Summary of Advisory Board Recommendations (2/20 & 2/21)

General Recommendations:

- Increase Pilot program flexibility. Continue to pilot all proposed models with an RFP process, allowing for innovation funding and evaluation.
- Strengthen culture of self-direction and person centered re across all services.
- Emphasize collaboration among state agencies to enable blended funding models, allowing for customized and flexible person-centered supports.
- Implement an Interdisciplinary Team (IDT) approach across all programs, with specialized care coordinators consulting with generalists for complex cases.
- Explore repurposing existing state-owned properties for pilot programs, particularly for IDD populations.

PACE & Self-Direction:

Expansion and Scalability:

- Expand PACE to include a full range of services, including habilitation, housing, and medical services.
- Explore pilot programs with multiple test groups to evaluate effectiveness across populations.
- Address current limitations by increasing provider participation and testing expanded eligibility to include individuals with complex needs.
- Implement self-direction within the PACE model, allowing individuals to designate hours for customized support based on their needs.
- Develop a per-person capitation rate for flexibility and cost-efficiency, aligning with OPWDD for effective implementation.

Funding & Operations:

- Blend funding sources to simplify financial management and increase flexibility.
- Investigate financial sustainability and long-term funding mechanisms, particularly for complex needs populations.

Care Management (SIP-PL):

Care Coordination and Collaboration:

- Establish a dedicated task force for alignment across key agencies and sectors.
- Increase programmatic flexibility and creativity, allowing care managers to customize services to individual needs.

Staff Training and Certification:

- Enhance training for care coordinators, ensuring cross-system expertise.

- Develop specialty certifications (e.g., complex populations, behavioral health) linked to pay increases for care coordinators and DSPs.
- Address care coordinator turnover by offering targeted support, mentorship, and opportunities for specialization.

Operations:

- Develop workload guidelines to maintain manageable caseloads, ideally reducing burnout and turnover rates.
- Integrate technology solutions to alleviate administrative burdens and enhance coordination efficiency.
- Standardize templates that allow for customized, person-centered care planning rather than strict, impersonal checklists.

Smoothing Transitions:

Role of DSPs:

- Emphasize the critical value of DSP staff, enhancing training and support for transitions.
- Develop clearer guidelines for staff proximity requirements, possibly incorporating on-call or beeper systems.
- Include DSPs, HHAs, and CNAs in transition planning to ensure continuity of care.

Housing Options:

- Develop certified and non-certified supported housing options to provide greater individual choice and independence.
- Ensure that housing options allow for aging-in-place and community integration while maintaining necessary support.

Technology Integration:

- Incorporate technology-first approaches (e.g., remote supervision, smart home devices) in IRAs for enhanced safety and independence.
- Increase universally designed architecture in all facilities to support aging in place and disability needs.
- Consider privacy concerns with technology solutions (e.g., cameras), ensuring resident consent and customized use policies.

Employment & Day Program Enhancements:

- Implement an 'Employment First' approach, with a spectrum of employment options and day activities tailored to individual abilities and interests.
- Develop personalized schedules to allow for more independent and fulfilling day programs, moving away from rigid timetables.
- Acknowledge the need for a spectrum of activities beyond traditional employment, including inclusive community engagement options.

Enhanced Self-Direction:

Accessibility Improvements:

- Streamline guidelines for self-direction.
- Address inequities by providing resources and support for families unable to participate due to time or financial limitations.
- Create a 'circle of support' model that ensures continuity of care even when primary caregivers (e.g., parents) are no longer available.

Funding & Operations:

- Review reimbursement structures to minimize upfront costs for families.
- Develop flexible funding options, including Direct Payments, Individual Service Funds, Arranged Services, and Combination Options, to provide tailored financial solutions.
    - **Direct Payments** (Option 1) – Individuals receive funding directly to arrange their own care.
    - **Individual Service Fund** (Option 2) – A provider manages the budget, but the individual decides how it is spent.
    - **Arranged Services** (Option 3) – The local authority organizes care on behalf of the person.
    - **Combination of Options** (Option 4) – A mix of the above approaches.

Training and Support Modifications:

- Provide self-direction training to non-family support staff, emphasizing independence and person-centered care.
- Offer specialized training for supporting complex cases, ensuring adequate expertise and safety measures.
- Increase the number of care managers to enhance availability.