on what transmittals say.
- PA workload is too heavy.
- With high caseloads it's hard for case managers to tease out what is reasonable.
- It takes weeks to get an email reply from a Services Coordinator.
- When someone enters employment services, the provider may not know what risks the person has and results in inability to adequately support someone.
- Role clarification is critical to do this – lots of confusion to do this. Need experience.
- It's OK to make mistakes – forgiveness is important and it's OK to disagree – It's OK to say we can't do that.
- There is a need for more open communication between providers and SCs and a need to approach conversations positively – assume good intent.
- We need foster provider capacity but there doesn't seem to be follow up with foster providers and they don't seem to be understanding all of the changes. Foster licensers need to get on same page.
- There needs to be standards across the board for expectations of PSWs. PAs can't capture review of PSW progress notes. There needs to be standards for what a PSW documents. PAs review progress notes on a regular basis and SCs review them much later so there is an inconsistency in assuring quality.
- It creates a challenge when the SC/PA has to convey information (negative) from the state and providers and PSWS think it is coming from the SC/PA and not the state.
- People are not staying in their jobs. They come in the door and find it's untenable work and there's not an opportunity for advancement.
- SCs/PAs need to have a common process to assure that agencies have adequate and consistent information when going into in home supports and receiving employment services.
- Case managers are overwhelmed – the ISP process has thrown a monkey wrench as providers are not required to do as much anymore. Timeframe for getting it done is difficult.
- Foster providers are not contributing to the ISP – although they develop nice one page profiles. SCs are doing a lot of the foster care work for the ISP and sometimes it takes 3 meetings to get one done.
- The PCI is not being completed when justifying a decision to not explore employment – this is holding up agency billings (penalizes foster providers because people are now home all day).
- It's difficult for new staff to interpret rules and share with providers and agencies and it's difficult to keep up with all of the changing rules.

- When information is released there is a need to share with everyone – when PSWs get information that doesn't come to the PA and the PA has to interpret it they may get the information wrong. Notices are given to providers about the criminal background check expiring but CDDP doesn't know about it.
- There is a need for improved communication between case management and provider. Only reviewing provider progress notes is not a good way to communicate.
- Parents want to know information but the information the case manager has isn't always the right information.

Needed Training

- OAR training.
- Figuring out how to have training "on demand." A person in a temporary position had to lead the new ISP their second week on the job.
- Provide ISP training to providers, SCs and PAs at the same time.
- We need to work toward a more blended environment. Joint meetings and trainings could be effective.
- SCs/PAs Don't understand Employment First.
- There are different interpretations of the Risk Identification Tracking tool.
- There is a need to mandate training for foster care providers.
- Core comps may add to increased knowledge.
- Need to identify specific training per specialty and then make training accessible and available.
- There is a need for training opportunities for Case Managers on how to deal with differences of opinion with a family and the services the family is providing.
- Families need clarification on roles of SC/PA. They expect more from case management than what is case management.
- SCs/PAs need a better understanding of their role in explaining roles to employers and providers.
- The ISP process is still unclear about expectations and providers continue to need clarification on their ability to participate in the ISP.
- Case Managers have questions about the best way to share information without overwhelming people.

What should crisis management look like in the context of home and community based services?

Funding

- Support crisis services using a tier level approach and request reviews throughout the crisis placement.
- ISP should align with a tier level.
- Financial support is often needed for people in crisis.

- Can additional flexible, financial supports be put in place for 90 days in an attempt to mitigate the concern and before entry into SACU?

Process

- Reviewing protocols for adequacy and updating as necessary during a crisis.
- Don't mess with relationships. People who are close to the person (including staff) may need to be present to support a person, should a move occur.
- The assessment needs to recognize and include the supports that are being received, so that, in the event those supports go away, there are resources in place to replace the lost supports.
- Tools for CM to assist families/individuals to manage crisis.
- Practice pro-active and preventive strategies.

System

- Home and community based settings and SACU should increase opportunities to work together.
- Recognize the value of "social work" and support its practice.
- A system that is "ready" for a crisis can be more responsive.
- Involve experts outside of DD.
- It is really tough when everyone on the person's team is too busy to discuss the concerns and the impinging crisis.
- Involve mental health services.
- We need to get better at wrapping services around someone without double dipping.

What is the role of the SC/PA in helping individuals with self-determination and self-direction?

Challenges

- There are only so many options so there are inherent limits in self-determination. SC/PA role is to support people to accomplish what they want within those limits. Self-determination seems more understandable through employment.
- There is a conflict between the assessment process and self-determination. One is deficit based and the other is asset based.
- The assessment process boxes people into specific areas of support need, which can lead to a clinical life and isolate people. We need to think creatively about supporting someone to have a life that is meaningful and integrated.
- It's a conflict for the SC/PA to manage provider relationships, especially if the family is the provider. It becomes difficult to focus on self-determination when the family does not hold that same value.
- HCBS doesn't apply to the family home which can be frustrating for SC/PAs when they see what are considered rights violations in other settings.
- PA/Brokerages have found that since broadening their focus to case management their understanding of self-determination has become clouded.
- It would make sense to combine CDDPs and Brokerages so that we are all operating with the same understanding of self-determination and self-direction and can be consistent in our work.
- When presenting choices and options, it can become overwhelming to the person and to the SC/PA because there are so many choices.
- It is extremely difficult to describe the difference between the work of a SC and the work of a PA.
- There is a conflict when a child who is becoming an adult is offered choices of services available by their SC, who represents the only case management service they have known.
- A lot of time is spent on things that a SC/PA has no influence over.
- More and more work expectations have been put onto the back burner due to changing requirements.
- Providers have an expectation that their SC/PA is in the office and available whenever they need them. They don't seem to understand the amount of time that is spent outside the office.
- So much depends on the value and perspective of the parent regarding self-direction and self-determination. It is a difficult conversation when the focus of the conversation is on what the parent wants for their son or daughter, not what their adult child wants.
- Finding the time to gather information from the individual often takes more time than taking with the parent. We need to support prioritizing time with the person we are supporting so that we can understand their wishes.

Things that help us support individual self-direction and self-determination

- Knowing the person well and exploring available options with them to assist in making informed choices.
- SC/PA needs to be more directly tied to the person in services and not necessarily the family.
- It is important that the person understand the role of SC/PA as an advocate, if so desired. The SC/PA's role is to be informed of what is available, explore those options further, explaining benefits and deficits, so that the person can make an informed decision and have ownership in charting their path.
- Keeping your eye on the person amongst all of the paperwork and requirements.
- Being optimistic and keeping positive attitude that anything is possible.
- Use person centered tool and planning practices outside to the annual ISP such as the 4+1 tool. Do it over coffee and chatting.
- It is important to spend time with the person and less time with the provider.
- Include kids when they are ready to engage with their SC. Let them know the option is there whenever they are ready. Keep asking, and when they're ready they will join.
- Know the person well enough to understand what they are "saying" when they have limited use of words when communicating.
- Look at individual strengths and not so much the deficits that are pointed out through the assessment process.
- Be active, objective and non judgmental listeners.
- Helping parents to support calculated risks their adult son or daughter may take after explaining potential consequences of those choices, and finding a balance.
- Helping the person set achievable goals so that they see success.
- Relationship building with the family can lead to opportunities for expanding independence and interdependence for their family member. Families need to feel valued.
- SC/PA can help assemble a team with people chosen by the person supported.
- SC/PA needs to provide the team with enough information to brainstorm ideas. The SC/PAs ongoing role is to help evaluate and prioritize actions proposed and monitor for what is working and not working within the context of the ISP.
- SC/PA's role is to support the individual to "speak their mind" and encourage support systems and providers to respect that perspective.
- SC/PA can be a "center of hope" for families. Time is a luxury for a lot of families and the SC/PA can help them find resources and tackle challenges.

Training

- Training for SC/PAs on the role of the guardian, and the role of the S/PA when a guardian is exceeding or not fulfilling their obligation to the person.
- The Gathering is an important way to get re-energized and refocus on working with people.
- New SC/PAs have a hard time understanding the concept of a "whole life" as opposed to a "service/paid life."

Other thoughts

- Self-determination and self-direction are the same conversation.
- SCs/PAs have bigger role in supporting and empowering a person in self-direction.
- Self-determination is about the whole life and self-direction is the smaller scale (purchasing services).

What is working and not working with the new ISP, including the new Career Development Plan?

Working

- I like the Person Centered Information tool and the Risk Identification Tool.
- Starting with a One Page Profile is awesome.

Not working

- There is confusion in transferring between counties and from one service setting to another.
- There is so much to do from Intake to developing the ISP. The work of getting someone in the door, into services and with a plan does not feel person centered as there is too much to do in such short timeframes. You can't get to know the person very well.
- Getting signatures on the signature page and change form.
- Desired outcomes is a shift from goals and difficult to wrap my head around.
- When a person clearly does not want to work, the process feels coercive.
- The ISP took over two hours to conduct, plus several hours of prepping and writing it up.
- ISP – questions are not meaningful to kids/families.

What would be helpful?

- Minimize form changes as they can further complicate things.
- Create a technical guide on how to manage ISP functionality.
- Laptops for SC/PAs so as to reduce duplication of effort.
- Pull the Service Agreement from the ISP.
- Would like more "in the weeds" training.
- ISP needs to be in alternative languages.
- Would like more training on Desired Outcomes and how they are different than goals.

Miscellaneous

- What if Medicaid eligible person only wants minimal services?
- Thought about expanding options to gather info (teachers, transition teachers).
- ISP feels like 2 things – PCP and ISP don't see as reference for info.
- Developing a Career Plan is not difficult for seasoned SCs, but newer hires are having problems.

How can case managers maximize use of natural supports and community resources?

- Have more time to get to know people and their families, and to build trust.
- It was previously a part of the brokerage model, but with the ANA, that has changed. Parents may see pay as the incentive and thus mitigate the use of natural and community resources.
- We want guidance and guidelines for messaging the value and importance of natural supports.

SC/PA currently perform many roles – what roles are appropriate and what roles are not?

Appropriate Roles

- LOC
- Annual assessments
- Assuring that people are supported in making an informed decision based on the sharing a wide range of options; and coordinating the services for which a person is eligible.
- Coordinating information and potential resources with school partners.
- Partnering with resources in the community and establishing working relationships.
- Encouraging, prompting and promoting the idea of having current and future desired outcomes.
- Person centered information gathering.
- Knowledge of all rules and regulations.
- Writing the Individual Support Plan.
- Conversations with the PSI investigator around strategies to mitigate any abuse or protective service actions needed.
- Monitoring is our role but there is NO time to do it.
- The SC/PA should be allowed to exercise judgment when authorizing services.
- Refocusing conversation on strengths and life goals, not the deficits identified in the assessment.
- Coordinate with VR.
- Submit exception requests with adequate information and answering questions posed by the state.
- Uploading POC
- Reporting abuse/Medicaid fraud.
- Facilitating hard conversations including saying “no” when you have to.

Concerns/Not appropriate Roles

- Practicing objectivity when conducting the assessment can be tricky. Would recommend that the SC/PA participates in the assessment but does not conduct it.
- Review timesheets.
- Entering timesheets into eXPRS and managing PSW timesheets.
- We should not be involved in the paperwork for the Employer of Record that goes to TNT.

- Mediating between young adults.
- Marriage, financial or other counseling roles.
- Finding someone a job.
- Offering legal advice.
- Providing interpretive services for other co-workers or other agencies.
- Moving people from one setting to another.
- Serving as a taxi service.