HHSC DADS – CLASS Quarterly Webinar
February 28, 2018

>> Letha Smith: Good morning, and thank you for joining the CLASS webinar for Wednesday, February 28th. My name is Letha Smith and I'll be your administrator today. Before we get started, we have a few housekeeping items for you. The webinar interface is made up of two parts. There's the window on the left of your screen, which allows you to see everything the presenters will share on their screen.

On the right of your screen is the webinar control panel. By clicking the arrow in the orange box, on the grab tab, you can open and close your control panel. By default, you join the webinar by microphone and speakers. If you prefer, you can join using your phone by selecting the telephone radio button in the control panel. The dial in information including an audio pin will be displayed. As a reminder, all attendees are on mute.

During the presentation, you can send questions through the questions pane by type your questions and clicking send. Due to technical difficulties we are unable to respond to questions at this time. However, we will be posting all answers to the questions on the CLASS website along with the PowerPoint presentation. We sent the PowerPoint handout yesterday to those who were registered by 4:00 p.m. If you did not receive the email, you can get a copy from the bottom of the control panel. Look for the option called "handouts."

In addition, there is a link for those who would like to utilize the closed captioning option. You will copy and paste the link into your browser, and this will bring up the closed captioning stream and will begin streaming the close caption transcript. If you have difficulty opening the screen, close and reopen your browser and start with a new screen.

I will now pass the webinar over to Bob Scott.

>> Bob Scott: Good morning, ladies and gentlemen, and welcome to the CLASS Quarterly Webinar for February 28th, 2018, Wednesday, the last day of the month.

Today, I've got some topics I hope are interesting to everyone. One of the first topics is the IDD Occupational Training Study. This is actually a study that was mandated by the legislature, it includes a survey, and that will be presented by Mr. Glen Heath, and he'll give you some specific details on that.

Our second topic will be the approval of minor home modifications, that will be presented by Mr. Patrick Koch, a longtime utilization review expert.

And then we're going to have a presentation on the CLASS/DBMD Nursing Assessment. We received a lot of questions and a lot of submissions that indicate that our intents are not clear, so we want

to clarify some of those. Ms. Marcy Little-Kocen will be presenting that one.

Valerie will be presenting on CLASS enrollment offers. Those are persons who have been offered enrollment into the CLASS Program from the interest list. We still have some outstanding issues, and Valerie will give us some information on that.

Next presentation will be on the CLASS Catchment Areas Providers. That's one that's kind of a constant in our agendas. Mr. Paul Straka will be presenting on that.

Then I'm going to be presenting the final two topics, Person-Centered Planning in CLASS, and form 3629, the Individual Program Plan Addendum. I combined those two presentations because we've received questions, and looking at some of these submissions, we think we need to provide some clarification to the providers, the Case Management agency, and the direct services agencies that participate in developing an individual program plan and using Person-Centered Planning.

Now, the last topic that you see on the agenda will be responding to webinar questions. I'm sorry, we won't be able to do that today, but we will collect all the questions that you submit through the control panel and we'll be developing responses and posting that along with the CLASS webinar.

So to begin with, we've got Glen Heath presenting on the IDD Occupational Training Study.

>> Glen Heath: Good morning, everyone. I'll be talking to you about Senate Bill 2027. The two sponsors for the bill, just a little bit of history on it, were Senator Jose Rodriguez and Representative Joseph Moody. It was signed by the governor June 15th. It became effective on 9/1/17, that's when it was handed over to the special projects unit that I worked in, and we began to do our part.

The Senate Bill states that the Health and Human Services Commission in conjunction with the Texas Workforce Commission shall conduct a study regarding Occupational Training Programs available in this state for individuals with intellectual disability. It's a multi-phase project that will encompass a survey and a study, and we'll cover more of that as we run through this PowerPoint.

It says the study -- this is all part of the Senate Bill itself, it says this study must determine regions in this state, where the training program should be improved or expanded, and determine strategies for placing trained individuals with intellectual disabilities into fulfilling jobs using existing or improved training programs.

The first part that we did, we established a work group, and the work group consists of a real diverse group of people. Of course, needless to say, the Senate Bill talked about HHSC and TWC, Texas Workforce Commission, so those two agencies, and then we have elicited a diverse group, representatives from the Arc of Texas, Texas Council of Community Centers, Providers Alliance For Community Services of Texas, D&S Community Services, Disabilities Rights Texas, LifePath Systems, Private Providers Association of Texas, and

Lakes Regional Center. We meet usually every four to six weeks. We have got a meeting coming up in about two weeks.

So as you can see, we have external and internal stakeholders working on this to try to get as good of feedback and direction as we can to make sure that we do a good study and a good job on this project.

One of the things we've been working on recently is the survey itself, and we'll move on to that. The survey starts with a cover letter. The survey and the cover letter has all been approved at this time. It has to go through, of course, our Texas Health and Human Services Commission communications to make sure we cover all the bases that we need to.

If you notice at the bottom of the letter, there's Spanish-language version, that's coming. Should be ready within the next week. Once the Spanish translation is finished, we will begin to distribute this letter, and the distribution of this letter is going to go out in a multi-faceted way.

But in any event, at the bottom of this letter, there's a link, and if you're looking at it electronically because you can click the link and that takes you directly to the survey.

The more participation we have in this survey, the better the picture we'll get of the state and of those Texans that are out there that are interested in an Occupational Training Program that's targeted for folks with IDD.

And at the end, you don't have to worry about getting that right now. We have -- there's also a mailbox, and we have a link at the end of the PowerPoint, or at the end of my section of PowerPoint that's in bigger font that you can read it better. And there's also a mailbox. You're going to see that at the end, that way if you've got questions, and if you weren't able to capture it at this point, you'll be able to send an email to that mailbox and we'll respond to that also.

What we have here are some screenshots of the survey itself. Not all the survey is here. It's about 22 or 23 questions. Needless to say, we didn't put it all in here. This is your welcome page that brings you into it. If you'll look on that, there's also that mailbox about mid-page, that's for someone interested in Spanish translation, that will come in through that mailbox also.

There's two ways to take the survey once the person gets to it. They can take the full survey, and that's intended for folks with IDD to share their occupational training wants and needs. And also, it doesn't state it there, but also for them to share any occupational programs that they may have been a part of or know about that they think may warrant attention.

But then, number two, it talks about the brief survey. That's only five questions. And it's intended for, you know, providers and guardians, advocates, family members to basically share Occupational Training Programs that they may be aware of that they think may qualify or might need attention and expansion, maybe to encompass more folks.

If you answer yes to question number one, you're going to take the full survey. If you answer no to question number one, you're going to take the brief survey. And that's what you're looking at here. There's two opportunities for yes there, two opportunities to answer no. The yeses take you to the full survey. The no's take you to the short survey.

We are capturing this information by the counties of Texas, and then we're going to categorize it, organize it by the LIDDAs.

So in my case, it doesn't show it here, but if you'll notice number two, it talks about at the end of that sentence, the dropdown menu, I would click, and I would select Angelina County, and my LIDDA selection would come up. Well, the LIDDA for Angelina County is Burke center. My LIDDA would automatically -- you'll click on it, and what that will do, that helps us to know where we're getting feedback from, and we feel that a lot of these Occupational Training Programs may be serviced through the local LIDDAs, and so that's why we are regionally -- using them as the regions for right now.

Here's a screenshot, and this is just kind of giving you an idea of some of the examples. It talks about my employer will train me for better jobs. This is if a person already has a job. If they don't have a job, before you got here, you would have selected, no, I don't have a job, and you would go on past this. But in any event, if I did have an employer, will they train me for better jobs that require a certification or license? And that's a key point to this entire project. We're not looking for employers or training programs that will train someone to do a job that doesn't really require any type of real skills, and what I mean by that is some type of certification or a license. You know, on-the-job training to become a custodian or a groundskeeper, that's work that most people learn by on-the-job training. That's really not what we're looking for. We're looking for programs that are going to train someone to have a certification or a license or some type of job skills that require very specific training.

We're wanting to increase folks' opportunities in the competitive job market.

Number 14 talks about would you attend an Occupational Training Program that helped you to get a better job? And we're just looking for feedback.

And 15 and 16, they talk about the two key words there, if you look at number 15, it talks about example, and number 16 example. The two keys there are internships and apprenticeships. Most internships are training with no pay. Most apprenticeships are training that provides on-the-job training, earn while you learn type situations, so we're kind of wanting some feedback there to what people are interested in.

And then one of the -- of course, needless to say, one of the most important parts of the survey, we want to know what type of training people would want, what type of occupational training, what type of occupational career would they -- if they could, would they want training in? This is just a screenshot. There are actually

22 occupational categories to pick from. You're not seeing them all here on this screenshot.

And of course, there's subsets in most of those categories. The way this part of the survey works, you can choose 1 to 5. You can't choose more than 5. If you choose 5 and you see another one that you're really interested in, you're going to need to delete one. We're trying to capture -- we're trying to capture a person's true desires, and so that's the reason we've set that part of the survey up in that manner.

Of course, this is the end of the survey. If a person has filled it out, whether they've taken the short or the long part of the survey, and once again, there is that mailbox at the bottom of the thank you. And we will -- that mailbox is set up specific for this project. There will be multiple staff that are watching that mailbox and responding to it.

The second part -- another phase, rather, to this project is the study of Texas, to evaluate by region, occupational training opportunities. And as I said earlier, we are dividing the state up into the regions of the LIDDAs, and as we gather information from the counties, as you can see here, this is a state map with all the counties listed. We will literally do a county by county search of the state, as long as it's going to be electronic, and when we run into something that is promising, we will actually go on site and see.

But as we do these county by county studies of the state, we will -- if you go back to that LIDDA map, you would -- we'll gather that information by those regions. So that way, as we're gathering -- and also as people submit their surveys, we can tell where the information is coming from. Just to give a quick example, let's say up in the panhandle in Region I, we'll use it as an example, let's say we're not getting a lot of feedback, then we will focus on Region I to help in that area to get more survey response and to make sure that we get good feedback from all of the regions.

In the regions themselves, there are specific entities that we're going to look at, and this is only a beginning list. This list will grow. You know, you can see the different entities there that may have programs. Job Corp in Texas. The regional LIDDAs themselves. The TWC boards. I think there's 28 or 29 boards. We have a TWC rep on our internal work group who is taking care of the TWC end of it.

Texas Association of Regional Governments. I'm not going to name them all, but as you can see -- now, some of the universities have some good programs that we've heard about. They're going to be looked at in-depth. Texas A&M has PATHS program. You can look down through there. Texas Tech, Austin Community College. I'm sure there will be more. We're going to be looking at these entities, and then if they have programs to see if they truly will train a person with intellectual developmental and disabled person, so that they are actually competitive in the job market, so they can work alongside in a nonsegregated work environment with the rest of the workforce.

The survey itself is expected to provide recommendations, as we've talked about. People give feedback. The survey itself is going to provide recommendations from participants regarding programs they may have been a part of or programs they've heard about, and so the survey itself and all these recommendations are going to receive follow-up. The information we get, for instance, from the mailbox, the information we get possibly from today's webinar, if people have programs or ideas what's going on, this is how the study is going on. We'll all receive follow-up.

Back to the Senate Bill, no later than December 1st of 2018, HHSC shall report the results to the governor, the lieutenant governor, speaker of the House of Representatives, and the appropriate standing committee of the Senate, and the House of Representatives. So in other words, our report will be to the capitol by December 1st of this coming year, 2018, and hopefully within that report, there will be what we have found and seen and what we recommend, what would be our recommendations.

Here is what we talked about earlier. Here's a link. This link will actually -- once the survey is live, the survey is not live yet, but once the survey is live and we hope for it to be live within the next five business days, working days, but once that link -- the survey is live, you can click on that link and go straight to the survey and participate.

For folks who may not respond, in this case, to this webinar, there is that -- or if you would like to, there is that mailbox we talked about. That mailbox is specific to this project, and we'll be responding to anybody who sends an email to that mailbox.

>> Bob Scott: Glen, thanks a whole lot. I want to go ahead and leave it on this page just for a second to encourage anyone who's got any interest in taking this survey. A lot of the notifications will be focused on programs and the local authorities, which are involved with persons with intellectual and developmental disabilities.

CLASS providers, you guys are not always as closely linked to the local authorities, so I wanted to -- that's part of the reason why we put the link on this page. The PDF that Letha referenced earlier is available in the handout section of your control panel. You can download that, and you can send questions to the mailbox. I'm sure they'll put you on their list, let you know when the survey is live.

This is -- the survey, I was really excited about it when Glen first told me. I know that Texas has put a lot of attention lately on employment first, trying to develop integrated work opportunities for individuals in the CLASS Program and in the HCS program. So I really hope that you guys will -- if you have questions, please send them in to the control panel. I'll make sure Glen gets those. And if you follow that link on the previous page -- and again, download the presentation, the PDF version.

Now, to continue on with this presentation, our webinar, Mr. Patrick Koch with the Utilization Review Group will provide us some

information on Minor Home Modifications. Patrick, take it away.

>> Patrick Koch: Thank you. I will speak on the topic of Minor Home Modifications. Minor Home Modifications have a lot of times a poor reputation. The reputation is more related to the length of time and involvement related to Minor Home Modifications.

So, we'll start out with some expectations that I am presenting here this morning. So, I want to share some general information about Minor Home Modifications; the role that the different Service Planning Team members take during the procurement process, timelines as they apply to the procurement process of Minor Home Modifications, the purpose of assessments performed by qualified professionals in the wake of procuring those services, the function of Form 3660(which is the request for adaptive aids to Minor Home Modifications, specifications as they are developed during the procurement of Minor Home Modifications, the bidding process, exemptions to the bidding process, then the last part completes with looking at Third-party Resources and how to document.

I will start out with a glimpse at a general standards as they apply to any CLASS waiver service that is not specific to Minor Home Modifications, as a general standard that applies to any and all services as they are pursued by a planning team. Here, the Case Manager is charged -- must ensure that each CLASS Program service on the proposed enrollment IPC, and subsequently, IPC revisions and renewals. So there are five aspects that the Case Manager is charged to ensure.

It's necessary to protect the individual's health and welfare in the community. Addresses the individual's related condition. It's not available to the individual through any other source, including the Medicaid governmental programs, private insurance, individual natural supports, other third party resources as they would apply, community resources that the individual would have access to, especially the last one, the Service Planning Team members, Case Manager, you are the experts on what those individual's natural supports would look like.

Is the most appropriate type and amount of CLASS Program service to meet the individual's needs. And what the Case Manager has to ensure is the cost effectiveness of the service. So this applies to any and all of our services, but specifically it would also apply to Minor Home Modifications.

My next slide focuses on a service definition, and that is the service definition that is fairly close to how our Texas administrative court looks at Minor Home Modifications and how the CLASS provided manual reflects on minor home mods. It's described as a physical adaptation to an individual's residence that is necessary to address the individual's specific needs, and that enables the individual to function with greater independence in the individual's residence or to control his or her environment and is included on the list of Minor Home Modifications in the CLASS Provider Manual.

Or -- continued on the next page -- the repair and maintenance

of the Minor Home Modifications purchased through the CLASS Program that is needed after one year has elapsed from the date of the Minor Home Modifications is completed, and that is not covered by warranty.

So, here, you can find the exceptions to the process being outlined in 45.618.

This slide here focuses on items and services that are purchasable as a Minor Home Modification, and it refers to appendix 2 for Minor Home Modifications that lists Minor Home Modifications that are purchasable through the waiver program. Exceptions are the repair and maintenance of a MHM purchased through the CLASS Program needed after one year has elapsed from the date the MHM is complete.

This slide focuses on items and services that are not purchasable as a Minor Home Modification. Those could be general repair and maintenance of a residence. A lot of times, we refer to a homeowner's responsibility when we issue it in that context. Those may be noted, repair of a leaking roof, a rotting porch, termite damage, removing mold, or leveling a floor. More here referring to leveling the foundation of the house, not necessarily leveling the floor of a room.

General remodeling of a residence that does not address the individual's specific needs. So, sometimes we see service proposals where the planning team has focused on the replacement of a bathtub, with yet another bathtub. It's difficult for us to identify and justify the service need of the individual. So if it is a defective bathtub or unsightly bathtub that needs to be replaced, it will be the responsibility of the homeowner, not of the program.

An adaptation that adds square footage to a residence. So not lately, but in the past, we have sometimes seen proposals that involve converting a garage into a room. Again, the program cannot participate in such an endeavor.

Authorization limit here for Minor Home Modifications. It's $10,000 for the lifetime of the individual. There is an exception to that, and that exception is outlined in information 2017-27, and that is titled Service Limit Exception in programs for adaptive aid aides in Minor Home Modifications because of Hurricane Harvey.

Today, February 28th, marks the last day where that exception is applicable, so if you have any situation that relates to Harvey and involves adaptive aids or Minor Home Modifications, this is your last opportunity to act on the information that is shared in information letter 2017-27. So have a look at that. It expands the lifetime limit of access to Minor Home Modifications beyond the $10,000 limit.

The initiation of a Minor Home Modification starts with the Service Planning Team convening and discussing the needs for a Minor Home Modification. This could be a face-to-face meeting, or it could be some information that the Case Manager learned during a quarterly assessment, IPP assessment, and it's been shared with other Service Planning Team members, could be face-to-face, could be by fax, could be meeting of the minds, signing an IPC revision.

Next step is a Case Manager creates, initiates an IPC revision,

creates that IPC revision by adding funds to cover the cost of a Minor Home Modification specification.

The direct service agency obtains the specifications for a Minor Home Modification from a person who has experience in constructing home modifications, and that needs to occur within 30 calendar days after that budget is funded for specifications.

This slide here focuses on how specifications have to be designed, and here, the specifications need to include complete description of the Minor Home Modification and any required installations. It's helpful to us to receive before and after drawings or photographs of the areas impacted by the Minor Home Modification. So if it's a bathroom, we benefit from a before-and-after drawing of how that bathroom will be reconfigured. Measurements are helpful to us in gauging how that bathroom is being restructured.

The specifications should -- or could comply with Texas accessibility standards. In some situations, it is not possible, so Texas accessibility standards as the Texas version of the ADA standard is a public standard, or is focusing on a public environment rather than a residential environment. In some situations, it's difficult to apply, especially where bathrooms are limited in square footage. It may be difficult to achieve turnaround spaces for a wheelchair, for example.

So, Texas accessibility standard or the requirements to build in alignment with Texas Accessibility Standard can be waived by the family or the Service Planning Team. Specifications must be approved in writing by each member of the Service Planning Team by completing Form 3849-A, specifications for adaptive aids and home modifications.

This slide describes the bidding process. Within 60 calendar days of obtaining specifications, the Direct Service Agency must obtain comparable bids for a minor home modification from three vendors, if the Minor Home Modification costs more than $1,000. The direct service agency may obtain one or two comparable bids for a Minor Home Modification if the Direct Service Agency has written justifications for obtaining less than three bids because the Minor Home Modification is available from a limited number of vendors.

The bids must include -- or must be based on the previously developed specifications, itemized list of materials and labor necessary to construct the modification, reflective of the cost of each material and labor listed, inclusive of the date of the bid.

Bids must also include the name, address, telephone number of the vendor who may not be a relative of the individual. Detailed explanations of the vendors for the modification and if there are any warranty agreements. A statement that the Minor Home Modification will be made in accordance with all applicable state and local building codes.

After the Direct Service Agency has successfully obtained sufficient number of bids, the Direct Service Agency must select a vendor to complete the minor home modification, and obtain written

approval for performing Minor Home Modifications from the property owner. A lot of times, it's helpful to approach the property owner earlier on in the procurement process of a Minor Home Modification. So if there is a red flag from the property owner, you may want to adjust your planning process for that Minor Home Modification.

Ensure that required building permits are obtained. So this is the role of the Direct Service Agency. And then inform the Case Management Agency of the cost of the Minor Home Modification and the inspection, which then enables the Case Management Agency to initiate an IPC revision in order to contribute funding for that Minor Home Modification and then also allow for funding to be available to conduct the required inspection at the completion of the Minor Home Modification.

This slide here shows a table of timelines of how work has to be initiated, completed, and how it could be possibly extended. So within seven days, construction must begin. It's the responsibility of the direct service agency to initiate the work on that Minor Home Modification, and here, the IPC effective date, or the authorization date of the Minor Home Modification funding sets the start date for those seven days.

After 60 days, the Direct Service Agency must ensure that the Minor Home Modification is completed. If it's not possible to complete it within 60 days, an extension of additional 30 days is available, but it requires the Direct Service Agency to share that information with the individual and the legally authorized representative as applicable and define a date of completion as well as notify the case management agency about the delay.

Once the work is completed, the inspection process needs to take place, and within seven business days after completion of the Minor Home Modification, the Direct Service Agency must conduct an in-person inspection of the Minor Home Modification. And here, work can be inspected by a person who has created the specifications. It's not necessary, but it's possible. The inspector of that work cannot be a person related or affiliated with the vendor who has completed the Minor Home Modification. So an objective third party needs to be involved in reviewing the work here.

So the purpose of the inspection will be to determine how well the executed work is aligned with the proposed work, the specifications. So here the inspector will be charged with having access to the specifications, and then identifying how well the product matches the specifications. So Minor Home Modification has been completed, the Minor Home Modification meets the specifications, and the quality of the workmanship of the Minor Home Modification is at minimum adequate. So this is the purpose of the inspection of the Minor Home Modification.

So, the next two slides focus on inspection outcomes. The first slide here looks at a negative outcome, where the inspection is not clearing the work, where the inspection is identifying that the work is not meeting specifications. So if the direct service agency determines that the Minor Home Modification does not meet the

conditions of the inspection, the Direct Service Agency the must ensure that the vendor returns and meets the conditions to complete the job.

The second inspection would be necessary in order to determine if after the vendor became active, that inspection is now positive. This slide here focuses on a positive outcome, so inspection took place, and was seven days after the completion of the inspection, if the Direct Service Agency determines that the Minor Home Modification meets the condition of the inspection, the Direct Service Agency must send a completed form 8605, Documentation of Completion of Purchase to the individual's CMA.

This marks the earliest time that they can mark the completion of modification, and the direct service agency can invoice TMHP for the service to compensate the direct service agency for the cost associated with the Minor Home Modification.

So the last few slides will focus on third party resources and how to exhaust third-party resources.

For Minor Home Modification, third-party resources are somewhat limited. Nevertheless, all available third-party resources must be exhausted prior to purchase of a Minor Home Modification, in this case by the CLASS Program. Third-party resources may include but are not limited to Medicaid, Texas Health Steps, Medicare, private insurance, local school districts, and other resources.

So other resources, again, Service Planning Team members are really the experts on those community resources. In some areas, this might be, for example, the Texas ramp project. While the name implies it would be available across Texas, it's not the case. It's more like a coastal type of service, or the service that Texas ramp project offers is more related to coastal region of Texas. They serve about 35 counties.

But as the name implies, they're building wooden ramps as a non-profit organization free of charge to the individual, and should be considered -- or could be considered by Service Planning Teams as a method to obtain a ramp to somebody's front door, if necessary. So that's just one example for resources available in the community. Again, you are the experts, you know more about the networks that are available in your area.

Once third-party resources have been exhausted, it's necessary to document how they have been exhausted. So proof of non-coverage from other third-party resources as applicable should be obtained, kept on record, and included in any requests for approval of an adaptive aid or a Minor Home Modification.

The Medicaid provider procedure manual can be used as documentation of having exhausted third party resources. Again, here is a web link included where you can find the Medicaid Provider Procedures Manual, the latest version of it. And then you can use -- you can download it as a PDF. You can do keyword searches in that PDF environment, and hopefully find relevant text in the provided procedures manual that will help you document how you have exhausted a third party resource. Same applies for Medicare. Web

link is included in order to access those documents.

>> Bob Scott: And questions. Thanks, Patrick. Sorry, again, we won't be able to address any questions right now. If you do have questions, please feel free to submit them using the control panel. You can also, if necessary, send those questions to the CLASS policy mailbox, and I'll share that at the end of the webinar.

And now we're going to hear from Marcy Little-Kocen, Registered Nurse. She reviews many of the CLASS nursing assessments that are submitted as part of the renewal process, and has noticed some issues and she'd like to address those now. Marcy?

>> Marcy Little-Kocen: Hello. So, as you know, the Form 6515 is a required form to complete every year. When the nurse completes this form annually, it's important not just to treat this as a hoop to jump through to renew the individual services. In some cases, this might be the only time a registered nurse enters the home, in an entire year, so it's important to do a thorough assessment and determine what is necessary to protect an individual's health and safety.

And this is important even if the individual is CDS, because as I said, you might be the only nurse that's coming in there.

We must include this in the renewal packet. One thing that's important to say, I know if y'all sometimes may feel like UR is looking to remand stuff, it's actually quite the opposite. Make sure that you don't leave it out of the updated packet, that you use the updated version. That if you attach something, typically we'll see "see attached" for the medication list, but that will be left out.

I'm noticing that it's very important that the CFC assessment needs to agree as to who will perform health-related tasks.

If the information is unavailable for a question, the nurse also needs to document that this is unavailable. We don't want to see a bunch of NAs. Explain why you don't have the information. You know, the individual is a poor historian, that kind of a thing. Be as specific as you can. If the individual is going to refuse exam of a body part or something, the Registered Nurse needs to document that in the comments section.

So these codes here should line up also with the codes that are in the CFC plan. Their codes are provided by family, friend, or nonwaiver. P is physician delegated, which we don't see very commonly. N is the nurse is going to be doing the task. D is the RN is going to delegate the task, which we don't see a lot of in the class waiver. And C is consumer directed. And T is therapist directed. H is health maintenance activity. The RN has to determine that is a Health Maintenance Activity. So if it's not being called a Health Maintenance Activity on this nursing assessment, you probably should not be calling it one in your CFC HAB plan.

This is a list of tasks that are considered activities of daily living. These are all tasks that an unlicensed person can do without a nurse. Bathing, grooming, all these tasks, you should be familiar with it. Assistance with self-medications. So if you had an

individual who knows what medications they should be taking, but maybe has trouble opening a container kind of thing, that would fall under the category of an ADL because they essentially understand how to take their medicine, they're just not able to physically take it.

A health maintenance activity. These are tasks that enable the client to remain in an independent living environment, and they go beyond ADLs because there's a higher skill level required to perform. And the RN must make the determination if it's an ADL or an HMA. Or does this task actually need delegation? Or should it not even be delegated? Should it only be performed by a nurse? It really is up to the nurse when she does the annual assessment to determine truly whether this task can be safely done by an unlicensed staff person.

This is a list of tasks that can be health maintenance activities. This list is determined by the Texas board of nursing. So any issues with it can be addressed with them. Later on, I have a slide with their contact information. But things that can be called health maintenance activities would be oral medications. For any medications through a tube would be considered oral because it's going right to your digestive tract, just like an oral med would. Topical meds. A few years back, they added insulin to the list. Metered dose inhalers. If it's for prophylactics or maintenance. So if somebody is having an acute medical issue, that would fall under a different category. This is just stable routine medication.

And, again, routine administration of oxygen. If somebody's determining all of a sudden that somebody needs oxygen, that might require more judgment, so that might not be considered a health maintenance activity any longer.

Also, noninvasive ventilation, such as CPAPs and BiPAPs. The most invasive thing on this list, intermittent Catheretization, routine skin care of stage 1 pressure ulcers, and the stage 1 would be pretty much a red area, not a true opening in the skin. Feeding and irrigation through the feeding tube. And any task that the RN concludes as safe from delegation.

And the Board of Nursing left this as kind of deliberately vague so we can keep as many people as possible living independently in their homes. But when the nurse goes out there to do this assessment, she or he needs to really look at these tasks that aren't specifically mentioned here, and ensure that they really are something that can be safely done by an unlicensed person.

So, what is delegation? We don't see a lot of delegation in CLASS, but you can delegate in CLASS. There isn’t anywhere in the CLASS TAC that says you can or cannot delegate. Delegation is when a registered nurse authorizes an unlicensed person to perform tasks of nursing care in select situations and indicates the authorization in writing.

After the assessment, the nurse evaluates each individual unlicensed person, teaches the task, they supervise them, and they re-evaluate at regular intervals.

And here's some contact information for the Texas Board of Nursing. Nurses are responsible for adequately and accurately

assessing the needs of the clients in order to ensure safety in these settings. They're not actually responsible for unlicensed staff performing tasks that are determined to be health maintenance activities or ADLs, but they do need to determine that it's safe for an unlicensed person to be doing this. And, again, here is the contact information for the Board of Nursing.

Okay. If you look at Page 10 of the Form 6515, this is a form that seems to cause some confusion for a lot of providers, and this form is where you're being asked to pick a level of participation. This is the page where you're picking option A, B, or C to indicate who's going to be responsible for making healthcare decisions and training the unlicensed staff. It's really important to get a signature on this page, and to really pick the next -- you know, the correct option.

If you look at Option A, Option A indicates that the individual or the LAR is agreeing to direct the unlicensed person's actions in carrying out tasks determined to be HMAs. They have to be training the licensed staff themselves, and they have to agree to be present or readily available for backup if there's questions about performing the task.

They should not be letting somebody do a task they've never seen them do. And this form here has a place that the nurse and the LAR need to sign. There's a list of tasks that might be HMAs in this section. There's no tasks that would be -- you know, somebody has absolutely no health related tasks going on, which would be a pretty atypical situation, then you might be able to write that in here, but only if they truly have no health-related tasks. Do you have somebody who is -- has no medications they're on, and they're just in the waiver for help with getting dressed and hygiene related activities, then maybe they are -- but if they're doing any kind of health-related activity at all, if they're supervising them taking their medication, then really, that needs to be addressed on this page of the form.

I guess we can go on to B. B indicates the LAR has participated in but doesn't want to be responsible for training or decisions. So if option B is selected, then you also need to include Addendum D. This would be if you're delegating tasks, you would pick B. Or you could pick B if all the training is going to be coming directly from a supervisor at the DSA itself, because -- and the family is not going to be doing the training of a task, so clearly this would not be an option if you're doing this as CDS.

So option A is the one if the family is training the staff, and option B would be if the DSA is going to do all the training of the staff.

Option C is the option for the CDS, for consumer directed option, and it takes responsible for nursing tasks as allowed under Title 4 of Texas Government Code 531.051(e). Form 1733 pretty clearly shows you what services can be exempt from nursing licensure and can be included in the Individual Service Plan for CDS. Generally all the tasks that 1733 is allowing are nonsterile and noninvasive with

the exception of sterile catheterization intermittently is the only item listed on that form that is sterile.

And then there is an option D, and option D would be used if the RN has identified tasks unable to be performed by an unlicensed individual. And this option, you would pick this, so say if this is a young person and they're getting private duty nursing through children's Medicaid, and there's tasks that an unlicensed person isn't going to do, that only the PDN nurse is going to do, or it actually states if the task is going to go unmet because there's no one available to do it, that's not a great situation. In some cases, if somebody might be able to have home health occasionally, maybe briefly to do a specific task, if they're having wound care or something from a home health nurse. So this was an option for listing any tasks that aren't going to be done by unlicensed person that a licensed nurse is going to come in and do.

And in many cases, somebody can as an unpaid support perform tasks that cannot be met, that don't meet the criteria of being done by a paid unlicensed person by the Texas occupations code.

So, there's a bunch of addendums to this form. Might seem like a lot of addendums when you're completing it. Addendum A is the Braden scale for predicting pressure sore risk service. This should be completed as part of all comprehensive assessments to see if they're at risk for pressure sores. If there is a risk, then you must also do Addendum B to get more specific information on the pressure sores.

Addendum C is pretty much only used in DBMD, because in class we're not using protective devices like protective restraining. That brings us to Addendum D, it would be the one for delegating tasks. Again, you can delegate tasks. And then next would be Addendum E. Addendum E is a required addendum. This is an important piece of information because this is being used to tie everything back together for the SPT. So you want to really complete E as thoroughly as possible. We want to list all the primary areas of concern that the nurse should be listing and summarizing her findings and making recommendations to the team.

The RN needs to sign this form and give it to the program director. The information is then shared with the Case Manager, and both the DSA program director and Case Manager need to sign to confirm they have reviewed this form. And it's really an important piece for the team to sit down and make sure all the health needs of an individual are going to be met by the services on their IPC.

That's all I have for today. Thanks.

>> Bob Scott: Thank you, Marcy, I really appreciate it. If we could, regarding Addendum E, some preventative Medicaid services is requiring all waiver programs to document how Service Planning Team is ensuring that the health of the individual. We are developing an acknowledgement that the Service Planning Team will have to sign acknowledging they have reviewed Addendum E, that they have agreed to take whatever action regarding those concerns of the RN on the coordination of care and what it's -- there's going to have

to be some sort of documentation. We're going to release the information letter next month or so to give more information about that.

Now, I'd also -- Marcy, if you'd got time, I'd like to go back to the Option A, B, C, and D. I know that you and your staff have asked some questions about our expectations. We do not expect an RN to delegate anything. It is the RN's decision, correct?

>> Marcy Little-Kocen: Yes. Registered nurse cannot be coerced into delegating. It's her decision, or his decision at this time to have an unlicensed person doing this task. Delegation would be implying that the task is a little bit more involved, and there's going to need to be ongoing supervision of the task, or the nurse can determine that this is a health maintenance activity, in which case, it doesn't need to be ongoing supervision of the task. It's safe for an unlicensed person to be doing the task. We're not saying everybody needs to delegate ever. What we're saying is the nurse really needs to look at this. Is this really a safe situation for an unlicensed person to be performing the task.

>> Bob Scott: I appreciate that, Marcy, yeah.

>> Marcy Little-Kocen: A situation that might come up, for instance, is somebody has a trach, and it does not really meet the criteria of being nonsterile and noninvasive to be doing trach care. So even though the board of nursing left the criteria a little vague, a nurse needs to really look at that and say, gee, is it really safe for there not to be a nurse coming in at all, and for all this -- you know, these sterile and invasive procedures to be performed by an unlicensed staff.

So, we're just asking that the nurses who are completing this complete it as thoroughly as possible and really look at the big picture, especially if there's no other nursing services coming into the home in the course of the near.

>> Bob Scott: I appreciate that, Marcy. And, again, we included links to the Texas administrative code specific to task delegation, requiring for RN to delegate tasks, and we provided contact information for the board of nursing. We respect the licensure that each Registered Nurse has. We do not want to impose upon that licensure. We do not want to encourage them to risk their licensure. We encourage RNs who have questions about any of this -- what can be delegated, what cannot be delegated contact the board of nursing.

And, again, the nurse is the final authority on whether or not a task will or will not be delegated. It is completely up to the discretion of that registered nurse.

>> Marcy Little-Kocen: And just please familiarize yourself with chapter 225 of TAC, which is the Board of Nursing TAC related to what requires delegation and what doesn't, because that's really where it's spelled out the most clearly is chapter 225 of TAC.

>> Bob Scott: Appreciate that, Marcy. And here's Marcy's contact information. Again, I encourage you to download the PDF. That allows you to have a more -- a longer-term record than what the

webinar does. This will be over in a short period. So download the PDF version of the presentation, and use that as a resource to help you perform those nursing assessments better. Thanks again, Marcy.

Now we're going to go on to Ms. Valerie Ellison, who will give us some information about the CLASS Interest List Releases, specific to slot offers that occurred quite a while back, Marcy -- I'm sorry, Valerie. Excuse me. Valerie, would you please take over?

>> Valerie Ellison: Today I'll discuss the CLASS interest list slot offers and the efforts ILM and the IDD PES units have made in resolving the pending CLASS slots.

And so I'll go ahead and begin with the CLASS release process. The individual is first contacted by the Interest List Management Unit staff when their name reaches the top of the interest list. The individual is given 60 calendar days to respond to the CLASS slot offer letter. If the individual wants to pursue services, they must select a state contracted provider agency.

Interest List Management staff will notify the Case Management Agency and Direct Services Agency by fax within two days of receiving the individual's selection. And with that, there will be the completed applicant acknowledgement.

Once the individual makes a selection, the provider will receive an agency referral notice. Also, this will include the fax cover sheet indicating the assigned ILM representative Form 3585, the CLASS Provider Notice, along with Form 3588, the CLASS Applicant Acknowledgement. And this is filled out by the individual or LAR. And they also will have a CLASS choice list for the selection determination.

This notice initiates the CMA's 14-day contract to complete necessary functions before turning the CLASS applicant over for completion of their required function. The CMA and DSA should acknowledge receipt of the class referral by contacting them with form 3583. If each agency does not contact the ILM representative to acknowledge the referral, the ILM staff will call each agency to confirm receipt within 24 hours.

And so agency transfers -- the individual may choose to select another agency for any reason. The original agency selection will receive Form 3583, which is the CLASS and DBMD provider selection transfer.

The original CMA or DSA will receive this form as notification the individual has decided to discontinue pursuing services with their agencies and have selected another agency. So the CMA or DSA should acknowledge receipt of the transfer notice by calling or faxing the ILM representative indicated on the cover sheet in Form 3585.

Agency follow-ups. An ILM representative will contact the CMA by faxing an Enrollment Delay Letter, and these were received earlier, January 2017 in ILM's attempt to clean up the pipeline for CLASS. And so these enrollment letters were provided by ILM staff when the individual has not been enrolled within 90 days of the initial agency referral notice.

And so the CMA should complete and return the information requested on the enrollment delay letter. Again, returning it by fax to the ILM representative indicated. And again, this process allows the ILM unit to take action on pending CLASS slots if needed, or route to the IDD PES unit for further resolution.

Pending CLASS slot offers. CMAs and DSAs with pending CLASS slot offers were contacted by ILM staff, again, beginning January 2017, and currently continued contact efforts are made as of October 2017 to date by IDD PES staff, and this is to assist in determining the status of the pending slots that remain open.

Pending CLASS slot offers are resolved by a request to withdraw from the CLASS interest list, and authorized or approved CLASS enrollment, or a denied CLASS enrollment.

CLASS interest list withdraws. Form 1351 is the request to withdraw from the CLASS application process, and this is used when the individual or LAR declines the CLASS slot offer and requests -- or requests to withdraw from the CLASS interest lest. Form 1351 is signed by the individual or LAR with a selected explanation and returned to IDD PES.

If other is selected, please ensure a written explanation is provided in the comments section. IDD PES will then submit Form 1351 to the ILM unit, and by giving us a written explanation, this will allow the ILM unit to select the appropriate closure reason in CSIL.

ILM close the CLASS interest list as selected. The individual or LAR may be undecided or unable to contact with multiple attempts. So we are asking the agencies to document all mail communications and contact attempts. Mail the individual or LAR notifications via certified and regular mail.

And with that include purpose of the letter, exact reply deadline, Form 1351, and CMA contact information. If the deadline expires with no response, send copies of all the documentation and notifications to IDD PES with Form 2067.

CLASS denials. Only HHSC can deny CLASS enrollment. CLASS denials are instances when the individual does not meet program eligibility, diagnostic, and/or functional eligibility. If the individual is not eligible, provide the necessary information to HHSC. For example, if an individual does not meet LOC 8 and the DSA sends the ID/RC Form 8578, ABL assessment, and RCESI Form 8662 to IDD PES.

HHS will mail a CLASS denial notice to the individual or LAR.

And so the current CLASS interest list facts are not available as of January. This information is pulled from the HHS website, and so we cannot release any information that is not current and released to the public. So as of 9/30/2017, there are 63,011 individuals on the CLASS interest list. And so individuals wait on the interest list for 11 to 12 years before they are released to apply for services, and due to the limited funding for the CLASS Program, HHSC is unable to release additional individuals from the CLASS interest list until an eligibility determination has been completed on the pending slots mentioned in this presentation.

And so if you have questions or inquiries about the CLASS release process, please contact the ILM unit. Our hotline number is 877-438-5658. If you need to provide any of the fax communications to us, please use our fax line here, 512-438-3554.

If you need to contact the IDD PES unit for questions regarding the IDRCs, pre-enrollment assessments, termination IPCs, suspensions, enrollment IPCs, or transfer IPCs, please call the IDD PES message line, and that number, 512-438-2484.

And thank you so much for your time.

>> Bob Scott: Thank you, Valerie. I know that we've got some outstanding slots. We have not released any slots for the CLASS Program in a very long time.

>> Valerie Ellison: Right.

>> Bob Scott: And I know that we're trying to get those outstanding enrollments cleared up. I hope that -- are you aware, is the PES staff still contacting providers directly regarding --

>> Valerie Ellison: Yes, they are still working on the pending class slot offers. There are about 98 right now still remaining.

>> Bob Scott: Thank you very much, Valerie.

And now we're going to hear from Mr. Paul Straka. He's going to talk to us about contracting requirements and identify some areas of the state where additional CLASS providers are still needed. Paul?

>> Paul Straka: Good morning, everyone. My name is Paul Straka, and I'm with the Contracted Community Services here with HHSC, and I'll talk a little bit about CLASS and also areas that could use more providers. Again, if you are -- if applicants are interested in applying for CLASS, they should reference 40 TAC, 49.205(a)(1)(2).

To be a contractor, an applicant must have a license certification accreditation or other document as follows. If an applicant wants to apply to provide SFS, it requires a permit to operate a child-placing agency issued by the Department of Family Protective Services in accordance with chapter 745, and a home and community support services agency, what's called a HCSSA license issued by HHSC regulatory services in accordance with chapter 97.

The HCSSA license can either have the licensed home health services category or the licensed and certified home health services category, one or the other or both, it doesn't matter, but you must have one of those two categories.

There's also the CLASS Direct Services Agency contract which requires a HCSSA license issued by HHS in accordance with 40 TAC chapter 97, again, with either the licensed home health services category or licensed and certified home health services category. The CLASS Case Management Agency contracts do not require a license.

Okay. CLASS contracting requirements continued. An entity may apply for either a CLASS CMA contract or a CLASS DSA contract, but not both in any particular catchment area due to a conflict of interest between providing direct services and case management, to potentially the same client. A class provider must be able and

willing to provide the entire array of services to the CLASS individuals they're serving.

A CLASS provider must have a business location in the catchment area, which is what we call our CLASS service area, our catchment areas, for which they wish to provide services. In order to provide direct services in a specific catchment area, CLASS DSA provider must have a licensed office location in that catchment area.

If you already have an existing contract with Health and Human Services, for example, a DBMD contract, you can simply request to add a contract for CLASS. You wouldn't necessarily need to submit another new entire application. You would submit a request and there would be certain forms that you would need to complete that we would ask you to complete as part of the enrollment process.

The request must be signed by an authorized representative for your agency. The request can be faxed to contracting community services at the fax number there listed on the screen, 512-438-5522.

More information about the CLASS Program can be found at the link that's there on the screen. More information on how to become a class provider and the address for submitting an application can be found at the link that you're looking there now.

When applying for a contract, the form that you're looking for is Form 5830, which is the Application Packet Checklist. It includes all the required forms and documents that you will need to submit as part of the application process, and the link to the form 5830 is provided there on the screen.

Requesting contract changes. Providers must notify HHSC of changes affecting their contracts such as, an ownership update or stock transfer at least 60 days in advance of the date of the change. A change in the name of the individual or individuals authorized to negotiate contracts on behalf of the provider within 30 days of the date of the change. That would be, again, the authorized representatives, that's what we would call it, the signature authority. People who are able to negotiate contracts, signed contracts, or the forms as part of the application on the agency's end.

Requesting changes continued. A change in the provider's telephone number, fax number, physical address, mailing address, or email address within 30 days of the date of the change, or within three days after the change if the reason is due to a natural or unforeseen disaster. Note that, again, all requests must come from an individual having signature authority.

Requesting a change of ownership or change of legal entity. A change of legal entity will be processed when there's a change in the EIN, the employer identification number, which generally indicates a change in the legal entity responsible for the contract. A change of ownership will be processed when, as a result of a stock transfer, one or more persons who collectively had less than 5% ownership before the stock transfer will now have at least 50% ownership after the stock transfer.

A change of ownership generally will occur whenever there's a

change of ownership among individuals, the legal entity, name, and EIN are generally staying the same, but again, there's significant ownership transfer among individuals in the entity, as folks are coming in or leaving or entering the agency. As far as having ownership goes.

Requesting a change of ownership or change of entity. If you are going to be requesting a change of ownership or legal entity, you must provide HHSC with at least 60 days advance notice prior to the anticipated effective date of the contract. Here we say contract assignment, but it would be the change of ownership or change of legal entity. Please refer to 40 TAC 49.210 to review the application rule.

This next slide indicates areas where more CLASS providers, you know, are potentially needed. Past CLASS provider alerts have indicated the need for more CLASS providers in the service areas that are there listed on the screen. Amarillo, Abilene, Eagle Pass-Uvalde, El Paso, Lubbock, Lufkin, Midland-Odessa, Waco-Temple, Wichita Falls, typically more rural providers.

Moving on... a list of the counties in each catchment area can be found on the HHS website under the instructions for Form 3691, which is the Service Area Designation form. The list can be found there at the link. Again, this would be under the form 3691. The last slide here, contact information for Contracted Community Services. So the email address there, that should be @hhsc.state.tx.us, not dads. There's the unit voicemail or fax number. And if you want to send information via regular mail to the Health and Human Services Commission, Contracted Community Services.

When sending regular mail, you notice that we provide the mail code there, W-357. When sending regular mail, it's important to include the mail code so that the information comes to the right section.

Okay. That's all I have. Thank you for your time.

>> Bob Scott: Thank you, Paul, I really appreciate that information. And I definitely appreciate the areas identified as needing more CLASS providers. We do encourage all companies who are able and willing to provide services, CLASS services, that's the federal requirements for open enrollment.

One of the things I would like to emphasize is the contract requirement that providers do provide all services available through the CLASS Program, or be capable of providing all services through the CLASS Program. It's a very important element. We have seen many comments from persons enrolled in CLASS stating -- asking why this service or another different service is not available.

Anyway, thank you very much for your time, Paul, and I will go on and talk to you all about Person-Centered Planning.

Person-Centered Planning was announced by the Centers for Medicare and Medicaid Services, that's CMS, the official federal agency which regulates the Medicaid programs in all states to be effective March 2014.

Section 2402a of the Affordable Care Act requires a

person-centered service plan for each person receiving Medicaid waiver services to include long-term services and supports.

Senate Bill 7 of the 83rd Texas Legislature, regular session of 2013, directs the Health and Human Services Commission to promote integrated person-centered planning and person-centered services.

In a later slide, I'll provide you a link to it, if anyone has any concerns or questions about that.

The CLASS rules addressing Person-Centered Planning were released in March 2016, and they include requirements for who has to take the Person-Centered Planning service planning training. 40 TAC 45.704 and 40 TAC 45.804. 45.704 addresses the CMA staff person requirements, and 45.804 addresses the DSA staff person requirements who needs to take the person-centered service planning training.

In May of 2015, CLASS published form 3629, the individual program plan addendum, and I'm going to talk about that also in this presentation.

Some of the benefits of the Person-Centered Planning that have been discovered through the learning community are increases in the quality of life, decreases in behavioral incidents and injuries, decreases in staff turnover due to increases in staff satisfaction. One of the things that they've learned is that this helps support real relationships that truly have a substance, are different from the caregiver and care receiver relationship, and it more emulates true friendship relationships. And that's the person-centered thinking, and the information included on the person-centered plan.

Additionally, it supports the active learning culture. Person-centered planning kind of has its roots in Maslow's Hierarchy of Needs. It's a psychological concept based on how a person is motivated, and persons are motivated by their hierarchy of needs. As long as the person-centered planning helps address that by -- it satisfies the more basic needs first out of food, comfort, shelter.

This Person-Centered Planning allows you to develop a relationship with the individual that can raise the type of relationship the caregiver or the entire Service Planning Team has with the individual, service providers included. It can help the service team -- Service Planning Team to better understand what needs are most important to the individual, what are their hopes and dreams.

This is not a new idea. It's an idea that's been in practice for many years. It's new to the CLASS Program and the manner in which we're introducing it, the additional training we're providing. We're hoping that we will get responses. We hope the information that we receive will improve once more Case Managers and DSA staff are able to participate in the training.

People that are in the Medicaid waiver have the right to decide how their services are provided. This is person-centered planning because it revolves around the person who is getting the services. Person-Centered Planning also identifies and focuses on their individual's talents and skills. A person might love animals. They could get a job as a dog worker, or working at a veterinarian's offices. Organizations that provide waiver services are required

by law to provide a person-centered plan to each person they serve, but more importantly, they will work with you, the Service Planning Team will work with the individuals to figure out the best way to provide the services so that individual can reach their full potential in life.

Now, there's certain elements that must be included in each plan. Those are written here, described here. This is not a comprehensive list. The list of elements that must be included are in the code of federal regulations, and I'm going to provide you that link later on in this presentation.

But these elements are important, and plain language is one of the important requirements. The person-centered language puts the person first, but it also is designed to be written in a way that everyone can understand. That the next Case Manager or the next service provider can read that plan and understand what the plan is saying.

The final plan must respect the individual's choice of setting. Provide the individual with opportunities to seek competitive employment and work in integrated settings. Must reflect the client's strengths and preferences. Reflects their desired outcomes. And that is defined by the individual getting the services.

We are aware in CLASS that there is a percentage of our population whose verbal skills is not highly developed. People can express their desires in many different ways other than verbally. They can be expressed through behaviors. If someone smiles when they see a familiar face or a face that's important to them, that's a fairly obvious expression of pleasure. That's on a very simplistic level. And we encourage Case Managers to learn interviewing skills, to learn -- in the training, those skills are talked about and are provided. It's going to take practice for the Case Managers to become accustomed to using them.

These are additional benefits we hope to see in the plan. It underlies and guides respectful listing. It's give the individual more positive control of their life. Helps the Service Planning Team to support the individuals instead of fixing problems. You can also learn the deeper understanding of the individual. And the Form 3629, our purpose in developing that form is to provide a format to organize the information about each individual. And again, I'll go into that in a few minutes.

Now, here are some resources that we will add to the CLASS Provider Manual. They are currently used by the home and community based services, or HCS program, but they do provide tools and perspectives that Case Managers should be able to use when they're completing the CLASS person-centered plan, and that person-centered plan is not an interview, or it's not a one-time fill in the questionnaire type of tool. It is designed to be completed using a conversation, multiple conversations.

And again, we'll get into that in the future.

Now, this is some of the HHSC training resources. We've got

links here to the Person-Centered Planning for Waiver Program Providers. We've got list of approved trainings that are provided by other organizations, and those other organizations include the Delmarva Foundation's person-centered thinking training. There's also phone numbers associated with Delmarva.

There's the direct course online, the Institute For Person-centered Planning and Person-centered Thinking. Many other resources are listed on there, and these are the minimum requirements for the training content. A company can develop their own training and can submit that training to this address to -- for approval by the Health and Human Services Commission. All of this information is available at that preceding -- at the link on the preceding pages.

We also have the Texas Medicaid Person-Centered Planning training requirements that are effective February 16th, and those are located at this link. Again, I encourage everyone to download the PDF so that they can have access to this information after this webinar is over.

This graphic that I have in the middle of the screen is a -- it's on the Person-Centered Planning Training For Providers page, and it takes you to the Registration page for the online introduction to Person-Centered Planning. And you'll also have to create a profile, and that's at the link below. I do encourage you to follow these links to help improve your understanding and improve your performance of Person-Centered Planning.

If you do have questions about person-centered training, you can send them to this address, and we will -- there will be someone there who can provide you the information.

I made reference earlier to the complete required elements. Those are in the link to the Code of Federal Regulations, title 22 that I have at the bottom. And the information I gave earlier regarding the benefits of Person-Centered Planning, those were courtesy of the Learning Community for person-centered practices website at the link of above. That is another marvelous link, I encourage everyone to take advantage of.

Now I'd like to talk about the Form 3629, the Person-Centered Planning form. It begins with a one-page profile. And this is a format that's based on work by the learning community for person-centered practices, that website I referenced earlier. Provides a place to insert a photo of the individual being served. The photo always personalizes anything. I'm sure many of you have photos and screen savers, photos on your telephone screen savers, computer screen savers, photo of the individual really personalizes it.

And then a little about myself. Give us a descriptive narrative, including general information you've learned about this individual through the discovery process. Discovery process outlines the conversations, types of conversations that you have with the individual in order to learn more about them to complete the Form 3629.

What people like and admire about me. Give us a descriptive

narrative, including what you have learned through the discovery process that others like and admire about the individual. Lets stick to the positive points. Some individuals, what might appear to be inappropriate behavior might be a matter of communicating. Use that as a learning tool for how to communicate with the individual. Get to know them, talk to their significant others, talk to their families, talk to other persons that are important in their life, talk to the PAS/HAB attendant. CLASS is one of the few programs that allows the PAS/HAB attendant to live with individual and be a relative. Those persons are oftentimes great resources for information about the individual. Have conversations with them. Have conversations with the individual. Again, I know that's going to be impacted by the individual's ability to communicate or types of communication they use.

Case Managers, use your education, the things you learned in the classes getting your university degree, getting the experience you had. Use those skills in order to learn more about the individual. And learn about them from the individual's perspective and what's important to them.

I talked earlier about how this is a new process for providing -- determining services and providing services, and the -- this is in comparison with the model where the Service Planning Team or the interdisciplinary team determined what was important to the individual, what services were going to be best for them. This is a whole new perspective.

What others need to know and do to support me. This is the "important for." And I provided some description of that below that, below there, what others need to know to do and support me. Things identified as important for are not usually included as important to, and this is the important for section.

What the people are like who support me best. Get the behavioral characteristics, apparent characteristics of the persons that are currently providing services to the individual, their family. Find out from them what kind of people they like to be around. Are there certain people that they react to better? Learn that information. Write it down. Add it to the plan.

How I like to spend my day. I'm sure that each one of you has got an idea of how you want to spend your day. These individuals that we provide service to have probably got the similar perspective of what a great day is for them. Things such as their important routine, rituals. I have a specific ritual involving my morning coffee. If I'm able to perform that ritual, I have a great day. If I don't, I have to work harder to make it a great day.

This is one that maybe can't really complete using the discovery process, but it is one that the Case Managers should know, the services they are currently receiving. This is a -- services currently receiving are the ones that the Case Manager reviews during the IPP service review, which is done quarterly. That IPP service review has a question on there that I found to be really useful. And it's what is the service -- is a service meeting the individual's

needs. I'm sorry, it took me a minute to recall the question.

That service -- that question, if expanded properly, and it may take multiple visits. You're to do this service -- IPP service review, you're doing that at least four times a year. That includes the renewal meetings. Use those times to have conversations. Each Case Manager either makes telephone calls eight months out of the year and face-to-face visits for. Those telephone calls can be important. Have a conversation with them. Use the skills that are described in the discovery tool I gave you a link to earlier. And just learn about the individual. Take notes. Transcribe those notes at a later time into the IPP form.

This is a section that's important. Identifies the important people in the individual's life. And you list the people who are important and who know and care about the individual, him or her. And you can add additional rows if necessary. The physicians and professionals who are providing services should be included in the column on the far right titled community/other.

Case Managers. This is some advice that we're offering on completing the IPP Addendum 3629. We're currently seeing some forms that have been modified differently from what our original release. While you do have -- those forms could be modified to meet a Case Manager's needs, there is the risk that we would determine that form not to be acceptable. The forms that we develop and publish on the website are the forms as we intended them to be. And when I say we, I'm using a collective -- forms are not designed by me individually. Forms are designed through a group effort. Many times, I receive input from external resources. Actually, always they do. We post them for external input to different advocacy groups. Texas association for home care and hospice I think is probably the biggest -- the group most actively involved with the CLASS program.

So when we develop these forms, we are not pleased, or we encourage the providers to complete them as is. Again, if you modify them, you run the risk of having the form remanded.

Point number two, completing the IPP Addendum should not be a one-time event. We don't expect this to be completed as a one two-hour conversation. It could be multiple 15-minute conversations. It could be multiple 30-minute conversations. It is not expected to be completed at one meeting. Each conversation you have with the individual can provide new information. Talked about the IPP Service Reviews. Use those as opportunities to have meaningful conversations and to learn about what the individual wants and their services.

Ladies and gentlemen, I do appreciate your time, and I appreciate your attention to the CLASS Provider Webinar. If you have any questions regarding any of the topics, you can send those questions to this mailbox here on this slide. We've also provided mailboxes from the different groups that presented. Please feel free to use those if you choose. But we would love to hear your questions.

Our next webinar is scheduled for May of 2018. The announcement

will go out by GovDelivery services. We do encourage all providers to have their subscription updated, and that -- update those subscriptions. There's a link on the various pages on the HHSC website. And we also are going to ask for some feedback about this webinar after it's over. We hope you'll take the time to complete that, and please give us honest feedback. We do look at the feedback to see how we can improve our deliveries, our topics. Everything we do in these webinars.

If you've got any comments that you -- feel free to put those comments in the survey that will follow this webinar. You can also send them to the CLASS policy mailbox. You may also send suggestions for future webinars. Any topics you'd like to see covered.

Again, ladies and gentlemen, thank you so much for joining us. And, Letha, I'm going to sign off now.