



# Tiered Waiver and Universal Plan of Care

Kim Kennedy, Program Manager

# Purpose of Presentation

- ▶ Understand why the shift to tiered waiver
- ▶ Understand the tiered waiver process
- ▶ Planning to Support the person
- ▶ CPOC changes (Universal Plan of Care)
- ▶ Standardized Provider Documents

# Why move to a tiered waiver?

- ▶ System “as is” not fiscally sustainable
- ▶ Only 50% acceptance rate for NOW with first come, first served
- ▶ More than 16,000 people on Registry and NOW average cost of \$52,000
- ▶ System not able to be responsive to the needs of people who are at high risk of institutionalization

# What Does “Tiered Waiver” Mean?

- ▶ Offers made based on highest “Screening for Urgency of Need” (SUN) score and earliest registry date
- ▶ Adults most appropriate waiver based on a needs based assessment and person-centered planning.
  - All adults will initially receive a DD waiver offer, not for a specific waiver
    - ◆ Consideration given first to SW, then ROW, then NOW (Tiered Process)
  - Children under 21 will be offered Children’s Choice waiver
    - ◆ Children 18 and out of school can choose Children’s Choice or Supports Waiver
    - ◆ At 21, they will “age out” to the Most Appropriate Waiver



# Merging Into Single DD RFSR

- ▶ Supports Waiver RFSR, NOW RFSR, and OAAS RFSR (with an SOA) were consolidated into a single RFSR, the OCDD Request for Services Registry.
  - Individuals will keep their earliest registry date when combined
  - All individuals impacted received a letter / invitation to meeting
- ▶ No longer have “inactive” status. Individuals on current inactive list will retain their RFSR date; if they wish to receive services in the future will contact LGE for screening
- ▶ Re-frame how we define / describe the registry
  - Only individuals who are in urgency category 3 or 4 will be considered as “waiting” for services
  - Individuals in urgency categories 2, 1, 0 will be considered as having needs met and “requesting” services but not “waiting”

# What is the IDT?

# Interdisciplinary Team (IDT)

A coordinated group of experts from several different fields who

**work together**

**towards a common goal.**

# Members of the IDT

- ▶ Persons important to the Individual (family members, close friends, etc.)
- ▶ Legal Guardians
- ▶ Support Coordination Agency
- ▶ Waiver Provider Agency
  - PCA Provider Agency
  - Day Habilitation / Employment Provider Agency
- ▶ Behavioral Health Provider Agency
- ▶ Other professionals who provide care to the individual being supported (i.e. employers)



# Actions of the IDT

- ▶ Support Coordination coordinates the person centered planning meeting after discovery meeting.
- ▶ All IDT members are invited.
- ▶ Support Coordination Agencies and Provider Agencies are required to attend the same meeting.
- ▶ Information provided during discovery is discussed with the individual and IDT members.
- ▶ Discussion is led by Support Coordination agency, but provider agency and other IDT members should ask questions and get clarification as needed.

**This is a TEAM Effort!**

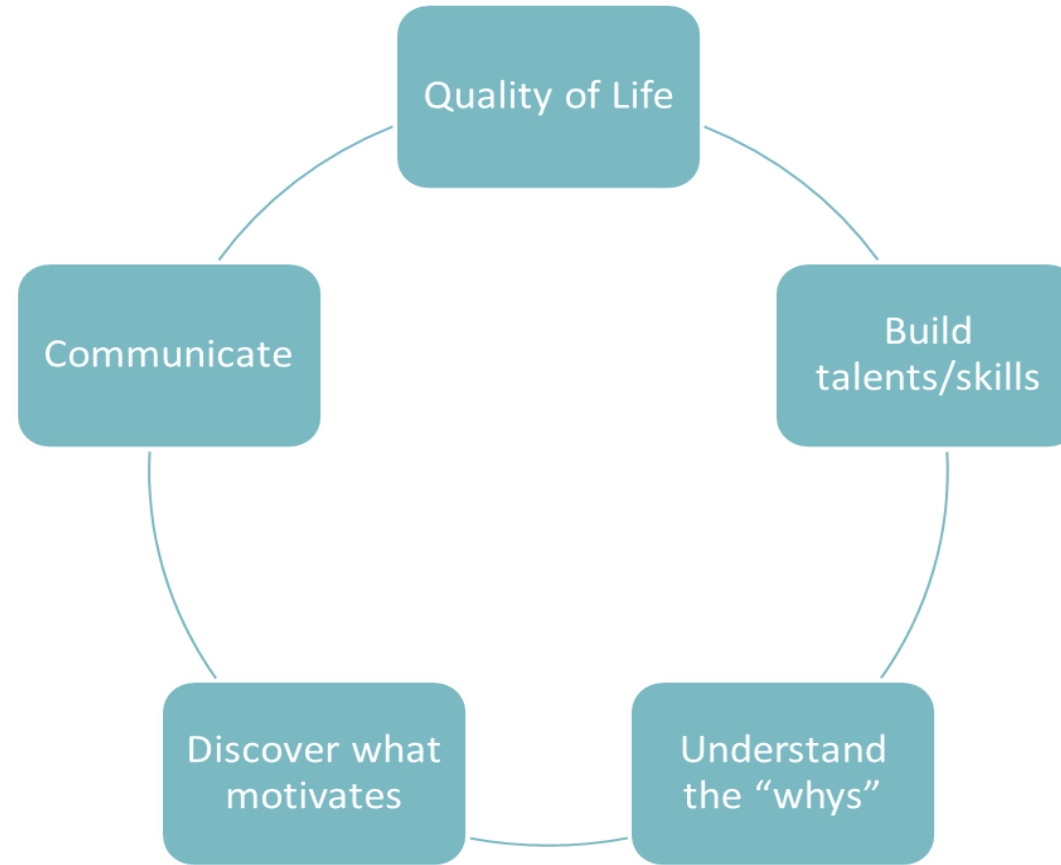
# Discovery/Planning Process

Planning to support the person

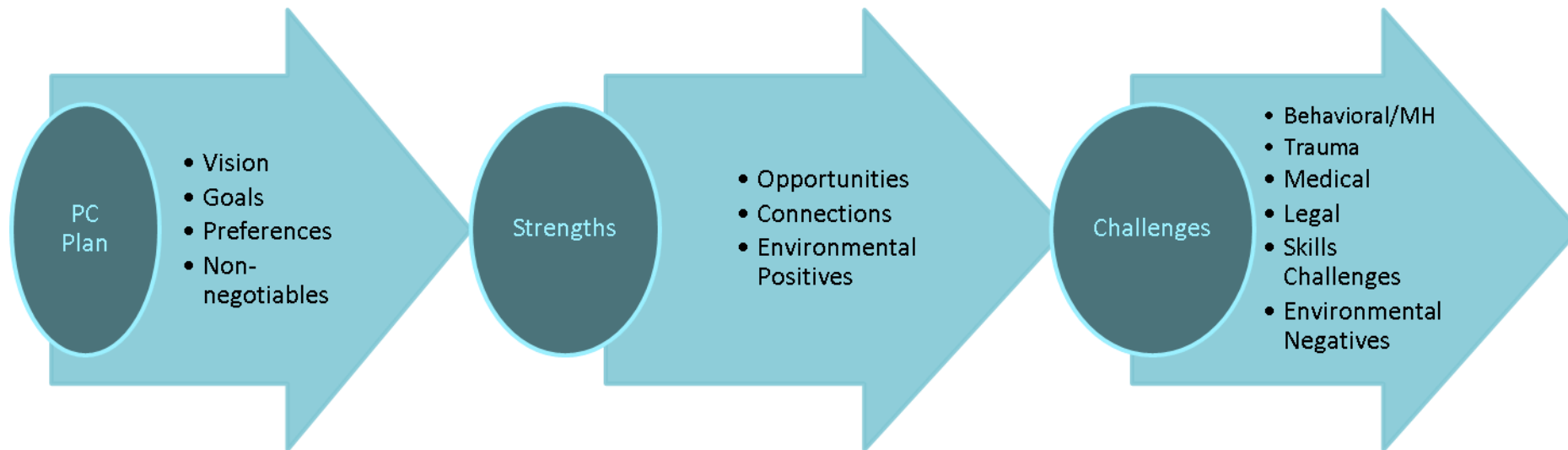
# Values

- ▶ Each person defines his/her own outcomes;
- ▶ The planning process begins with discovery of who the person is;
- ▶ The planning process builds on important, meaningful life experiences of the person rather than with the limitation of services actually available;
- ▶ The partnership is with the person and all the important people in his or her life; and
- ▶ Individualized supports and services are provided to assist a person to achieve his or her vision and goals

# Building the Best Life: A Work in Progress



# Learning About Each Person's Story



# Supporting the Person to ‘Get A Life!’: Outcomes

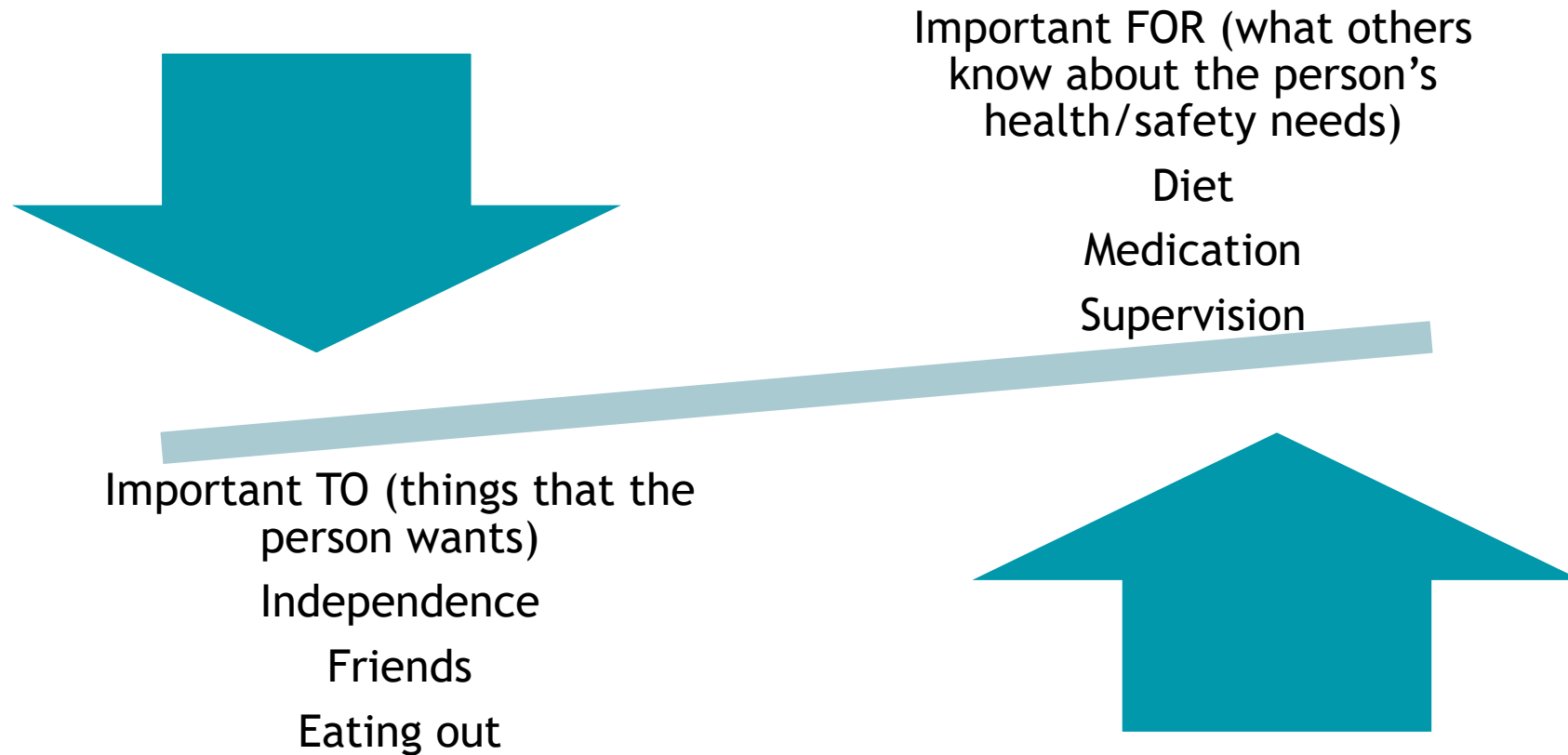
- ▶ Belong to his/her community
- ▶ Variety of personal relationships
- ▶ Opportunity to advocate for self/others/causes
- ▶ Valued roles in family & community
- ▶ Support to make major lifestyle changes
- ▶ Express one’s personal identity
- ▶ Support to manage aspects of life
- ▶ Plan reflects a life & supports designed by you & used to create positive image
- ▶ Maintain connections
- ▶ Be understood & get a response
- ▶ Feel safe/emotional well-being
- ▶ Opportunity for physical wellness
- ▶ Live & die with dignity



# Beginning the Conversation: Getting to Know the Person

- ▶ Sometimes it's good to just talk; Should be conversation with the person
- ▶ Share the Important Things That Have Happened to the Person (good & bad)
- ▶ Remember to Talk About Family Traditions, Important Activities/Dates/Etc.
- ▶ Think about your Strengths and Characteristics People Admire Most About YOU
- ▶ Think about How YOU Wants to Spend YOUR Day (work, school, fun, etc.) & How does that Compare to How YOU Spend YOUR Time now

# Balancing Important to and Important for



# **Assessment: What Does it Mean & How Does it Fit (or not Fit)?**

# Assessments

- ▶ Why do we assess?
- ▶ Types of assessments
- ▶ Informal vs Formal assessments
- ▶ Louisiana's Approach to assessment

# Planning

Building the plan of support

# Planning

What are the unmet needs?

- ▶ Facilitate discussion to identify additional support needs
- ▶ Following basis questions may be used:
  - After consideration of information and formal/informal supports are there unmet needs in any areas?
  - What are the unmet needs?
  - Could the unmet needs be met with available/accessible supports? (Waiver Tier currently assigned)
  - Do any of the unmet needs warrant referral to other programs (i.e., could not be met with waiver services)?
  - Are there any remaining unmet needs that could be met with waiver? If so, what are they?



# How Does the Provider Fit In?

Role of the Waiver Provider

# Active Participation in Discussion

- ▶ Support Coordinator completes initial discovery, assessment process, and identification of unmet needs.
  - Information learned is shared at planning meeting with provider
- ▶ Provider – Must ask questions in planning meeting and quarterly meeting
  - How to deliver unmet needs
  - Where, when, how identified in provider documents
  - Ability to negotiate how services will be delivered

# **When is it appropriate to request to move to another waiver tier?**

Waiver Exception Request Process

# To Move or not to Move

- ▶ If unmet needs with current waiver assignment, the Support Coordinator will:
  - Build the schedule of supports
  - Assist the family with locating service provider
  - Referrals to other programs if needed
  - Assist with locating resources for areas that support may be needed that waiver cannot address
  - Complete planning process
  
- ▶ If unmet needs can not be met with current waiver assignment and all other options have been considered AND unmet needs could be met by accessing another waiver option, then the SC can request an exception.

# Universal Plan of Care Document

# Universal Plan of Care (NOW, ROW, SW)

## Major Changes

- ▶ Modified Cover Page
- ▶ Re-Ordered the document
- ▶ Health Profile modified
- ▶ Standardized documents to be used by service providers
  - Medication Page moved to be provider attachment



# Standardized Provider Documents

- ▶ Replaces existing ISP formats completed by service provider.
- ▶ Intended to provide a snap shot of the actual supports being implemented by the service provider.
  - Extension of the identified goals/strategies –single plan of care document.
- ▶ Not every person will require every attachment.
- ▶ Attachments to be updated at regular intervals (minimally quarterly) and submitted to the Support Coordination.

# Standardized Provider Documents

- ▶ Attachment B: Relationship & Community Contacts and Sustained Supports Information
- ▶ Attachment C: Daily Living & Home Life Sustained Supports
- ▶ Attachment D: Health & Wellness Supports
- ▶ Attachment E: Medication/Treatment
- ▶ Attachment F: Emotional Wellness and Crisis Prevention Plan
- ▶ Attachment G: Behavioral Health Supports
- ▶ Attachment H: Emergency Plan
- ▶ Attachment I: Back up Staffing Plan

# Attachment B: Relationship and Community Contacts and Sustained Supports

## ► Important Contacts

- List of family, friends, pastor, church, boyfriend/girlfriend, etc. important to the individual.
- List phone numbers. List address if out of town.

► Lifestyle/environmental preferences

- How individual communicates (phone, email, in person visits). Identify barriers to health and safety (inviting strangers to home, internet safety, etc.). Activities that individual wants to pursue (learning to quilt, joining a gym, getting a GED).

## Attachment B: RELATIONSHIP & COMMUNITY CONTACTS AND SUSTAINED SUPPORTS INFORMATION

Attachment B: RELATIONSHIP &amp; COMMUNITY CONTACTS AND SUSTAINED SUPPORTS INFORMATION ¶

Name: _____		ISP/CPOC Date: _____	Revised: _____
Important Contacts: (Family/Friend/Community Organization & Contact Numbers) _____		Lifestyle/environmental preferences _____	
_____ _____ _____ _____ _____ _____ _____ _____		_____ _____ _____ _____ _____ _____ _____ _____	
Any Assistance Needed in Keeping or Building Connections _____		Independence/Shared Support Considerations _____	
_____ _____ _____ _____ _____ _____ _____ _____		_____ _____ _____ _____ _____ _____ _____ _____	

☐ Need Transportation Assistance → ☐

# Attachment B: Relationship and Community Contacts and Sustained Supports (continued)

- ▶ Assistance required to support goal
  - Support needed to visit family/friends, go to church, visit boyfriend, get GED, join a gym.
- ▶ Independence/Shared Support
  - Goals for independence (money management, new living arrangement, unsupported time).

Attachment B: RELATIONSHIP & COMMUNITY CONTACTS AND SUSTAINED SUPPORTS INFORMATION

Name:		ISP/CPOC Date:	Revised:
Important Contacts: (Family/Friend/Community Organization & Contact Numbers)		Lifestyle/environmental preferences	
<div></div>		<div></div>	
Any Assistance Needed in Keeping or Building Connections		Independence/Shared Support Considerations	
<div></div>		<div></div>	
<div><input type="checkbox"/> Need Transportation Assistance →</div>			

## Attachment B: Relationship & Community Contacts and Sustained Supports Information

<b>Name:</b> Leah Cleveland	<b>ISP/CPOC Date:</b> 9/1/17 thru 8/31/18	<b>Revised:</b>
<b>Important Contacts:</b> (Family/Friend/Community Organization & Contact Numbers)	<b>Lifestyle/environmental preferences</b>	
<p>Lynette (Aunt) New Orleans, LA 70126-504-378-0978</p> <p>Bertha (Grandmother) New Orleans, LA 504-923-0023</p> <p>Ana (Friend) Memphis, Tennessee -- 901-123-4567</p> <p>Leah has a network of friends on social media and on the internet. She has remained involved with the deaf community through technology and this is the primary way that she interacts/communicates with them.</p>	<p>It is very important for Leah to have access to the technology as it is her primary mode of communication. She has a videophone, her cell phone, and a laptop. She prefers to have some time to herself to chat with her friends. She does need some prompting and reminders regarding giving out personal information so that she is not taken advantage of and staff should continue to work with her in regards to internet safety.</p>	
<b>Any Assistance Needed in Keeping or Building Connections</b>	<b>Independence/Shared Support Considerations</b>	
<p>Leah needs assistance to schedule visits and transportation. The staff will assist Leah with <u>scheduling visits and transportation</u> in the following areas:</p> <ul style="list-style-type: none"> <li>→ Visiting with family in New Orleans, especially during holidays.</li> <li>→ Meeting people and becoming involved in groups such as a deaf café. She would like to attend a meeting with this group locally.</li> <li>→ Leah would also like to join a gym, so staff needs to assist her with visiting local gyms so she can find one that is reasonably close and affordable. She would like to go a couple of times a week.</li> <li>→ Leah needs assistance with scheduling visits with friends locally initially and then branch out to other areas. Staff should assist her with planning these types of visits, prompting related to types of information to share with friends, and overall encouragement regarding healthy relationships with friends and companions.</li> </ul> <p>Leah will need assistance from the provider to contact LRS for employment resources so she can seek competitive employment. She will need transportation assistance and assistance communicating.</p>	<p>Leah will begin having some unsupported time during this POC year. Her team will meet quarterly to discuss progress in terms of alone time and increase periods of alone time over the course of the year.</p> <p>Staff should continue to discuss internet safety and what healthy relationships look like (i.e., people not asking for money or personal information, people wanting to get to know her and hang out not just come over to her house or move in, etc.).</p> <p>Staff should also prompt Leah related to money management issues. Not spending all of her money so she has spending money when needed. Making sure her bills are paid prior to spending money. Creating an overall monthly budget.</p> <p>Leah would like to get her driver's license. She has looked into driving school. Staff should assist where needed with scheduling to attend driving school and assist with identifying or requesting necessary accommodations. Staff should check with her regarding the need for assistance preparing for the written driver's license test as requested by Leah.</p>	

☒ Need Transportation Assistance →

# Attachment C: Daily Living and Home Life Sustained Supports

- ▶ Describe the level of support required for activities in each section.
- ▶ If completely independent, then indicate “no supports needed”.
- ▶ This should agree with Section II B in the Plan of Care document.

Attachment C: DAILY LIVING & HOME LIFE SUSTAINED SUPPORTS

Name:	ISP/CPOC Date:	Revised:
<b>Mealtime Supports:</b>	<b>Personal Hygiene Supports:</b>	
<b>Physical/Mobility Supports:</b>	<b>Housekeeping/Yard Maintenance Supports:</b>	
<b>Mealtime Prep/Cooking Supports &amp; Preferences:</b>	<b>Other Important Supports/Needs at Home:</b>	



Attachment C: Daily Living & Home Life Sustained Supports ¶

Name: Leah Cleveland		ISP/CPOC Date: 9/1/17 thru 8/31/18	Revised:
Mealtime Supports: No supports needed.		Personal Hygiene Supports: No supports needed.	
Physical/Mobility Supports: No supports needed.		Housekeeping/Yard Maintenance Supports: No supports needed.	
Mealtime Prep/Cooking Supports & Preferences: Leah needs minimal supports related to preparing meals. She needs assistance with transportation to get to the grocery store to make a list of needed items, budget money for purchases, and to purchase needed items for her meals. Primary area that she may need support would be with preparing meals that she has never cooked before. Leah prefers to shop at Walmart in Hammond once a week.		Other Important Supports/Needs at Home: Some monitoring needed while accessing and utilizing social media and/or internet safety. Reminders not to give out her personal information. Needs prompting related to money management. Leah and Kevin will work on her budget and Leah will be responsible for reminding staff when her bills are due to be paid.	

# Attachment D: Health and Wellness Supports

- ▶ Focuses on instructions that specifically address health and wellness needs (medical supports).
- ▶ Signs and symptoms to monitor should be listed and how to report if signs / symptoms occur.
  - Reporting method may change based on sign/symptom.
- ▶ Identify actions to be taken.
- ▶ Align with Section IV A. Health Profile

Attachment D: HEALTH & WELLNESS SUPPORTS	
Name:	ISP Date: Revised:
Exercise and Healthy Eating Preferences	Support Needed for Physical Activity and Healthy Eating
<input type="checkbox"/>	<input type="checkbox"/> Dietary considerations MUST be implemented as described by Medical Professional <input type="checkbox"/> Healthy Eating can be supported via guidance and education with some flexibility in dietary choices <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Signs/Symptoms Per Medical Professional to Monitor	Instructions Per Medical Professional for Supports or Assistance with Medical Needs
<input type="checkbox"/> Documentation Form/Sheet other than Daily Note <input type="checkbox"/> Report to Agency Nurse <input type="checkbox"/> Call Medical Professional	<input type="checkbox"/> Documentation of Instructions provide by Medical Professional <input type="checkbox"/> Verbal Recommendation during last visit <input type="checkbox"/>

☐ Need Transportation Assistance ☐ Need Assistance Communicating with Professional → ..... →  
☐ Need Assistance Scheduling/Making Appointments → → → → → → .....

# Attachment D: Health & Wellness Supports¶

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<b>Name:</b> Leah Clevelandα	<b>ISP Date:</b> 9/1/17 thru 8/31/18α	<b>Revised:</b> α
<b>Exercise and Healthy Eating Preferences</b> α	<b>Support Needed for Physical Activity and Healthy Eating</b> α	
<p>Leah does not currently have any major medical issues or dietary concerns. She would like to join a gym and start exercising on a consistent basis. Staff should assist with locating a gym, budgeting money for this activity, and transportation to the gym. ¶</p> <p>There are currently no recommendations related to healthy eating beyond typical sorts of making healthy decisions. Staff should support Leah with this area as she requests. α</p>	<p><input type="checkbox"/> Dietary considerations MUST be implemented as described by Medical Professional¶</p> <p><input checked="" type="checkbox"/> Healthy Eating can be supported via guidance and education with some flexibility in dietary choices¶</p> <p>¶ ¶ ¶ ¶ ¶ α</p>	
<b>Signs/Symptoms Per Medical Professional to Monitor</b> α	<b>Instructions Per Medical Professional for Supports or Assistance with Medical Needs</b> α	
<p><input type="checkbox"/> Documentation Form/Sheet other than Daily Note¶</p> <p><input type="checkbox"/> Report to Agency Nurse <input type="checkbox"/> Call Medical Professional¶</p> <p>¶</p> <p>Leah has Eczema which flares up periodically. She has ointment to apply when this happens. α</p>	<p><input type="checkbox"/> Documentation of Instructions provide by Medical Professional¶</p> <p><input type="checkbox"/> Verbal Recommendation during last visit¶</p> <p>¶</p> <p>Leah sees a PCP for Eczema and regular checkups. Her last exam was in July 2017. She goes to the Hammond Vision Center for eye exams. Her last eye exam was May 2017. ¶</p> <p>α</p>	

☒ Need Transportation Assistance ☒ Need Assistance Communicating with Professional¶

☒ Need Assistance Scheduling/Making Appointments ¶

# Attachment E: Medication / Treatments

- ▶ Providers have the most current medication / treatments for individuals.
- ▶ Must list **all** medications, not just medications administered by provider staff.
- ▶ Include PRN medications.
- ▶ Eliminates discrepancy between Support Coordination list and Provider list.
- ▶ Update as changes occur.
- ▶ **Not** required to list OTC meds unless taken regularly
- ▶ **Not** required to include standing orders for OTC meds

Attachment E: MEDICATION/TREATMENTS

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Section A: List of Medications

Name:			ISP/CPOC Date:			Revised:	
Medication and Dosage	What is it for?	Frequency	How is it taken?	Prescribing Physician	To be given by: self, family, staff, CMA, CNA, etc.	Medication Delegation needed: check appropriate box	
						Yes	No

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Section B: List of Treatments

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Treatment and Dosage	What is it for?	Frequency	How is it taken?	Prescribing Physician	To be given by: self, family, staff, CMA, CNA, etc.	Medication Delegation needed: check appropriate box	
						Yes	No

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## Attachment E: MEDICATION/TREATMENTS

## Section A: List of Medications

Name: Leah Cleveland			ISP/CPOC Date: 9/1/17 thru 8/31/18			Revised:	
Medication and Dosage	What is it for?	Frequency	How is it taken?	Prescribing Physician	To be given by: self, family, staff, CMA, CNA, etc.	Medication Delegation needed - check appropriate box	
						Yes	No
Seroquel - 200 mg	Depression	Two tabs at night	By Mouth	Keith Westerfield, MD (Psychiatrist) Cope/Behavior	Self	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Fluoxetine - 40mg (added 8/15/17)	Improved Mood	1 capsule daily in AM	By mouth	John Fidenza, PhD (psychologist)	Self	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section B: List of Treatments

Treatment and Dosage	What is it for?	Frequency	How is it taken?	Prescribing Physician	To be given by: self, family, staff, CMA, CNA, etc.	Medication Delegation needed - check appropriate box	
						Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Attachment F – Emotional Wellness and Crisis Prevention Plan

- ▶ Not required for all individuals but can be completed with anyone
- ▶ Support Coordinator and Provider representative assist individual to complete, or
- ▶ Appropriate professional staff assists individual with completion.
- ▶ Excellent tool for providers to train staff on how to best support individual and avoid/manage crises.
- ▶ Provides additional information for Attachment G: Behavioral Support/Instructions.

# Attachment G: Behavioral Health Supports

- ▶ Complete if behavioral support is identified in Section IV, Part A.
- ▶ Use Emotional Wellness and Crisis Prevention Plan if completed.
- ▶ Will not replace a formal Behavioral Support Plan prepared by a physician.

Attachment G: BEHAVIORAL HEALTH SUPPORTS (SUMMARY OF SUPPORTS) The information in this section does not replace a formal Behavior Plan if needed. (A formal plan MUST be supplied by the professional and signed by him/her if it is indicated.) This is a set of instructions for staff to support current Mental Health Treatment/Therapy based upon recommendations from the treating professional.

Name: □	ISP/CPOC Date: □	Revised: □
Behavioral Health Symptoms/Behavioral Challenges □	Instructions to Avoid Triggers/Problems □	
<input type="checkbox"/> Documentation Form/Sheet other than Daily Note <input type="checkbox"/> Report to Agency Nurse/Supervisor <input type="checkbox"/> Call Professional	<input type="checkbox"/> Consult Emotional wellness & crisis prevention plan first □	
	Trauma or Behavioral Triggers: □	Staff Response: □
Coping Skills & Supports Needed to Use □	Staff response/supports if symptoms/behavior(s) occur □	
□	□	

☐ Need Transportation Assistance ☐ Need Assistance Communicating with Professional  
☐ Need Assistance Scheduling/Making Appointments

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**Attachment G: BEHAVIORAL HEALTH SUPPORTS (SUMMARY OF SUPPORTS)** *The information in this section does not replace a formal Behavior Plan if needed. (A formal plan MUST be supplied by the professional and signed by him/her if it is indicated.) This is a set of instructions for staff to support current Mental Health Treatment/Therapy based upon recommendations from the treating professional.* ¶

<b>Name:</b> Leah Cleveland	<b>ISP/CPOC Date:</b> 9/1/17 thru 8/31/18	<b>Revised:</b>				
<b>Behavioral Health Symptoms/Behavioral Challenges</b>	<b>Instructions to Avoid Triggers/Problems</b>					
<input type="checkbox"/> Documentation Form/Sheet other than Daily Note <input type="checkbox"/> Report to Agency Nurse/Supervisor <input type="checkbox"/> Call Professional ¶ Leah needs assistance with scheduling appointments and transportation. Staff does not normally go in with her to the psychiatrist's office. Last appointment with Dr. Fidenza was 8/1/17. ¶ ¶ Leah does not like side effects of some of the medications. If this becomes a problem, staff should encourage her to talk to her doctor about the side effects.	<input type="checkbox"/> Consult Emotional wellness & crisis prevention plan first ¶ <table border="1"> <tr> <td><b>Trauma or Behavioral Triggers:</b></td> <td><b>Staff Response:</b></td> </tr> <tr> <td></td> <td></td> </tr> </table>		<b>Trauma or Behavioral Triggers:</b>	<b>Staff Response:</b>		
<b>Trauma or Behavioral Triggers:</b>	<b>Staff Response:</b>					
<b>Coping Skills &amp; Supports Needed to Use</b>	<b>Staff response/supports if symptoms/behavior(s) occur</b>					

☒ Need Transportation Assistance ..... ☒ Need Assistance Communicating with Professional

☒ Need Assistance Scheduling/Making Appointments

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# Attachment H: Emergency Plan

- ▶ Required for all individuals
- ▶ Provides standardized form to ensure consistency across the state
- ▶ Same standardized form for all OCDD Waivers
- ▶ Section V. identifies the Support Coordination Agency responsibilities.
- ▶ Requires signatures, including Support Coordination agency.

# Attachment I: Back-up Staffing Plan

- ▶ Required for all individuals.
- ▶ Provides standardized form to ensure consistency across state.
- ▶ Same standardized form for all OCDD Waivers.
- ▶ Names should be a person's name, not an agency name.
- ▶ Signatures are required.

## Attachment I: Back-Up Staffing Plan

Participant's name: Leah Cleveland Date of Birth: 8/1/1990						
Direct Service Provider: All About U Phone: (985) 345-1400						
Waiver Type: <input type="checkbox"/> Children's Choice <input type="checkbox"/> Supports Waiver <input type="checkbox"/> Residential Options Waiver <input checked="" type="checkbox"/> New Opportunities Waiver →						
Any time a Direct Service Worker (DSW) is unable to provide services according to the plan of care (POC), the DSW is required to contact both the participant/family and the Direct Service Provider as soon as possible. When this happens, the plan below will be followed:						
Primary responsibility for immediate coverage of a DSW unplanned absence:						
<input checked="" type="checkbox"/> Direct Support Provider is responsible for providing a back-up DSW. Call Direct Service Provider at: Staff should contact the on-call point person at 1-800-123-4567 for backup staff. If the on-call person cannot assist, staff should contact Karen Lee (985) 345-1400. Karen Lee will contact back-up staff. Staff on duty will remain with Leah until back-up staff is located. All staff working with Leah will be trained to provide supports as noted in her individual plan of care.						
<input type="checkbox"/> Family/natural support chooses to provide support and does not wish to have a back-up staff. Call the primary contact listed below:						
Person(s) responsible for back-up coverage (List all family/natural supports who have agreed with this Back-Up Staffing Plan and their contact numbers):						
Signature/Verbal agreement indicate they have agreed to provide support.						
Name	Relationship	Main Contact #	Other Contact #	Signature	Verbal Agreement (indicate name and date of person who obtained verbal agreement)	Date
Primary					<input type="checkbox"/> Obtained Verbal Agreement	
					<input type="checkbox"/> Obtained Verbal Agreement	
					<input type="checkbox"/> Obtained Verbal Agreement	
Direct Service Provider Representative Signature: Date:						
I understand that if I am not happy with the plan, I can choose another Direct Service Provider. I agree with this Back-up Staffing Plan.						
Participant/Responsible Representative: Date:						

# What's Missing????

Supported Employment, Prevocational Services, and Day Hab Attachment

- ▶ Attachment is currently in development.
- ▶ Providers may use their existing ISP format for these services.
- ▶ If no “in-home” provider:
  - Support Coordinator completes Attachment E
  - Provider may need Attachment D and/or G if monitoring for signs and symptoms

# Timelines

# Timelines – SC Agency

- ▶ Support Coordination Agency
  - Notify Provider Agency 30 days in advance of an annual planning meeting, in writing and confirm meeting two weeks in advance.
  - Send finalized support plan to Provider Agency within 7 calendar days of the planning meeting.

# Timelines – Provider Agency

## ► Provider Agency

- Provider Agency will review plan, sign budget sheets, and return plan and budget sheets along with provider documents within 5 calendar days of receipt of support plan and budget sheets.
- Provider Agency should be preparing provider documents immediately following the planning meeting to meet the timelines.

# New POC Implementation Timelines - SCA

- ▶ All initial POCs will be documented on the new Universal Plan of Care effective immediately.
  - Medication list (Attachment E) must be completed by SC if not completed by the provider agency.
- ▶ All annual POCs will be documented on the new Universal Plan of Care if the POC meeting is held July 1, 2018 or later. However, SCA can use the new Universal POC for annual renewals effective immediately.



# New POC Implementation Timelines - Providers

- ▶ Provider documents for all POC meetings (initial and annual) held **prior to** July 1, 2018 can be submitted in the current format used by the provider agency. It is preferred that the new format be used, but it is not required.
- ▶ Provider documents for all **POC meetings** (initial and annual) held July 1, 2018 or later must be submitted on the Universal Plan of Care documents (Attachments B – I).

# New POC Final Deadline

As of October 1, 2018, it is expected that any Plan of Care submitted for approval (SC Supervisor approval or LGE approval) will be completed on the new Universal Plan of Care document, including Attachments B through I. If not, the provider agency will have to resubmit their documents on the new Universal Plan of Care (Attachments B – I) for the plan to be approved.

New POC Documents and Instructions are  
available at:

<http://ldh.la.gov/index.cfm/newsroom/detail/1564>

# Questions and Answers

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