



1 **Minutes of the**
2 **DSPD RHS Worksheet Progress Public Comment Meeting**
3 **November 19, 2013**
4

5 **Paul Smith, Director of DSPD, welcomes the group:**

6 We will first begin by reviewing what the work group has been up to, where we are, and what to expect
7 in the future. This will not be the only time people will be given an opportunity to give their input in this
8 process.

9 **Overview of Work:**

10 Why the workgroup was started: DSPD has a daily rate worksheet for codes (RHS-residential
11 habilitation services). There are great aspects of the current process that reflects the support
12 needs the person has. However, there are some ambiguities in what the funding pays for. A lot
13 of people want to know what is being paid for and what is being delivered. Hours are often cited
14 as a measurement. However, how are these hours measured in quality? When getting really
15 specific, a group setting doesn't work well for the measurement of hours. There are group
16 dynamics that are present in group settings not captured well.

17 Creating a tool to capture this dynamic is difficult, but we have had great support from
18 providers, auditors, contract group, the Medicaid Fraud group, and many others. We have had
19 and will continue to have an excellent stakeholder coalition that will vet the process a great deal
20 along the way.

21 The group has been meeting for over a year. A pilot program was started but we found the first
22 pilot was not optimal. We are currently on pilot version 2.0 and will refine this version as
23 needed.

24 We have found two codes are needed. RHS will be for folks who can never be without staff
25 present at some ratio. RHF (flexible) will deal for all those situations for folks who do not need
26 support at all times.

27 Implementing those aspects have not been decided yet, but progress has been made.

28 **Q:** SLN would be going away?

29 **Paul:** We are just talking about Residential at this point

30 Today we will talk about the tools the pilot has come up with to-date. The core group will
31 further refine the process and codes. It is important to emphasize this is a budget neutral
32 exercise. The legislature has not expressed they will provide any additional funds-no additional
33 funding will go to providers. Some assessments will not be totally accurate and the budget rate
34 might not reflect such disparities. It will have to be at best available practices. An
35 implementation plan, public meeting, and other options will allow everyone further space in this
36 process

37 The Draft rates sheet was presented with a focus on number of people in the house,
38 health/safety supports, residential supports, and community supports. Those three items are
39 the core of the tool and how the rate will fluctuate. Variability in the rate will likely come from
40 these three items and then followed by the number of people in the home.

41 We have worked with several providers to pilot these rates. About 170 people were tested. The
42 new assessment seemed to reflect the rates with greater precision. What happens in the pilot,
43 during the planning process, a support coordinator will sit down with the team and do an
44 assessment. A focus was given a to time efficient process.

45 **Questions and Discussion:**

46 **Jessica Hooper (DSPD):** Provide explanation for the “Intensive Block” – consumers with
47 additional needs or one-on-one staffing. We did a 1 = 2 additional hours, 2= 4 additional hours, etc. This
48 is still in production. Usual documentation would be needed for the extra support needs.

49 **Q:** Is the plan to eventually get rid of ELS?

50 **Jessica:** No. ELS will still be there for transient and other situations as it is used now.

51 Providers will have room to hire more specialized staff and do things they previously were not able to do
52 because of an hour-to-hour tie.

53 There is not a worksheet for RHF. However, we wanted everyone to look at this current rendition and
54 get everyone’s feedback.

55 **Q:** Apartment complex run as a residential code, there is one person living in the home and staff
56 rotates through. How would that work?

57 **Paul:** We don’t want to make anyone move because we changed service codes. The program
58 would be how it is counted. If you did have an apartment setting, you could have staff on RHS if you
59 needed.

60 **Q:** How does changing people in the house change things?

61 **Marc Christensen:** The average was 7 dollars higher than currently.

62 **Jessica:** If you put a 3 in the roommates, it will do calculations based on the Excel spreadsheet
63 and take an average that correlates to the current worksheet.

64 **Q:** A three bedroom home with only 2 people, how would you set it up? Do we change the
65 worksheet as situations change?

66 **Paul:** Yes. The worksheet needs to reflect changes as they occur.

67 **Q:** Is DSPD going to have a preferred group home size?

68 **Paul:** We haven't come out officially on that, we had a push to get group home numbers down.
69 We would hate to see unintended consequences of forcing people into larger homes because we
70 changed our coding. We don't expect a change there.

71 **Jessica:** If anyone has time, please read through the provided documents and send any
72 suggestions to us. We are open to suggestions on these documents on the three documents.

73 **Q:** We are straying away from hours I am hearing?

74 **A:** The base concept is continuous coverage. There is always someone at the home. Anything
75 above the higher scores, will have standards increased. Should make it a little easier for all of us.

76 **A:** Our quality management team needs to know these changes and will look for the minimum
77 hours. It is not exclusively tied to hours.

78 **Paul:** If you read through the documents, you will see the expectations required and what we
79 will be auditing to.

80 **Kate:** I may load additional staff times?

81 **A:** Yes. What you put into the score documents will let you know where you put the staff.

82 Improve quality of supports. No matter you have to have the 138 hours. It gives the decision up to you
83 instead of the Division telling you what you have to do.

84 **Q:** I don't believe it is cost neutral

85 **Paul:** We do need to make it work as best as we can. Some people will be lower too.

86 **Kate:** Since we are going to back into this. How are we to determine who is to blame. If
87 something happens, we look at the residential sheets. Stuff happens and it truly is not someone's fault.

88 **Paul:** It will be how people justify the supports rating.

89 **Kate:** We have to be very cautious how we word this.

90 **Mark:** You have to meet the 138 hours and it becomes a more QA issue.

91 **Paul:** It has come up there are some folks with RHS but their goals is to become more
92 independent, as long as that is defined – it is documented and planned.

93 **Q:** We could incorporate what unspecified time in the PCSP.

94 **Paul:** Take a look at it and send your comments directly to me (Paul) or UACS.

95 **Q:** Is there an ETA?

96 **Paul:** It will not be before 6 months. Well need a new code and a waiver amendment. It will be a
97 little while. However, there has been really good progress were people can be a little more flexible than
98 before.

99

100 **Please send your comments directly to me. We will review everything. Again, this is not the final time**
101 **to make comments or recommendations. Thank you all. The public meeting is closed.**