CAREdesign NEW YORK

Provider Webinar Q&A

February 21, 2019

Are Care Managers reviewing ISPs while they are working on the Life Plans? I have run into an issue where an ISP has not been reviewed since 12/2017 because the Care Manager stated she has been working on the Life Plan.

Reviews should still be occurring based on the person's regularly occurring schedule – whether that results in an ISP update or a move to the Life Plan. In this example – the ISP should have been reviewed. Please reach out to a supervisor or the Regional Care Manager Director.

Will Care Managers ensure that in addition to all team members receiving an invite, the families of the individuals are also included (if the person wants this) – we have had some instances where Care Managers are relying on providers to coordinate this effort and would appreciate the assistance from CMs to ensure consistent communication.

It should be the responsibility of the Care Manager to ensure that all invitations the individuals wants are made – and it would be our expectation that the Care Manager would do this.

How does a goal vs. support materialize in the LP? A support is not necessarily a goal – for example, a Dining support may be medically based & necessary and therefore a goal surrounding this may not make sense. However, the support itself must be documented to ensure safety for the individual.

Whether something is assigned to a provider as a (G) or (S) should be based on discussion and agreement at the Life Plan meeting.

Will the LP help decipher what is medically necessary vs. what is family or advocate preference? An example is a family member requesting that the individual not participate in certain activities vs. an actual safety concern that would restrict the person from participating.

This can be noted in the narrative portion of the Life Plan, if appropriate.

Are all the clinical services on the old ISP automatically transferred to the new life plan? We are told from Care Managers that it is automatically transferred on the Life Plan and that we do not need a copy of the 6 month Review, Life Plan unless the service changes. Is this True?

Nothing is automatically transferred from an ISP to a Life Plan – as there is no integration between the two documents or any HIT systems. But the Life Plan should be an accurate and up to date document of the supports and service a person is receiving, and can be amended if needed. CDNY is working on a process to streamline the entering of information on providers, social workers, etc. to be able to be added to the Life Plan

Provider Webinar Q&A

February 21, 2019

We are told that there is no quarterly plan, only a Semi Annual. Is this true?

The Life Plan is reviewed semi-annually. ISP's were not reviewed quarterly (unless related to Willowbrook or CAB). Self-direction continues to have a quarterly Circle of Support meetings – but the additional 2 meetings are not specifically related to a review of the Life Plan.

Is there an annual?

Yes. There is an "annual" Life Plan review in conjunction with the I AM assessment being initiated annually.

How does the semi annual and the annual differ?

The annual review is based on completion of the I AM. The I AM does not need to be completed at the time of the semi-annual review. The semi annual review will result in an update to the existing Life Plan – with the date of the semi annual review noted – but will not generate a new plan with a new date range.

When we start a new clinical service (e.g. psychotherapy, speech therapy, occupational therapy, physical therapy), we always reach out to the Care Manager to ensure that the service is listed on the 6 Month Review but often do not get a response. What would you suggest?

You can reach out to the supervisor if you know who it is –or- can use our Regional Directors. OPWDD will have guidance document on Life Plan that should more specifically address the

Do you have someone who we can call at Care Design who can verify the correct CM and help facilitate contact? Is there a centralized contact person who we can speak to who can let us know who the CM is or a list of CM's and their caseloads that we can have access to?

You can reach out to our Regional Directors or you can call (**518) 235-1888** and the receptionist can look up a Care Manager. We can't provide a company directory due to HIPAA. CDNY is also looking for additional solutions to help provide accessibility to contact information.

If we are having trouble, how can we speak to a supervisor? Is there an organizational chart that we can have access to?

Our map, which shows our Regional Leadership, is available on our website at www.caredesignny.org/individual-families/regional-leadership. Leadership contact info is also available there to reach out with concerns.

CAREdesign NEW YORK

Provider Webinar Q&A

February 21, 2019

Providers are not regularly receiving meeting notices; providers are also not being included in the IAM assessments

Providers should be receiving invitations to Life Plan meetings via phone, email or post mail. Providers may not automatically be invited to the I AM assessment - it is based on the individual's preference.

Are the POMs the same as valued outcomes? And, if so, how are they validated?

POMs will come out of the I AM assessment and populate the first column in section II of the Life Plan. The second column is the one that denotes the "valued outcome" as we knew them before. This is where each habilitative provider should have at least one valued outcome linked.

Care Managers are being told during the Life Plan meetings by hab providers that programs need to have 3 provider assigned goals in the plan. Is this a correct guideline for providers?

The CCO is required to have two (2) POMS and three (3) Valued Outcomes in section II of the plan – regardless of who they are assigned to. The habilitative providers must have at least one (1) valued outcome associated with their service.

Should all of the needed safeguards be in the Life Plan?

Yes. The over-arching safeguards should be included and then more specifics in the staff action plan related to the person's need for support in that program.

There doesn't seem to be an option for Supplemental Group Day Habilitations for Living Resources. Many of our arts program students at Living Resources have Supplemental Group Day Habilitation and it would be nice to have the properly listed as a waiver service. Will this be added?

The Day Habilitation ADM only requires that the service be listed in the Life Plan (ISP at the time of the writing) as "Day Habilitation". However, the Care Manager can add that into the comments or special considerations section.

If an item says "teach," is that automatically a goal? We have seen it arise as a safeguard and it isn't necessarily appropriate as a safeguard.

Teach is often more appropriate for a goal because it relates back to skill acquisition.

Do all the items listed in section 2 need to be listed in a Staff Action Plan?

If it is a provider assigned goal that is a (G) or a (S) it should be addressed in the Staff Action Plan – in terms of how the provider plans to address it.

CAREdesign NEW YORK

Provider Webinar Q&A

February 21, 2019

As a medical supplier, what is our role with Care Design to ensure that if there is a way that we can assist your members, we are able to?

Email providerrelations@cdnyny.org to receive a network partner agreement. CM will then be notified of the available new service for referrals.

How can the agency ensure that we are being invited to the Life Plan meeting? If we have not been invited to the meeting can we request an additional meeting for the Life Plan?

Look at that on individualized basis, recognizing that the individuals and families might be "meeting fatigued." All providers should be included. The Care Manager can and should fill you in on the discussion and anything that may have been missed if they forgot to include you in the meeting invite.

Does the provider need to collect data on safeguards in the Staff Action Plan that are "assigned" to a different document (i.e. IPOP, Behavior Plan, Dining Plan)?

We would always encourage you to contact OPWDD with policy related questions, however it is not our understanding that you would be expected to capture data on every safeguard, as many are informative to ensure awareness of a person's support needs.

Like many CQL certified providers agencies, we complete POMs interviews with the people we support at great time and expense for all. Will the result of a provider CQL interviews be taken into account or are they now redundant?

We absolutely want any information that comes from a POMS interview as this is very in depth and valuable process – which may go in different directions that the I AM – as resulted to the persons satisfaction with their life and supports.

Day program goals?

Goals should only be assigned as they make sense – we have certainly heard and seen examples where things translate over into the Life Plan in a way that may not make the most sense, and CM's are able to edit these areas based on a person centered discussion at the Life Plan meeting.