

MEMORANDUM

To: Developmental Disabilities Division Home and Community Based Waiver Providers

From: Chris Newman, Developmental Disabilities Division Administrator

Date: November 3, 2010

Subject: Staffing Ratio Flexibility, Plan of Care Changes

Ref: 10-136-CN

Based upon discussion during the Select Committee on Intellectual and Developmental Disabilities and among various stakeholders, the Developmental Disabilities Division (Division) is implementing some changes to the Individualized Plan of Care (IPC) to reflect more flexibility with the supervision and support of waiver participants within the residential and day habilitation tier levels. The tiered levels of reimbursement for residential and day habilitation were developed to reflect the average staffing pattern for a participant according to his/her ICAP score and other factors. Through input from various providers and participants and families, the Division became aware that the tiered levels and wording in the plan of care directly and indirectly implied a minimum staffing expectation for each participant that was not realistic to meet a participant's needs in the most effective and efficient manner.

To address this concern, the Division has changed wording in the plan of care to eliminate "ratio" wording and has revised the "My Services and Supervision Profile" section of the plan of care. The form now asks for a description of a participant's support level to include when s/he needs more support, less support, and during times of crises or emergencies. Ratios have also been removed from the Preapproval form and the Services Available section. The IPC Instructions have been updated as well to minimize "ratio" language and use other wording to describe the different levels of support expected in each tier level. The link to the location of these revised documents on the Division's website are included at the end of this memorandum.

The support a participant receives with these changes shall not look different than the support needs written into their current plan of care. The provider is still expected to support and supervise the participant as needed per the plan of care. As the participant's team meets to make changes to the plan, the provider and case manager shall work with the participant and family to understand the changes, reassure them of the support they will be receiving, answer any questions or concerns they may have, and be receptive to the input and concerns that may be voiced by the team.

Developmental Disabilities Division

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These revised plan of care forms may be accessed and utilized by teams starting November 2, 2010 but are not required to be in a participant's plan of care (and distributed to necessary team members) until June 30, 2011. When a case manager updates a participant's plan of care with the new forms, the participant, guardian (if applicable), and the provider(s) shall decide on the language for the new section collectively. Then all team members shall receive a copy of the plan of care revisions.

The Division encourages case managers to review and update the sections during the participant's next six (6) month or annual plan of care meeting. If a team decides to revise the plan of care before the annual plan of care meeting, the Division does not need a copy of this revision to the plan of care. However, during a monitoring visit, the most up-to-date version of the plan will be reviewed in the case manager and/or provider's file when monitoring the services and supports for a specific participant.

During the next month, the Division will be reviewing the policy and procedure requirements of providers to determine if any additional policies will be required relating to scheduling staff, record-keeping for staff who are on a shift, and on-call procedures. We will review CARF standards and current provider practices in this area and will determine what, if any, changes to Division requirements to make.

The Division believes these changes will support providers in having the flexibility needed to operate their business in the most appropriate manner while continuing to meet participants' needs. The Division will also factor in this added flexibility when Extraordinary Care Committee cases are submitted that are requesting an increase in the service tier rate for residential habilitation and/or day habilitation services. Only significant changes in staffing needs will be considered by the Extraordinary Care Committee. It will be expected that providers work within the existing funding tier for those staffing changes that occur intermittently due to short term changes in behavioral and/or health needs.

The Division wishes to thank the 40+ provider organizations, family members, and participants who helped on a work group to develop the flexibility wording, edits to the IPC Instructions, and discuss the other issues and policy ideas regarding staffing flexibility. We will continue to work together with our stakeholders as we implement these changes and review their effectiveness over the next year. Your input is valued. Please contact a Division Manager by calling (307) 777-7115 if you have concerns or questions regarding these changes.

The revised IPC forms and the revised IPC Instructions will be available separately and as completely revised documents. The IPC form changes have been posted and the complete IPC Instruction Guide (Revised November 2010) will be available November 10, 2010. The areas of the IPC Instructions currently revised due to the supervision flexibility are located in a quick reference guide. The updated IPC Forms and Instructions are located on the Division's website: <http://www.health.wyo.gov/ddd/planofcaredocs.html>. If you need assistance accessing these forms or documents, please contact a Division employee for the information to be sent to you in another format.
