Simplify the System
DHS Business Strategy and Processes

Project Activities and Options Report
Executive Summary
ISAC

April 2018

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Introduction

Background

Everyday Lives Recommendation No. 8: *"The system of supports and funding of those supports must be as straightforward and uncomplicated as possible"* launched the project to reimagine the service system.

The Pennsylvania Department of Human Services (DHS) administers several programs designed to support individuals with the services necessary to help them achieve their goals and dreams in their homes and communities. These DHS programs serve individuals across their lifespan; individuals and their families interact with the Department at varying points in their lives, often coming in and out of the system as life experiences necessitate. DHS acknowledges that the continuity of programs across the lifespan is a challenge for its constituents and is thus seeking to *'simplify the system'* and support all individuals.

Scope of Work

To support the implementation of recently redesigned waivers and newly revised regulations, DHS is seeking a new approach and revised processes that align the Office of Developmental Programs (ODP) vision outlined in EveryDay Lives, as well as consideration of the shifting needs for operations in the Office of Childhood Development and Early Learning (OCDEL). In addition, DHS recognizes the significant number of individuals/families who are on waiting lists or are unknown to the Department and sees benefit in designing approaches that would assist them in knowing how to support individuals/family members and facilitating their independent efforts. The Department wants to deliver a strategy which considers business and operational information gathered from key stakeholders (individuals/self-advocates, families, providers, administrative entities, advocates, and supports coordinators).

Project Overview

The **project purpose** was to provide DHS with options for a reimagined approach and operational processes that simplify service delivery and administration across ODP and OCDEL to better align services for individuals and their families. The Department's objectives included the following four principles:

Improve Interaction from the First Conversation

Improve interactions with individuals/families from the first conversation to create a dialogue that assists individuals and families in self-management throughout their lifespan.

Support ALL Individuals

Explore approaches to broaden awareness of available services and community resources to make it easier for all individuals and families to engage and self-manage.

Simplify Administrative Responsibilities

Identify strategic options to simplify the administrative requirements by supports/service coordinators across ODP, OLTL, and OCDEL.

Enable Implementation

Understand policy and process impacts to enable effective implementation of redesigned processes to support modified waivers, quality programs and other Department initiatives.

Project Approach

The 6 month approach used to develop the Options included:

- Gathering input from diverse stakeholders,
- Analyzing promising practices from other states and industry,
- Gaining information from national associations and leaders, and
- Exploring insights collected from program office staff.

Project Timeline

Establish governance and provide project team support

Begin DHS initiative & policy research

Execute stakeholder sessions (1)

Execute stakeholder sessions (5)

Complete DHS initiative & policy research

Execute stakeholder sessions (9)

Present deliverable

Facilitate Experience Workshop

November

December

January

February

March

April

Begin gathering best practices & innovations through research

Attend Everyday Lives Conference

Facilitate Innovation Workshop

Complete best practices & innovations research

A. Project Activities Overview

Over the course of 6 months, the project engaged in 8 key activities, that included **942** stakeholder interactions. Shown below are the number of stakeholder interactions and research topics covered during the course of the project.

Stakeholder Sessions

| 7 ODP | 72 ODP Staff | 18 AEs/Counties |
5 OLTL	56 Providers	20 Families
3 OCDEL	55 Supports Coordinators	14 Self-Advocates
2 ODP-BAS	27 SCOs	2 OCDEL Staff
1 OCYF		
1 OMHSAS		
19 Internal Sessions	**15 External Sessions**	

Surveys
7 total

- 228 Providers
- 67 Self-Advocates and Families
- 52 Supports Coordinators

Everyday Lives Conference

- 113 Providers
- 59 AE/County Staff
- 53 Families
- 40 Supports Coordinators
- 16 Self-Advocates

Innovation Workshop

- 12 ODP Staff
- 5 OLTL Staff
- 2 BAS Staff
- 1 OCDEL Staff
- 1 Deputy Secretary's Office

Experience Workshop

- 7 DHS Staff
- 7 Supports Coordinators
- 6 Provides
- 5 Self-Advocates/Family Members
- 4 AEs/Counties

DHS Initiatives

- Innovative Planning Tools
- Community Supports
- Managed Long Term Services and Supports

National Best Practices Research

- Community Health Choices (CHC)
- Electronic Visit Verification (EVV)
- MMIS 2020
- Quality Portals

B. Stakeholder Session Highlights

Fifteen (15) information gathering sessions were held from January through March to obtain stakeholder input on their experiences with the DHS system and to acquire their ideas for simplifying the system. **264** participants attended the sessions. Self-advocates, families, providers, AEs, SCOs, SCs, and DHS program staff participated.
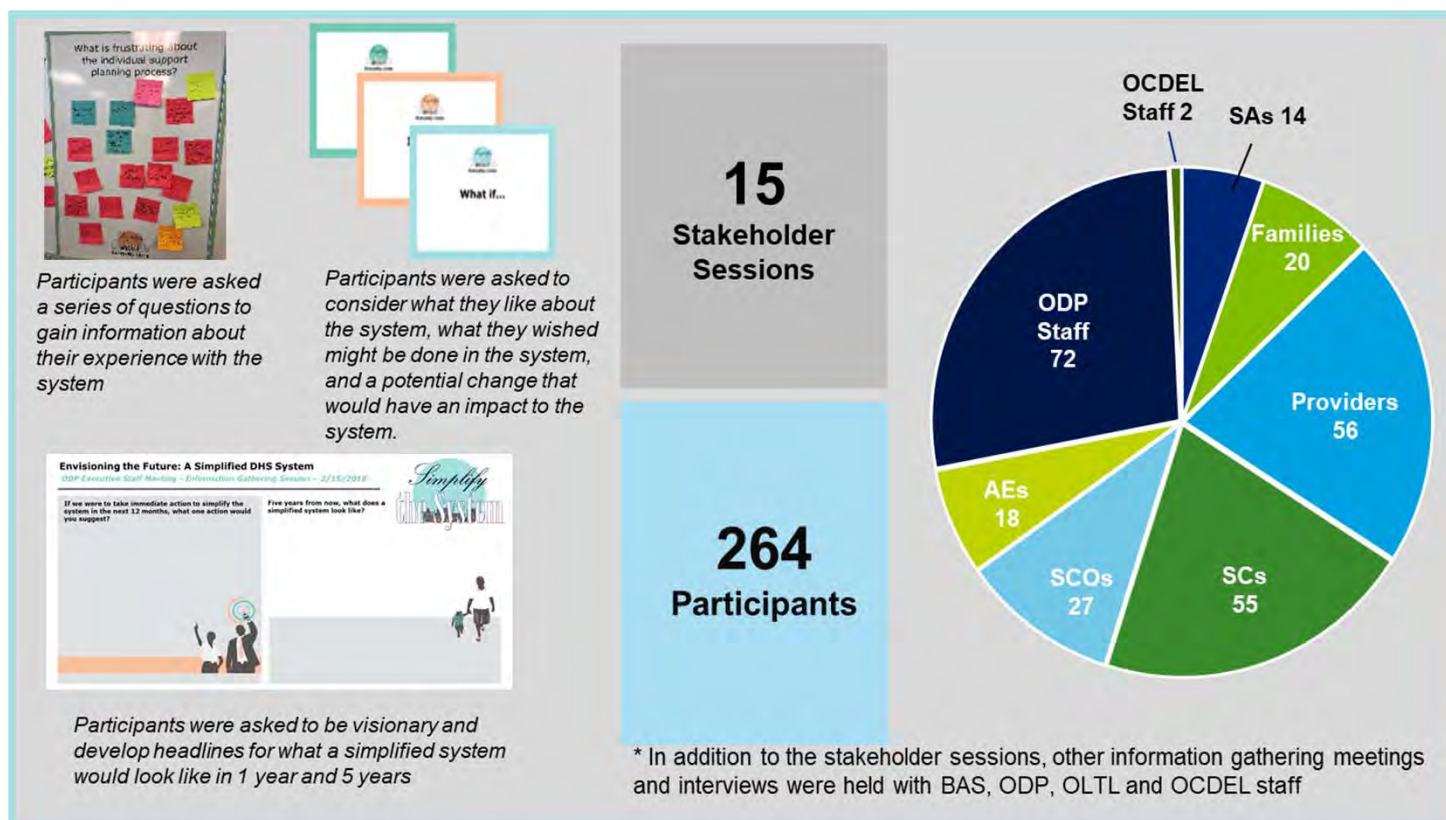
C. Surveys

Seven (7) surveys were launched to reach additional stakeholders that did not attend stakeholder sessions. Content from the three hundred and forty-seven (347) survey responses and nineteen (19) e-mails received in the project resource account were incorporated within the project findings and options consideration portions of the final deliverable.
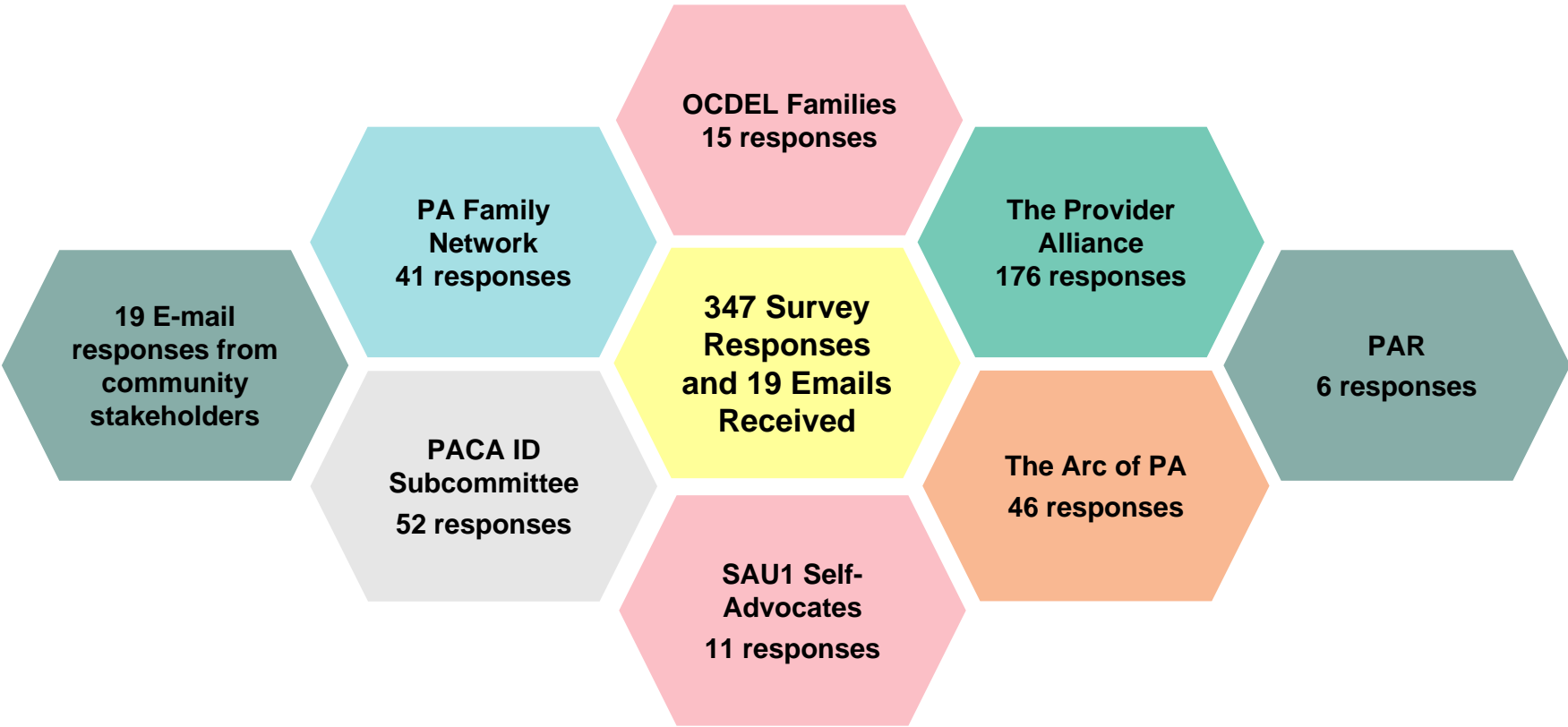
D. Everyday Lives Conference Highlights

The project 'ODP Engagement Station' occurred during the Everyday Lives Conference, which took place from January 9 – 11. The information gathering station offered multiple interactive options for conference attendees to provide answers to five questions aimed to simplify the system.

Nearly **900 responses** were collected from conference attendees.

E. Experience Workshop: Overview of Activities

The Simplify the System Project hosted the Experience Workshop on April 5, which gave participants the opportunity to provide input on proposed project deliverable options from the perspective of five different personas. The options were comprised of reimagined ODP practices involving self-advocates, families, supports/service coordinators, providers, and AEs/counties.

1 - Participant Demographics

- SCs 7
- SA & family members 5
- AE/Counties 4
- Providers 6
- DHS Employees 7

2 - *Everyday Livesville* Game Energizer

Participants began the workshop by playing the *Everyday Livesville* board game.

The energizer exercise had players answer questions from the perspective of the following identified DHS stakeholder groups: self-advocates, family members, service/supports coordinators, providers, and administrative entities/counties.

3 – Feedback Themes Overview

- Balance maintaining compliance with an individual's needs
- Increase access and awareness regarding community supports
- Simplify the ISP
- Remove duplicative processes
- Enhance education and training for doctors, schools/educators, and transition specialists
- Address AE inconsistencies
- Enable collaboration across programs, roles, and departments
- Clarify service coordinator roles
- Revamp redundant monitoring practices
- Streamline all forms of communications
- Help families navigate the system

An overview of some of the most prevalent feedback themes heard throughout the project's duration were highlighted.

Participants were shown that many of the same themes reflected within their *Everyday Livesville* Game answers, mirror the themes heard throughout the project.

4 – Options Testing

Three 30-minute rotations occurred during the options testing period. Participants placed red, yellow, or green voting dots on a 11 different options shown on the "persona timelines" of the following five individuals:

Kevin, Darnell, Tonya, Avery, Michael
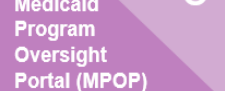
F. DHS Initiative Research

The project researched how the following five DHS initiatives: Community Health Choices, Electronic Visit Verification, MMIS 2020, Quality Portals, and Medicaid Program Oversight Portal might impact future ODP and OCDEL related business processes.

DHS Initiative	Brief Description	Option
Implementation Impact Level		
1 Community HealthChoices	Community HealthChoices (CHC) is a new mandatory managed care program for older Pennsylvanians and adults with physical disabilities. CHC uses managed care organizations (MCOs) to coordinate physical health care and long-term services and supports (LTSS).	
2 Electronic Visit Verification (EVV)	Eligibility Visit Verification (EVV) is a technology that provides accountability when in-home services are being delivered to individuals and families by caregivers. EVV provides the electronic capability to verify that service visits occur and documents visit details.	
3 Medicaid Management Information System (MMIS) 2020	Medicaid Management Information System (MMIS) 2020 is an initiative to replace the current MMIS, PROMIS*e*™ with a modern, modular enterprise-wide MMIS. It will provide automated support for DHS programs in both the fee-for-service and managed care organization delivery systems, waiver programs, the CHIP, LIHEAP, and the Medical Assistance Transportation Program. MMIS 2020 will support almost 3 million individuals who are enrolled in DHS programs.	
4 Quality Portal	The Quality Portals initiative is an initiative to be an overall quality overview and analytics for the Department that would support multiple programs and program offices.	
5 Medicaid Program Oversight Portal (MPOP)	The Medicaid Program Oversight Portal (MPOP) is an innovative cloud based platform that provides easy access to a range of operational and analytical solutions, specifically channeled towards oversight of the Medicaid program, and MCO operations, and provider network compliance.	

G. National Best Practice Research Initiatives

Three key research topics were identified: Innovative Planning Tools, Community Supports and Resources, and MLTSS. These research areas include an exploration of best practices throughout states and across industries.

G - 1. Innovative Planning Tools Slides 13 - 15	H - 2. Community Supports and Resources Slides 16 – 17	H - 3. Managed Long Term Services & Supports Slides 18 - 19

• Explores five different categories of innovative planning tools throughout all life stages:
  • Human Services Planning
  • Caregiver Tools
  • Life Portals
  • Frameworks
  • Tools Similar to the ISP
 	
• Organizes tools into comparative matrixes to demonstrate the functionality of each tool
 	
• Synthesizes to identify elements which can best serve individuals and families
	• Focuses on how to flip the perspective during planning to accessing community resources before paid supports
	
	• Seeks to define 'community supports' to structure the research approach. Incorporates industry perspectives from a literature review.
	
	• Explores two key focus areas:
	  • Common types of community supports and resources available
	  • State approaches providing innovative ways to increase community participation
		• Focuses on states that have gone above and beyond CMS requirements, explores areas of innovation and best practices
		
		• Areas of focus:
		  • Program Setup
		  • Waitlists & Intake
		  • Care Coordination
		  • Family Caregivers
		  • Clear Preference for HCBS
		  • Stakeholder Engagement
		  • Quality Measures
		  • Monitoring & Oversight
		  • Sanctions
		  • Informing Self-Advocates & Families
		  • Technology
		
		• DHS can explore best practices or innovative ideas
		  • Expand the Use of Technology
		  • Ease Access to Services
		  • Increase Knowledge About the System
		  • Improve the System and Quality of Services

G -1. Innovative Planning Tools: Key Findings

❖ **Individuals increasingly seek more online mechanisms** to inform, support and plan for their daily activities. This usage spans across age groups and domains, for example, financial, health, and education to plan different stages or milestones in peoples' lives.

❖ The widespread adoption of digital tools presents new ways to **enable individuals with disabilities to manage their support needs.**

❖ Many innovative planning tools include **personalization features**, which enable users to have creative control in the management of a variety of aspects in their lives.

❖ Key features of the studied tools included:

- Personalization regarding as-is information, present goals, future goals

- Connection to third party platforms, such as payment systems

- Ownership of input and output from the tool such as ability to download completed forms and activities

- Interactive capabilities with other users in such as an interactive messenger, enabling users to access information, and then aggregating information aggregation

- Alignment of goals with identified interests, including awareness about local community events aligned with identified interests

- Risk analysis and awareness based on individual circumstances; for example, information about likely risks based on previous experiences

G – 1. Innovative Planning Tools: Featured Tools

eMoney	Interactive financial planning tool that allows clients to collaborate with a financial professionals to construct and track their personal financial plans. The platform also provides data aggregation which allows users to connect to 3rd party accounts for an overview of their financial goals.	**MnChoices**	Web-based application developed by Minnesota to support comprehensive assessment and support planning for Minnesotans who need long-term services and supports. It supports individuals of all ages who have any type of disability or need for long-term services and supports. The tool uses a person-centered approach.
Everplan	Estate Planning tool that pulls all needed information together in one repository; goal is to give loved ones easy access to key information in case something happens to the user.	**Tyze Personal Network**	Online tool that helps people care for others. Tyze provides a personal care network that is secure, practical, and web-based that helps connect people around someone receiving care.
LifeCourse Tools	Framework to help individuals and families develop a life vision, think about what they need to know and do, identify how to find or develop supports, and discover what it takes to live the lives they want to live – a good life.	**Brightwheel**	Web-based classroom management application that supports administrators, teachers, and families to manage activities such as school check-ins, billing, and attendance. Teachers stay connected with parents and parents receive real time updates.
PATH: Planning Alternative Tomorrow with Hope	Creative planning tool that starts with future goals and then works backwards to create possible and positive beginning steps to move toward reaching future goals.	**The ARC's Customized Employment Initiative**	Customized employment initiative that seeks competitive, community integrated employment for individuals living with disabilities; includes a planning tool that identifies the strengths, needs, and interests of the job seeker.
Wellness Recovery Action Plan (WRAP)	Self-designed wellness and prevention tool that allows individuals to get well, stay well and live their lives the way they want to.	**#IWantToWork Community**	Self-advocacy social media campaign that is powered by young people with disabilities to spread the message that people with disabilities want to work, deserve to work, and are great for business.
My Life Plan	Public sector person-centered planning guide for every stage of life. Users are not required to receive a Medicaid support to utilize the planning techniques and tools of this platform. The planning dashboard assists users to create, save, and share guides for each stage of life.	**Workforce Innovation Technical Assistance Center (WINTAC)**	National center, funded by the Department of Education Rehabilitation Services Administration to provide training and T.A. to state vocational rehabilitation agencies, rehabilitation professionals, and providers to develop the skills needed to meet the requirements of the WIOA.
Imagine Information System (ImagineIS)	Tool built by Ohio to provide person-centered support to individuals and to streamline program administrative processes. The tool focuses on creating opportunities to engage the person, his or her family and the entire team.	**Squadz Mobile App**	Web-based application that connects people to play pickup sports and engage in recreational activities; allows people to find open gyms, pickup games, drop-in programs, and facility rentals located near them.

G – 1. Innovative Planning Tools: Site links

eMoney

www.eMoney.co

Everplan

www.everplans.com

LifeCourse Tools

www.lifecoursetools.com

PATH: Planning Alternative Tomorrow with Hope
http://www.inclusionbc.org/parent-s-handbook-inclusive-education/planning-your-child-s-education/person-centred-planning-tool-0

Wellness Recovery Action Plan (WRAP)

www.Mentalhealthrecovery.com

My Life Plan

www.mylifeplan.guide

Imagine Information System (ImagineIS)

http://dodd.ohio.gov/ImagineIS

MnChoices

https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/long-term-services-and-supports/mnchoices/

Tyze Personal Network

www.tyze.com

Brightwheel

www.Mybrightwheel.com

The ARC's Customized Employment Initiative

www.thearcpa.org

#IWantToWork Community

www.iwanttoworkpa.org

Workforce Innovation Technical Assistance Center (WINTAC)

www.wintac.org

Squadz Mobile App

www.squadz.com

- **There is a need to shift the paradigm of care coordination** so that persons with disabilities and families have access to a wide range of community supports and resources that supplement gaps in the individual and family's support ecosystem.

- **There should be a collaborative relationship** among states and program offices, non-profits and private organizations, and service coordinators and providers. Highlighted within this research are examples of supports and resources, which demonstrate successful execution of the collaborative relationships described.

- **Studies demonstrate that parents of children with disabilities should consistently seek community integration opportunities for their children from an early age.** This type of intentional engagement is vital to helping a child see ordinary examples of what can be possible as they grow and develop their own unique life vision.

- **Scholarly research points to the benefits of promoting supports and resources aimed to enhance "Employment First,"** principles. Increased employment opportunities promote quality of life, increase human/social capital, reduce lethargy and sedentary behavior, and increase mentality of independence.

- **Adults with I/DD are more likely to lead sedentary lifestyles and have low levels of physical activity**. Studies demonstrate that promoting and engaging in opportunities, which **promote increased physical activity, has long-term financial, physical, and psychological benefits.**

- **Supports and resources that leverage community involvement reinforce the goal of creating meaningful relationships** between those with disabilities and those in their local environments through integration and harmonization with community members, and social groups.

- **Organizations and committees seek to advise and coordinate with policymakers**, as well as teach self-advocacy and leadership through classes, workshops, seminars, and programming within communities.

- **Individuals with disabilities and their families can leverage a wide-range of community resources** established by state agencies, university partnerships, and other partners to assist them in finding: employment solutions, secure housing, instill health/safety thought-processes, increase activity, discover support networks, create meaningful relationships, engage their community, and have a voice in their life/care.

G – 2.Community Supports and Resources: Summary of Web Resources

Ten (10) different web-based community supports were highlighted within this research thread. These resources were separated by type and by which key life domain they impact. Individual description slides were included within the project work product documents, shown below is a matrix demonstrating which type of resource and key life domain is impacted by the selected supports.

Resource Continuum		Daily Life & Employment	Community Living	Safety & Security	Healthy Living	Social & Spirituality	Citizenship & Advocacy
Resources for Everyone	Asset-Based Community Development (ABCD) Institute	•	•				
	Aunt Bertha	•	•	•	•	•	
	Collaborative on Faith & Disabilities	•	•			•	
Community Supports Tailored to Individuals with Disabilities	Arizona's Family Involvement Center	•	•			•	•
	Milestones Autism Resources	•				•	
	Tennessee Pathfinder	•	•	•	•	•	•
	Think College	•	•				
	Unite Us	•	•		•	•	
Gov't Related	Mass.gov – Social, Spiritual, and Physical Wellness Page				•	•	
	Ohio DODD – Health & Welfare Toolkit, Safety Videos			•	•		•

G – 3. MLTSS: Research Focus Areas

The eleven (11) focus areas identified below were developed through research of MLTSS programs, analysis of state waivers, study of the CMS requirements, and the exploration of feedback received from stakeholder sessions. Arizona, Tennessee, Kansas, Delaware, and Wisconsin MLTSS programs were reviewed.

- **Program Setup:** MLTSS programs should be designed to ensure that all necessary service and supports needs of individuals and families may be met. This research area focuses on contractor factors, such as type of entity, contractor choice, and rate methodology.

- **Enrollment:** This focus area explores enrollment policies and procedures, such as type of assessment and reassessment factors. This topic also looks at whether the eligibility assessment is used for the entire program. Lastly, this area explores the use of waitlists and any relevant policies.

- **Care Coordination:** Having the proper care coordination strategy in play is key to the successful delivery of services and supports to individuals and families. This area focuses on case loads, individual support planning teams, and innovative ideas related to care coordination.

- **Family Caregivers:** Providing care for a family member has many benefits, but it can also raise stress, health, well-being, and relationship issues. This topic focuses on caregiver assessments, trainings, advisory councils, and innovative ideas related to family caregivers.

- **Preference for Home and Community Based Settings (HCBS):** The Americans with Disabilities Act, *Olmstead* decision, and CMS HCBS Final Rule entitle individuals to receive services in community-based, integrated settings. This focus area explores reimbursement methodologies and other HCBS initiatives that incentivize and promote the provision of services in HCBS settings.

- **Quality Measures:** CMS requires states to develop and implement a comprehensive Quality Strategy with an annual quality plan that includes key performance indicators. This focus area explores Performance Indicators, External Quality Review Organizations, and Performance Improvement Projects.

- **Monitoring & Oversight:** CMS requires regular reporting on data that states receive from MCOs and compliance monitoring. This research area focuses on MCO contract compliance, review and analysis of MCO data, and innovative methods used to oversee MCOs.

- **Incentives & Sanctions:** Incentives and sanctions are methods often effectively utilized by States to address performance issues and ensure MCO compliance. This topic explores various incentives and sanctions that states utilize and further embed into MCO contracts.

- **Technology:** With the vast number of people served by MLTSS programs and the increasing reporting requirements, technology is a key component of any MLTSS program. This research areas focuses on information systems, claims payment systems, member and provider portals, and electronic visit verification.

- **Stakeholder Engagement:** CMS requires states to conduct periodic information gathering from stakeholders, including individuals, families, the community, providers, advocacy groups, and more. This focus area looks at surveys, workgroups, advisory councils, and innovative ideas related to stakeholder engagement.

Informing Self-Advocates & Families About the System: Project stakeholder sessions facilitated to gather feedback has indicated that self-advocates and families need and desire more information about the system and its processes. This topic focuses on member handbooks and innovative ideas related to helping to provide information to individuals and families.

G – 3. MLTSS: Summary of Promising Practices

After reviewing the Arizona, Tennessee, Kansas, Delaware, and Wisconsin MLTSS programs the following promising practices and the benefits of their implementation were identified across the eleven focus areas of research.

MLTSS Promising Practices			
Embed and emphasize a person-directed program	Utilize a risk-stratification method	Provide help to family caregivers	Provide more oversight for self-directed programs
Encourage the use of web-based applications	Ensure against critical service gaps	Use a caregiver assessment tool	Re-evaluate Performance Indicators
Use handbooks & other materials to inform individuals when first entering the system	Provide support for those individuals transitioning	Use uniform assessments	Pursue quality initiatives
Focus on stakeholder engagement	Make HCBS a focus	Ensure MCO compliance	Re-evaluate Performance Improvement Projects (PIPs)

Options

Options

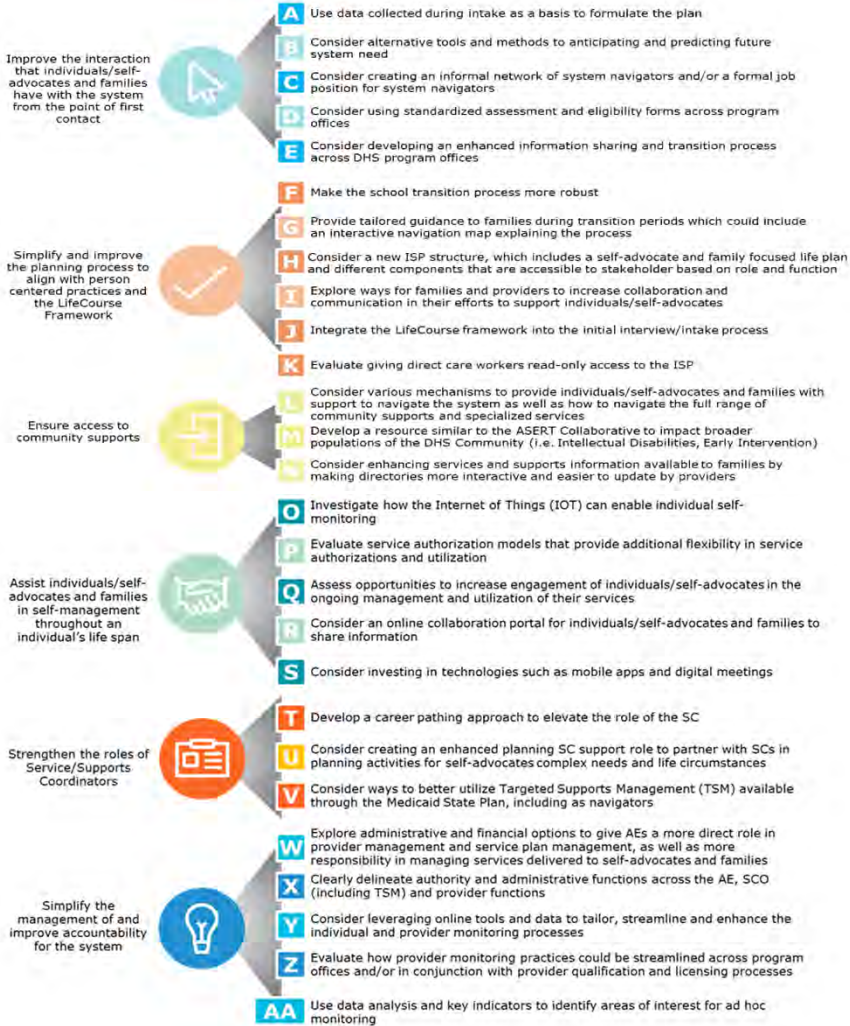Twenty-seven (27) options were developed and categorized across six (6) different themes.

Each option was based on findings from more than twenty (20) stakeholder and information gathering sessions; context provided by ongoing DHS initiatives; and research findings on national associations, other states, and industry best practices.

Full text describing each option is included herein on slides 22 - 56.

Pennsylvania DHS Simplify the System Options Report

This Report contains a summary of Options developed for the Office of Developmental Programs, the Office of Long Term Living, and the Office of Child Development and Early Learning. These Options aim to simplify administrative processes and to enhance interactions involving individuals/self-advocates and families.

Simplify the System

April 30, 2018

Improve the interaction that individuals/self-advocates and families have with the system from the point of first contact

- **A** Use data collected during intake as a basis to formulate the plan
- **B** Consider alternative tools and methods to anticipating and predicting future system need
- **C** Consider creating an informal network of system navigators and/or a formal job position for system navigators
- **D** Consider using standardized assessment and eligibility forms across program offices
- **E** Consider developing an enhanced information sharing and transition process across DHS program offices

Simplify and improve the planning process to align with person centered practices and the LifeCourse Framework

- **F** Make the school transition process more robust
- **G** Provide tailored guidance to families during transition periods which could include an interactive navigation map explaining the process
- **H** Consider a new ISP structure, which includes a self-advocate and family focused life plan and different components that are accessible to stakeholder based on role and function
- **I** Explore ways for families and providers to increase collaboration and communication in their efforts to support individuals/self-advocates
- **J** Integrate the LifeCourse framework into the initial interview/intake process
- **K** Evaluate giving direct care workers read-only access to the ISP

Ensure access to community supports

- **L** Consider various mechanisms to provide individuals/self-advocates and families with support to navigate the system as well as how to navigate the full range of community supports and specialized services
- **M** Develop a resource similar to the ASERT Collaborative to impact broader populations of the DHS Community (i.e. Intellectual Disabilities, Early Intervention)
- **N** Consider enhancing services and supports information available to families by making directories more interactive and easier to update by providers

Assist individuals/self-advocates and families in self-management throughout an individual's life span

- **O** Investigate how the Internet of Things (IOT) can enable individual self-monitoring
- **P** Evaluate service authorization models that provide additional flexibility in service authorizations and utilization
- **Q** Assess opportunities to increase engagement of individuals/self-advocates in the ongoing management and utilization of their services
- **R** Consider an online collaboration portal for individuals/self-advocates and families to share information
- **S** Consider investing in technologies such as mobile apps and digital meetings

Strengthen the roles of Service/Supports Coordinators

- **T** Develop a career pathing approach to elevate the role of the SC
- **U** Consider creating an enhanced planning SC support role to partner with SCs in planning activities for self-advocates complex needs and life circumstances
- **V** Consider ways to better utilize Targeted Supports Management (TSM) available through the Medicaid State Plan, including as navigators

Simplify the management of and improve accountability for the system

- **W** Explore administrative and financial options to give AEs a more direct role in provider management and service plan management, as well as more responsibility in managing services delivered to self-advocates and families
- **X** Clearly delineate authority and administrative functions across the AE, SCO (including TSM) and provider functions
- **Y** Consider leveraging online tools and data to tailor, streamline and enhance the individual and provider monitoring processes
- **Z** Evaluate how provider monitoring practices could be streamlined across program offices and/or in conjunction with provider qualification and licensing processes
- **AA** Use data analysis and key indicators to identify areas of interest for ad hoc monitoring

Improve the interaction that individuals/self-advocates and families have with the system from the point of first contact

A Use data collected during intake as a basis to formulate the plan

B Consider alternative tools and methods to anticipating and predicting future system need

C Consider creating an informal network of system navigators and/or a formal job position for system navigators

D Consider using standardized assessment and eligibility forms across program offices

E Consider developing an enhanced information sharing and transition process across DHS program offices

Option A: Use Data Collected During Intake as a Basis to Formulate the Plan
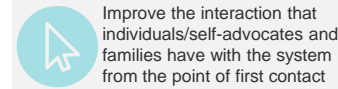
Description: Self-advocates and families noted that the intake process requires the sharing of a significant amount of demographic and situational data. As individuals navigate through the intake process, they may need to share the same information with multiple people/entities. In addition, some of the information that is shared as part of the intake and eligibility determination process may be insightful for planning teams who later meet to discuss desires and goals with the individual.

In the ODP and OCDEL EI systems, intake is the responsibility of the AE or an SCO, depending on the county. In most instances, the intake worker is not the same person who ultimately functions as the SC for the individual. In the OLTL system, intake is the responsibility of an Independent Enrollment Broker, an entity that is independent from the service coordination function. Because the intake functions are most often performed by a person who is not developing the comprehensive plan for the individual, individuals often have to repeat information during the planning process that they already shared during intake.

This is compounded when a person transitions between systems and must be registered with the new program office.

These issues could be addressed through the development and implementation of a standard intake process that involves the collection of key data points for all program areas. Additionally, the process itself could be intuitive using the data inputs as triggers for a tailored set of options during plan creation. Strategies to consider include use of artificial intelligence and integration of components of Human Centered Design.

Key components:

- Standard intake reduces the need for individuals to repeat information to multiple people/entities

- Insight gleaned from intake meetings could be used as the basis to formulate the ISP/IFSP/IEP

- Relevant data prompts discussion around specific outcomes and supports to achieve those outcomes

- Human Centered Design principles guide initial plan creation

Considerations:

- Consider the use of artificial intelligence to identify key words and triggers for potential goals and appropriate services.

- Consider using a LifeCourse context to complete the intake process. In conducting the first interview and intake process using LifeCourse as the basis, this option is more easily achieved.

Option B: Consider Alternative Tools and Methods to Anticipate and Predict Future System Need
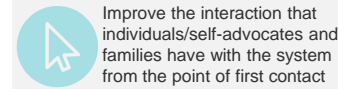
Description: Stakeholders indicate a need to address current practices in assessing risk and identifying an individual's future service needs, particularly for ODP consumers. An evaluation of the existing tools and methods coupled with considerations around developing a new instrument and/or implementation of new methodologies would address concerns raised by stakeholders about PUNS.

Key components:
- Alternative tools could incorporate an assessment based on algorithms or weighted question responses and provide standardized definitions of need backed by weighted criteria
- LifeCourse tools could be utilized to drive or enhance the discussion; a focus on the lifespan, individual life skills, and feasible family and community resources could mitigate risks and be incorporated into the planning process

Considerations:
- Investigate tools and methods to improve accuracy of information on individuals waiting for services and for those already receiving services.
- Consider implementation of a replacement instrument or redesigned process for ODP's PUNS, which could an independent entity conducting the process, to create an objective assessment environment.
- Investigate building risk assessment questions into an assessment already being used (i.e. the Supports Intensity Scale or SIS) to streamline efforts. In addition to risk assessment questions, consider including the capability to identify the likelihood that the risk will occur, not just the presence of the risk.
- Recognize that a change to the PUNS would take significant engagement from advocates.

Option C: Consider Creating an Informal Network of System Navigators and/or a Formal Job Position for System Navigators
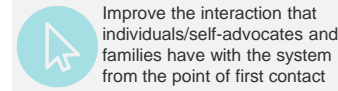
Description: Many self-advocates and family members expressed interest in a system navigator function whose role it would be to answer questions, provide advice and offer guidance on process steps from intake through service delivery. Some informal peer mentoring relationships exist in the current environment through advocacy groups and between family members. DHS has the opportunity to put structure around this concept in three different ways.

First, DHS could partner with a non-profit or advocacy group - a network of system navigators comprised of volunteer self-advocates, family members, and other interested stakeholders. Similar to a career mentor program, volunteers notify the program coordinator of their desire to participate, and the program coordinator maintains a database of volunteers. Participants in the program would receive 'navigator training' to equip them with appropriate program knowledge to ensure a consistent message. System navigator volunteers would be paired with self-advocates based on various criteria (i.e. geography, interests, experiences, etc.). Pairings could be made as early in the process as intake and remain in effect as long as the navigator and the individual wished the relationship to continue. The navigator would play a key role in advocating for the individual's desires including prioritizing community resources.

A second option is to establish a formal role or position for a system navigator, likely at the SCO level. Similar in concept and structure, this variation on the design is to designate or hire staff specific to serve this function for self-advocates and families. The job description could be designed in a way that would make self-advocates and family members eligible for the position.

Finally, DHS could potentially utilize the TSM service to support self-advocates in this capacity. As TSM is available to self-advocates with ID and autism not receiving waiver services, using TSM to support a system navigator function broadens the scope of the options applicability.
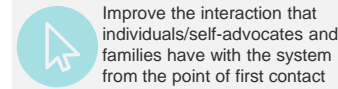
Key components:
- System navigators to guide self-advocates and families through the process
- The creation of either a volunteer based mentoring network, establishment of a new position, or the use of TSM to help families navigate the system
- The collective, shared experience of knowledgeable system participants to benefit those considering or entering the system for the first time

Considerations:
- Consider the volunteer and TSM variations for connections made during the intake process, and therefore prior to eligibility determination and subsequent waiver enrollment because these are not eligible to be funded through the Medicaid waiver.
- Amend the waivers to modify the SC service definition by adding clarification around this role and/or including a separate service or service level to fulfill this role.
- Develop a strategy to ensure adoption compliance; SCOs are both county and private entities.

Option D: Consider Using Standardized Assessment and Eligibility Forms Across Program Offices

Improve the interaction that individuals/self-advocates and families have with the system from the point of first contact

Description: Program offices follow similar, yet nuanced, processes for assessment and eligibility determination, partially influenced by the different functional eligibility requirements of their programs. Consequently, program offices utilize different forms for similar steps in the process. For example, OLTL uses a different physician certification form from ODP, even though self-advocates wishing to enroll in an ODP waiver must also obtain certification from their physicians regarding level of care determination. DHS could consider revising the forms so they are applicable to both program offices. DHS could also evaluate where the assessment and eligibility process steps may be aligned for further streamlining opportunities.
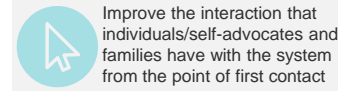
Key components:
- Standardized Forms

Considerations:
- Consider separate forms to account for the various nuances; in depth review and evaluation of the forms would need to occur prior to making a determination.

- Keep in mind that DHS has previously considered standardized assessment and eligibility forms; in the past, program offices felt that they each had different needs so standardization was not implemented.

Option E: Consider Enhancing the Information Sharing and Transition Process Across DHS Program Offices

Improve the interaction that individuals/self-advocates and families have with the system from the point of first contact

Description: Stakeholder feedback emphasized a desire for increased collaboration between DHS program offices especially in the sharing of pertinent information to reduce the need for self-advocates and families to reiterate the same information to multiple offices. To address this feedback, DHS could evaluate ways to enhance information sharing and transition processes across DHS program offices. For example, DHS program offices could work together to coordinate their processes to provide an aligned experience for individuals/self-advocates and families. The DHS system aligns from an enterprise perspective with the goal of seamlessly supporting individuals and families from early intervention through each age transition without restarting the intake process or having individuals experience a lapse in service. Stakeholders reported that today, transition points between programs are still points of stress; additionally, when they have multiple diagnoses, individuals may be navigating programs sponsored by different offices and are not sure which one is best. Families indicated that they often have to rely on outside organizations (school, advocacy groups) to assist.

Key components:

- The development of interagency cooperative agreement between AEs and school districts

- An emphasis on supporting individuals through the lifespan by focusing on a typical transition to adulthood for young adults and using more robust materials to inform students of their options beyond the system as well as within funded programs

- Specific training materials geared toward school transition planners and other school professionals for ODP ID and BAS and OLTL programs for which young adults could be eligible

- Resource materials that transition planners can provide to young adults and families

Considerations:

- Determine potential connection points with the Pennsylvania Department of Education.

- Develop the role of the support coordinator (including TSM) as a support to students and families through IEP development and the transition planning process.

- Consider the tools that OCDEL uses; OCDEL actively works with advocacy groups to develop interactive tools to help families understand the transition from EI to preschool. An example is the Early Intervention Technical Assistance Online Learning Portal that provides information, resources, and training initiatives to professionals and families.

Options: Theme 2

Simplify and improve the planning process to align with person centered practices and the LifeCourse Framework

F Make the school transition process more robust

G Provide tailored guidance to families during transition periods which could include an interactive navigation map explaining the process

H Consider a new ISP structure, which includes a self-advocate and family focused life plan and different components that are accessible to stakeholder based on role and function

I Explore ways for families and providers to increase collaboration and communication in their efforts to support individuals/self-advocates

J Integrate the LifeCourse framework into the initial interview/intake process

K Evaluate giving direct care workers read-only access to the ISP

Option F: Make the School Transition Process More Robust

Simplify & improve the planning process to align with person centered practices & the LifeCourse Framework
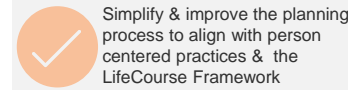
Description: School transition planners are employees of the school district, often guidance counselors, and not enrolled providers in the DHS system. Based on feedback received from family members, there does not appear to be a standardized set of program knowledge shared by school transition coordinators, and other school professionals, to support young adults transitioning out of school into adulthood. This includes transition into an adult program.

A standardized set of training materials and supporting resources for school transition planners will support them in providing a consistent message on available DHS programs and the process for transitioning to the appropriate adult system.
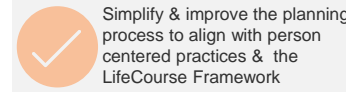
Key components:
- A focus on the DHS consumer experience lifecycle
- Education and cross training of staff about other programs and offices
- The sharing of the same data across programs and offices so that each program and office involved has access to an individual's uniform, single record
- The development of processes for DHS to support seamless individual transitions
- The creation of better mechanisms for supporting and planning for individuals with multiple diagnoses or other situations that cross systems

Considerations:
- Restructure the approach to look at people rather than the diagnosis.
- Collaborate and plan amongst the program offices to proactively identify people who will soon require transition services.
- Establish specific collaborations between program offices (such as OCDEL with ODP) tailored to the needs of the individual being served.
- Identify which points of interaction between the individual and program offices, relevant to their situation, can act as seamless transition points for individuals.
- Ensure those transition points include streamlined processes between the collaborating program offices
- Create one plan for individuals that is comprehensive of DHS services and supports, as well as the non-paid resources they access.
- Recognize that while policy, regulatory, and legal requirements may limit some data-sharing, efforts should still be made to share data more broadly within those constraints when it offers ways to improve the experience of self-advocates and families.

Option G: Provide Tailored Guidance to Families During Transition Periods, which could Include an Interactive Navigation Map Explaining the Process

Simplify & improve the planning process to align with person centered practices & the LifeCourse Framework

Description: Individuals and families typically experience multiple transitions as their life situations change over time. Key transitions within the context of the system include transition from EI Infant/Toddler to EI Preschool, from EI Preschool to school age, from school age to the adult system and transitions within the adult system itself. Stakeholders have provided feedback that these transitions are often turbulent because they are unclear of the process, there is a hesitancy to provide any assurances (for example 'this service will continue; this service will end') and their SCs are also unable to provide concrete guidance. Additionally, the focus at transition points traditionally has been to enroll an individual in the 'next system' rather than on navigating life. Shifting to a concentration on navigating life means taking a closer look at what all the integrated avenues of support can do together to achieve the individuals' goals for their current life stage. An interactive navigation map to provide tailored guidance in leveraging not only how to navigate the formal system, but also how the system acts as a reinforcement on one's life journey for impacted stakeholders will provide a smoother transition process at each life stage.

Key components:
- Navigation map to clearly guide stakeholders and provide a visual representation of the process
- Detailed descriptions of how to access what is available in the system and how to leverage and connect paid services to help meet life outcomes
- Stakeholder-specific, simple, and actionable tasks outlined in an easy to read format
- The inclusion of information on post-secondary education program opportunities for individuals with disabilities

Considerations:
- Determine the potential connection points with OCYF, the Pennsylvania Department of Education, the Department of Labor and Industry Office of Vocational Rehabilitation (OVR), Pennsylvania Department of Aging, and post-secondary education opportunities.
- Develop the role of the supports coordinator (including TSM) as a support to students and families through IEP development and transition planning process.
- Leverage the work being done by OCDEL with advocacy groups to develop interactive tools to help families understand the transition from EI to preschool. An example is the Early Intervention Technical Assistance Online Learning Portal that provides information, resources and training initiatives to professionals and families.

Option H: Consider a New ISP Structure, which Includes a Self-Advocate and Family Focused Life Plan and Different Components that are Accessible Based on Role and Function

Simplify & improve the planning process to align with person centered practices & the LifeCourse Framework

Description: The existing ISP/IFSP/IEP (referred to as the 'plan' or broadly as the ISP) is nearly 30 pages blank and can run as long as 70 pages once completed. Additionally, the current ISP combines assessment, service plan and health record documentation as one master file; it is far more than an exclusively person-centered service plan. Consider reengineering the structure of the plan around the individual, rather than defining one format that must work for everyone. The new ISP format would facilitate flexibility in individual plans based on the person's needs, outcomes and services, and be easily adaptable as the person's needs and goals change throughout the course of the year. The plan would be in a usable format for families and direct service providers, potentially using LifeCourse tools as the person-centered service plan. The planning tool would also be available for self-advocates and families not yet enrolled to guide them in planning their future and identifying opportunities and resources within experience. The new ISP tool would separate the person-centered service plan from the historical case record and be constructed with various components that are accessible and editable by different stakeholder groups, depending on the stakeholder role and function. Additionally, while the ISP would need to be validated at least annually, the plan would function as a living document that exists for the person as they need and desire, rather than existing on an annual basis.

Key components:

- A focused life plan section that is designed especially for and is available to self-advocates and families with a look and feel that emphasizes life planning; in addition to supported services, connects services to outcomes through utilizing LifeCourse tools

- Provider access and ability to update relevant information, such as changes in medication regiment; consider mechanisms, such as alerts and SC or individual/family approval of provider changes

- The availability and utilization of e-signatures

- A separate case record; historical information, for example, is kept separate, but easily accessible when needed

- The use of a collaboration portal where the plan is accessible by self-advocates and families on demand; self-advocates and families also have the ability to make updates to the ISP directly from the collaboration portal, or other self-service online mechanism

- The availability of the ISP for self-advocates both receiving and not receiving waiver services

Considerations:

- Consider that the ISP has been used to collect federally required material and any change to the ISP must address how to meet CMS assurances and state policies.

- Determine how to keep information securely maintained.

- Explore ways to develop data governance with separate access roles; there could be risk associated with multiple stakeholder groups having update access to the ISP.

- Consider the option to make a revised/new ISP available via the collaboration portal and/or a mobile app for stakeholder groups.

- Evaluate feasibility for individuals to have one version of their plan that transcends program offices. Collaboration to design one version of the plan that is acceptable for all DHS program offices (and takes into account managed care programs) would be required.

- Determine how additional specialty documents will interact with the new ISP structure (i.e. behavior plans, specific protocols, etc.).

- Consider the utilization of an electronic health record separate from the plan.

Option I: Explore Ways for Families and Providers to Increase Collaboration and Communication in their Efforts to Support Individuals/Self-advocates

Description: All parties collaborate with and around the individual using a tool or platform that enables information sharing, two-way communication and transparency into service delivery. DHS could assess various approaches to achieve this goal.

Key components:
- The same view shared by self-advocates and families regarding outcomes, goals and plan for service delivery
- The ability for self-advocates, families, and providers to communicate (real time via an app or portal using text message or email)
- The tracking of visit and service delivery information, including, but not limited to, input of progress notes for review and consumption by self-advocates and family members; potential to sync with or enable electronic visit verification (EVV) requirements
- The facilitation of opportunities for self-advocates to provide feedback on the quality of service delivery in real time using text or online tools
- The ability to attend meetings or live chats remotely
- Identification of opportunities for information and training to be available and easily accessible to self-advocates and families at the local level
- Support for family networks and self-advocacy peer groups at the local level

Considerations:
- Ensure that it is well designed and user-friendly.
- Develop a plan to make sure that information is securely maintained.
- Consider the integration of this Option with electronic visit verification.
- Assess usage of mobile solutions.
- Understand that this may only appeal to certain DHS system stakeholders. User adoption will be critical to the success of this Option.

Option J: Integrate the LifeCourse framework into the initial interview/intake process

Simplify & improve the planning process to align with person centered practices & the LifeCourse Framework
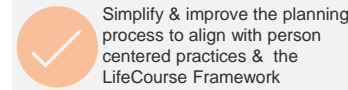
Description: The intake process could be redesigned so that it is based on the LifeCourse framework. Before even receiving an eligibility determination and selecting any services, individuals and families are guided (by their AE, SC, county, or EI Preschool program) in the development of a life plan that focuses on community activities and goals.
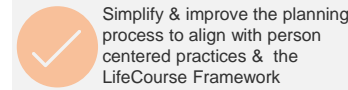
Key components:
- Provided to any individual seeking supports/services

Considerations:
- Some AEs are already using the LifeCourse framework at intake. Usage should be consistently applied across the state.

- Evaluate the potential increase in workload and time.

- Consider funding/reimbursement impacts due to activities conducted during pre-eligibility determination.

- Consider that this redesign may impact the need or use of ODP's Prioritization of Urgency of Needs for Services (PUNS).

- Determine the changes to the intake process that may impact the role and responsibility of the administrative entity and will require training.

- Evaluate legal documentation requirements (CMS choice forms; consent for records, etc.).

- Consider if parts of the intake process can be self-service via a technology option.

Option K: Evaluate Giving Direct Care Workers Read-Only Access to the ISP

Simplify & improve the planning process to align with person centered practices & the LifeCourse Framework

Description: Direct care workers do not have electronic access to an individual's ISP. Provider financial staff have access to service authorizations (and utilizations) for the provider; however, feedback indicated it would be a rarity for a direct service staff to be assigned a financial role allowing them access to the ISP. Granting direct care workers access would provide them more context to understand how the services they are rendering fit into the overall daily life of an individual. Additionally, there would also be benefits to providing access to direct care workers to the previously described collaboration portal.

Key components:
- Access to the service details in the ISP
- Access to the outcomes in the ISP
- Read-only privileges

Considerations:
- Determine the type and appropriateness of data available for viewing by the direct service provider

Options: Theme 3

Ensure access to community supports

L Consider various mechanisms to provide individuals/self-advocates and families with support to navigate the system as well as how to navigate the full range of community supports and specialized services

M Develop a resource similar to the ASERT Collaborative to impact broader populations of the DHS Community (i.e. Intellectual Disabilities, Early Intervention)

N Consider enhancing services and supports information available to families by making directories more interactive and easier to update by providers

Option L: Consider Various Mechanisms to Provide Individuals/Self-Advocates and Families with Support to Navigate the Full Range of Community Supports and Specialized Services
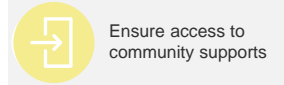
Description: DHS, advocacy groups, SCOs, providers, and other community-based organizations offer a variety of information, resources and guidance to individuals/self-advocates and families to help them navigate the system as well resources within their communities. Even with multiple avenues to find resources and supports, self-advocates and families still expressed that it can be challenging navigating the system, community supports, and specialized services. Examples of challenges over which self-advocates and their families have expressed concern include being unsure of where to go for general assistance, how to start the intake process, or where to turn for help when they are not enrolled in a waiver.

DHS might consider a variety of mechanisms to streamline the information already produced and expand approaches to assist self-advocates and families in navigating the complex system. Some examples to consider include:

- Post information on a portal for self-advocates and families to access regardless of if an individual is receiving paid services and supports
- Foster a parent-to-parent and/or peer mentorship program
- Engage advocacy groups to develop navigation resources for specific populations

Consider developing a navigational graphic or acronym that summarizes the key process steps in an easy to understand and memorable format

Key components:
- Possible entry points into the system to offer streamlined information to self-advocates and families
- Materials free from hard to understand language; break down of the extremely technical aspects of the system in a manner families and individuals can understand
- Materials containing enterprise wide information so they can guide self-advocates and families throughout the life span without needing to access separate pieces of information from multiple places
- Information and training supports available and easily accessible to self-advocates and families at the local level
- Family networks and self-advocacy peer groups available at the local level

Considerations:
- Provide both electronic and print options.
- Consider engaging a nonprofit or advocacy group to develop materials and/or own updating of online content on the collaboration portal.
- Consider existing program office materials; program offices have current materials but they are program office specific, include jargon and are difficult for families to find
- Include ways to incorporate solutions to help individuals with aspects of daily living, not just waiver supports and services

Option M: Develop a Resource Similar to the ASERT Collaborative to Impact Broader Populations of the DHS Community (i.e. Intellectual Disabilities, Early Intervention)

Ensure access to community supports
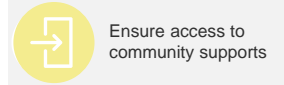
Description: A notable resource currently exists for the Pennsylvania autism community called the Autism Services, Education, Resources, and Training Collaborative (ASERT Collaborative). The collaborative has been successful at bringing together resources at the local, regional and statewide level for self-advocates, families, providers, professionals, and other interested parties. Examples of available resources include: access to an eLearning platform, an information database (resources, events news), resource specialists, free trainings, and catered data analysis. A key feature of the ASERT Collaborative is that its information is available to everyone, not just individuals receiving paid supports. The ASERT Collaborative is a partnership of medical centers, centers of autism research and services, universities, and other providers involved in the treatment and care of individuals living with autism and their families. The collaborative breaks down information by geographical locations throughout the Commonwealth to better cater to specific regional needs. A similar approach could be used to develop and share resources for the other populations that DHS serves and supports.

Key components:
- Access to information though website, toll-free telephone number, email, message boards, and direct community outreach
- A focus on identifying and communicating existing community resources and only developing new resources when there is a need
- Providing education opportunities for self-advocates, families, professionals, and the community through eLearning and training events
- A focus on a lifespan approach from diagnosis, by age, and key transition events
- The use of private sector partners to develop and maintain resources
- The maintenance of a robust website that keeps current resources, news, networking opportunities, social events; organize information by local communities, where applicable

Considerations:
- Team up with experienced partners to develop the new resources. DHS could consider a structure similar to ASERT so that it can leverage grassroots support and knowledge. The ASERT Collaborative is supported by three regional resource centers that align with research universities (Drexel University – East Region, Penn State Hershey – Central Region, University of Pittsburgh – Western Region). The regions collaboratively work together to share and support autism projects and information.
- Consider that OCDEL uses regional Early Learning Resource Centers to serve as points of access for families, providers, and communities to gain information about statewide early learning services. Goals of having the centers include improving quality, access, and affordability of early learning services.

Option N: Consider Enhancing Services and Supports Information Available to Families By Making Directories More Interactive and Easier to Update By Providers

Ensure access to community supports
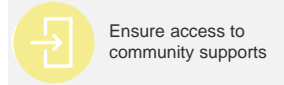
Description: Consider implementing a hub for providers to update their available services including paid Medicaid services and other free or private pay community based supports. DHS could develop a new site or consider enhancing the service and supports directory so that is it more easily updatable directly by providers, is easier for self-advocates and families to navigate, and includes programs from other offices.

Key components:
- Key components of the existing service and supports directory remain valuable including search by county and by provider and current provider certification information
- Services are labeled as Medicaid and non-Medicaid so self-advocates and families have an accurate representation of what is available through the waiver, what is free to access, and supports for which they or a third party (such as their insurance company) would be responsible for payment.
- Updates are owned by providers so the changes can be more accurate and timely
- Dynamic and interactive provider and service availability to give self-advocates and families a clear picture of their choices
- An option to capture or display quality-related information

Considerations:
- Consider that the onus may need to be on the provider to maintain current records.
- Review this option as part of the MMIS 2020 initiative.
- Consider making the enhanced information be a component to the online collaboration portal for self-advocates and families.

Assist individuals/self-advocates and families in self-management throughout an individual's life span

O Investigate how the Internet of Things (IOT) can enable individual self-monitoring

P Evaluate service authorization models that provide additional flexibility in service authorizations and utilization

Q Assess opportunities to increase engagement of individuals/self-advocates in the ongoing management and utilization of their services

R Consider an online collaboration portal for individuals/self-advocates and families to share information

S Consider investing in technologies such as mobile apps and digital meetings

Option O: Investigate How the Internet of Things (IOT) Can Enable Individual Self-Monitoring

Assist individuals/self-advocates and families in self-management throughout an individual's life span

Description: The Internet of Things (IOT) is a suite of technologies and applications that equip devices and locations to generate all kinds of information—and to connect those devices and locations for instant data analysis and, ideally, "smart" action. It is often characterized by devices automatically transferring information without human intervention. DHS can explore opportunities to integrate IOT tools, such as fitness trackers and health monitors, into service delivery to empower self-direction and independence. For example, providers could arrange for regular medical alerts and health and diet reminders on an individual's mobile app; self-advocates can self-manage medications using an automatic pill dispenser customized to the individual's needs and tracker to keep inventory of regular medication and automatically reorder medicines once stock depletes.

Key components:
- Use of technology to monitor health data and improve delivery of home health care services
- Self-monitoring of personal health information

Considerations:
- Creates a culture shift for self-advocates to share their personal health information in a real-time format.
- Determine entities that may need access to individual personal health information (SCs, providers, MCOs family members, etc.).

Option P: Evaluate Service Authorization Models that Provide Additional Flexibility in Service Authorizations and Utilization

Assist individuals/self-advocates and families in self-management throughout an individual's life span

Description: Person-directed service delivery models provide self-advocates and families with additional control over the day-to-day management and delivery of services and supports. Although the DHS programs include person-directed opportunities, consideration and exploration should be made of innovative ways in which to provide additional flexibility to self-advocates and families, in particular related to shifting units and/or funds between authorized services. Approaches may include:

- Provide self-advocates and families increased control over service utilization through the ability to shift funds/units and/or validate claims via mobile and/or text functionality.
- Introduce a specific person-directed goods and services designation that would allow self-advocates, families and teams creatively plan for and meet needs and preferences, and work toward outcomes.
- Otherwise expand person-directed opportunities by including additional services that are permitted to be person-directed, allowing all participants to exercise at least some level of self-direction (if desired), etc.
- Design an approach that would provide self-advocates and/or representatives the flexibility to adjust the service "mix" (i.e. shift units between services with like or similar costs) based on changes in needs and preferences.
- Expand person-directed budget authority by developing a standard approach to establishing a person-centered budget that can be consistently replicated statewide. The budget could be applied to certain established person-directed services, or all of a person's services; and the person/representative has the authority and accepts responsibility for managing the budget. The person would have flexibility to shift funds among authorized services within the total amount without prior review and approval, as long as retrospective notification is made. Budget amounts could be "allocated" to the person (i.e. monthly, quarterly, etc.) based on newness to person-direction, history of utilization, risk levels, etc. The model may be particularly applicable to the Person/Family Directed Supports (P/FDS) waiver.

Key components:

- Individual and family access for mobile/text/online processing of claims and/or plan changes

- Training sessions/tools to provide self-advocates and families' insight into person-centered budget, as well as the responsibilities that come with managing those budgets

- Training for specialized supports coordinators to ensure they have the tools and the knowledge necessary to support self-advocates/families in the lifespan approach

Considerations:

- Determine impacts to overall program and budget planning at the supports coordination entity, county, and state levels. Increased oversight and support will likely be necessary to support new models. In addition, there may be some cost implications to shifting to new models of service. Finally, some of the innovations (individual/family portal) may require funds to implement.

- Evaluate potential necessity of waiver amendments to incorporate person-direction changes in service and models

- Consider modifying the role of the supports coordinator as the responsible party currently making service changes and monitoring plan changes and utilization of services. If the person utilizes flexibility to make changes without prior approval, the role becomes more about retrospective monitoring of individual/family documentation of changes and utilization rather than the up-font plan changes.

- Consider modifying the role of the administrative entity in service authorization. The role would change to bigger picture oversight of self-direction at the SC level to ensure new policies and procedures are being implemented.

Option Q: Access Opportunities to Increase Engagement of Individuals/Self-advocates in the Ongoing Management and Utilization of their Services
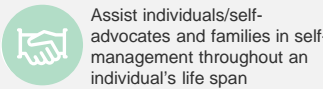
Description: Currently utilization management practices primarily involve pre-service review of services to determine appropriateness of support plans, with discussion of historical service utilization during the annual planning process. DHS could assess opportunities to establish a standardized and more robust utilization management process that involves pre-service review to ensure plans are consistent with individual service needs and outcomes, concurrent reviews of services to ensure services are being provided consistent with the person's needs and in the most appropriate and integrated setting, and annual planning reviews to incorporate analysis of historical utilization in the planning process. In addition, DHS could seek ways to engage self-advocates in the ongoing management of their services.

Key components:
- Standard utilization management processes
- Individual access to their plans via the online collaboration portal or a mobile app promotes greater transparency
- Direct engagement with self-advocates on their needs and use of services
- Flexibility to revise authorizations to more accurately address real utilization

Considerations:
- Determine various impacts to overall program and budget planning at both the county and the state level.
- Consider the role of SCs and AEs in utilization management.

Option R: Consider an Online Collaboration Portal for Individuals/Self-advocates and Families to Share Information

Assist individuals/self-advocates and families in self-management throughout an individual's life span

Description: Provide an online collaboration space for self-advocates, families, providers, and community partners to access and share resources. This collaboration space also offers self-advocates the option to develop a life plan based on their own goals and desired outcomes. For individuals receiving paid supports, this self-developed plan would begin the conversation with the SC. The collaboration portal can also collect and store information that is pertinent across multiple program offices. The storage of this universally applicable material will prevent self-advocates and their families from having to enter or give the same information multiple times to different parties.

Key components:
- Public-facing website with multiple functions including a collaboration space and life goals planning space
- Access to an online or mobile version of the ISP
- Ability to view/access documents and/or forms that require action (i.e. eligibility redetermination)
- Ability to upload documents and forms which are then viewable by appropriate audiences (i.e. submit an assessment form to your SC)
- Availability for those individuals enrolled and those not enrolled in a formal DHS program
- Ability to send and receive messages to SC
- Functionality for self-advocates and families to post questions and source answers and direction from peers and others
- Robust listing of available community resources and supports which is also searchable organized by local communities, where applicable
- Supports family networks and self-advocacy peer groups at the local level
- Incorporates an 'Ask the Deputy Secretary' section

Considerations:
- Explore the possibility of this option becoming a component of a new, dynamic ISP tool or a stand-alone website, potentially with mobile access.
- Study the potential integration options with existing social media platforms, such as Facebook.
- Consider the need for a monitoring mechanism to ensure accurate and consistent information.
- Understand existing resources that provide similar services The PA Link to Community Care website currently exists to help persons with disabilities and seniors find information on available community supports and services; ASERT Collaborative website provides similar information for individuals with autism.

Option S: Consider Investing in Technologies such as Mobile Apps and Digital Meetings

Assist individuals/self-advocates and families in self-management throughout an individual's life span

Description: Consider the integration of new technology tools into the DHS systems to support program efficiencies, improved communications, and access to information. Stakeholders have indicated that they are ready for such tools. The following applications are ways various stakeholder groups have identified that they would utilize the technology:

- Access electronic / mobile version of an ISP/IFSP/IEP
- Access electronic / mobile version of progress notes
- View information about planned appointments/visits
- Ability to send or receive text messages and electronic messages from approved stakeholders
- Receive notifications for upcoming appointments/visits, messages, and other alerts
- Access program communications or community resource information
- Ability for an individual's team members, SCs, providers and AE representatives to attend, facilitate and contribute to meetings remotely
- Ability to support technology enabled assessments, eligibility documentation and monitoring
- Access to view service documentation notes and progress notes
- Tracking visit information via EVV

Key components:
- Communication through an application, text messaging, and emails

- Mobile version of the ISP

- Navigation information such as contact information and roles and responsibilities

- Regular ongoing access to progress notes and service document

Considerations:
- Focus on a user-friendly design.

- Consider that this may only appeal to DHS system stakeholders who have internet, technical devices (i.e., computers, tablets, smart phones), or are tech savvy.

- Keep in mind that some providers already use electronic health record systems for some of this functionality.

- Consider that the potential exists to allow individuals who are not enrolled in Medicaid or DHS funded programs to use a mobile application to access information.

- Assure CMS guidelines for telehealth are met as applicable.

- Develop formal protocols for telehealth if utilized for Medicaid activities.

Strengthen the roles of Service/Supports Coordinators

T Develop a career pathing approach to elevate the role of the SC

U Consider creating an enhanced planning SC support role to partner with SCs in planning activities for self-advocates complex needs and life circumstances

V Consider ways to better utilize Targeted Supports Management (TSM) available through the Medicaid State Plan, including as navigators

Option T: Develop a Career Pathing Approach to Elevate the Role of the SC

Description: Develop a service coordination career pathway.

Career pathways are small groups of occupations within a career cluster. Creating an SC career pathway would offer individuals the opportunity for professional growth within a career, could help address turnover, and would elevate the role of the SC.   Factors to be considered in the development of a pathway include training, on-the-job experience, and the development of specific competencies.

Additionally, the option could include smaller, specialized caseloads for SCs such as individuals receiving targeted support management (TSM) only, self-advocates that are new to the DHS system, individuals that have recently experienced a transition, self-advocates with complex needs/high risk levels, individuals with dual ID and Behavioral Health (BH) needs, self-advocates who are self-directing with budget authority, etc.

Key components:
- Structured career path including generalized SC, SC supports for self-advocates not receiving waiver services (TSM-only SCs), specialized SC, enhanced planning SC, SC supervisor, etc.
- Mentorship structure between senior SCs and junior SCs
- Caseload variation commensurate with role which could mean smaller SC caseloads and/or specialized SC caseloads

Considerations:
- Focus on a user-friendly design.
- Consider that this may only appeal to DHS system stakeholders who have internet, technical devices (i.e., computers, tablets, smart phones), or are tech savvy.
- Keep in mind that some providers already use electronic health record systems for some of this functionality.
- Consider that the potential exists to allow individuals who are not enrolled in Medicaid or DHS funded programs to use a mobile application to access information.
- Assure CMS guidelines for telehealth are met as applicable.
- Develop formal protocols for telehealth if utilized for Medicaid activities. Creation of a specialized or enhanced planning SC role may contribute to development of a career pathing approach.
- Develop an approach to cross-train SCs in multiple programs (ID/BH/EI).
- Consider SCs in a TSM specific role could be responsible for assisting self-advocates with navigating community resources and in areas outside of the Medicaid Waiver, such as attending individualized education program (IEP) meetings with families.
- Offer a differential rate for SCOs that have implemented career pathing.
- Consider incentivizing SCOs for specific outcomes, established by DHS, in turnover or tenure targets.
- Determine if smaller SCOs will have challenges implementing this option due to limited scalability.

Option U: Consider Creating an Enhanced Planning SC Support Role to Partner with SCs in Planning Activities for Self-advocates with Complex Needs and Life Circumstances

Description: Supplement the existing role of SCs through a specialized enhanced planning SC role. SCOs could establish an enhanced planning unit to house SCs designated to this position or SC level. SCs in the enhanced planning unit would focus only on planning activities and not any of the other traditional SC responsibilities or tasks. The enhanced planning SC role would be deployed to mentor and provide guidance to other SCs with less experience as they are conducting planning activities for self-advocates with complex health and behavioral needs and for self-advocates experiencing challenging life situations, including transitions. This option would allow SCs to gain insight from another SC who has greater experience with the type of needs for the specific individual being served. The enhanced planning SC, offering mentorship and insight in complex cases, could have specialized clinical knowledge specific to the individual. This type of enhanced planning SC support or guidance could be available for both self-advocates receiving TSM services and self-advocates receiving waiver services.

Key Components:
- Designated enhanced planning SC units or positions

- Specialized SCs with advanced experience, knowledge (such as clinical knowledge for complex cases), and training

- Enhanced planning provided by SCs to support individuals not enrolled in a waiver program

Considerations:
- Consider challenges associated with ensuring adoption compliance; one such consideration is the fact that SCOs are both county and private entities.

- Consider ways to incentivize SCOs to change their structure and positions, including through use of a differential rate.

- Determine if smaller SCOs will have challenges implementing this option due to limited scalability.

Option V: Consider Ways to Better Utilize Targeted Support Management (TSM) Available Through the Medicaid State Plan, Including as Navigators

Description: In November 2017, CMS approved ODP's Medicaid State Plan Amendment (SPA) to update the Targeted Support Management (TSM) service. The SPA expanded the service to include self-advocates with autism who are eligible for Medical Assistance and who have been determined eligible for an Intermediate Care Facility for Other Related Conditions (ICF/ORC). The SPA also clarified expectations regarding the use of the LifeCourse framework and tools, assessment activities and the development of the individual plan, in addition to other revisions. Based on the findings from stakeholder sessions and through the development of the options report, it became clear that there was applicability of the TSM service to various system component areas that were not fully realized. This option seeks to identify those areas for further ODP consideration.

- Develop a specialized function within SCO organizations to aid in establishing a career pathing approach for SCs. Further, SCs specializing in TSM services could provide enhanced planning support to SCs serving self-advocates with complex medical or behavior needs or those experiencing complicated life situations that are not current waiver participants.
- Expand the use of TSM to play an explicit role to support children in the school system particularly as it applies to IEP development and school to work transitions.
- Bolster the capabilities of TSM to provide tailored guidance during any life transition, including but not limited to, EI programs to preschool, preschool to school age, school to work and the adult DHS system, as well as other transitions between DHS program offices. This enables increased information sharing across program offices to aid in smoother transitions and reduces the risk of self-advocates and families needing to repeat information as they navigate the system.

Play the role of a system navigator to answer questions, provide advice and offer guidance on process steps from intake through service delivery. TSM can assist as a navigator to access community resources for people not receiving waiver services and as a mentor if the individual is looking to enroll in a Medicaid waiver program.

Key components:
- Utilization of TSM as a system navigator function to support self-advocates in specific life experiences
- Education of SCs on the expanded use of TSM services

Considerations:
- Keep in mind that smaller SCOs may have challenges implementing this option due to limited scalability.
- Consider that changes to the fundamental purpose of the TSM service may require a SPA approved by CMS.

Simplify the management of and improve accountability for the system

W Explore administrative and financial options to give AEs a more direct role in provider management and service plan management, as well as more responsibility in managing services delivered to self-advocates and families

X Clearly delineate authority and administrative functions across the AE, SCO (including TSM) and provider functions

Y Consider leveraging online tools and data to tailor, streamline and enhance the individual and provider monitoring processes

Z Evaluate how provider monitoring practices could be streamlined across program offices and/or in conjunction with provider qualification and licensing processes

AA Use data analysis and key indicators to identify areas of interest for ad hoc monitoring

Option W: Explore Administrative and Financial Options to Give AEs a More Direct Role in Provider Management and Service Plan Management, as well as More Responsibility in Managing Services Delivered to Self-advocates and Families

Simplify the Management of and Improve Accountability for the System

Description: Consider exploring ways to delegate additional administrative and financial functions to the AE for the ODP waivers. Options could include designing an AE administered I/DD managed care program for which the AE takes on increase financial risk and granting AEs greater authority of provider oversight, responsibility for customer service to self-advocates and families and service quality and outcomes. In the development of options to evaluate, particular attention should be made to offering clear and prescriptive guidance on the role of the AE, including their responsibility to self-advocates and families, and how ODP will enforce and monitor the requirements articulated in the new role.

Key components:

- Proactive outreach, training, and support, developed by AEs, for self-advocates and families on the waiting list.

- AE responsibility to recruit and develop providers and potentially serve in a technical assistance capacity.

- AE assumption of SC monitoring activities in addition to the provider monitoring activities they currently own

- AE assumption of some financial risk for the I/DD program in the managed care model, operating as the Managed Care Organization (MCO) in this instance and not as a local government

Considerations:

- Consider that CMS would require statewide performance standards for AEs.

- Determine if CMS will require a waiver change to test new options.

- Consider that any change in management structure must result in improvements in service access and service quality.

- Determine the interest level and capacity of AEs to adjust for a shift in their role.

- Consider engaging AEs in focused efforts to reduce administrative complexity and improve customer service, in testing a new model(s).

- Develop an approach to assess overall performance of the option and ensure transparency in AE operations. Consider financial incentives for AEs using performance bands in specific goals or outcome areas (i.e. minimum utilization rates; vacancy rates; percentages of self-advocates served who are employed).

- Weigh implications and challenges stemming from potential self-advocate, family, and advocate pushback to a change in structure.

Option X: Clearly Delineate Authority and Administrative Functions Across the AE, SCO (including TSM), and Provider Functions

Simplify the Management of and Improve Accountability for the System

Description: In the current ODP system operating model, AEs, SCOs and providers operate in roles that work next to and with each other but not in a hierarchal relationship that provides clear authority or accountability between the entities. This structure causes confusion for self-advocates and families because they are not sure where to raise an issue and they often have limited access to raise an issue directly to ODP program staff. The structure is also difficult to navigate for the AEs, SCOs and providers as they encounter similar challenges; they may not know exactly to whom they are accountable and in what scenarios they have the authority to intervene on behalf of self-advocates receiving services, their families and ODP. This option seeks to address these concerns by making clear lines of authority and reporting, and incentive outcomes as a result.

Key components:
- Increased AE interaction with self-advocates and families to open lines of communication
- Establishment of a single point of complaint and/or grievance submission and formal responsibility for complaint management within AEs
- Provision of greater access for SCOs to report individual monitoring findings to AEs, providing greater overall insight into an individual's health and safety to the AE
- Reassessment of the information content and flow between AEs and ODP on the status of self-advocates, SCOs and providers; requiring a stakeholder advisory committee for larger AEs as well as the frequency of stakeholder public meetings may be beneficial.
- A stronger AE role in provider oversight which could include authority for holding providers accountable to corrective action plans and well as license to escalate issues to ODP when improvements are not implemented.

Considerations:
- Consider that this option of delineating the authority, administrative roles, and responsibilities of AEs, SCOs, and providers can be done in the near term; however, if DHS decides to test options with greater authority for AEs, the approach for this option would need to be modified.
- Determine the capacity of AEs to assume new responsibilities assigned within current resources and structure.

Option Y: Consider Leveraging Online Tools and Data to Tailor, Streamline, and Enhance the Individual and Provider Monitoring Processes

Description: DHS already collects and stores significant program data including plan and service data and the outputs of individual and provider monitoring. By leveraging existing data sources and employing online tools and individual self-reporting mechanisms, DHS could advance existing individual and provider monitoring practices. Stakeholders have indicated both individual and provider monitoring processes would benefit from a review of existing procedures and data collected.

For individual monitoring, consider including a monitoring function in an ISP portal that tailors monitoring questions based on individual outcomes and/or the services authorized in the individual's plan. Monitoring questions for self-advocates may change over time based on an individual's need and outcomes of previous monitoring visits. Individual monitoring visit frequency could also be tailored based on risk identification and/or other factors or triggers. Additionally, standards for monitoring could be revamped to leverage contacts that take place as part of routine interactions with self-advocates when they meet a certain threshold (i.e. phone call with self-advocate to answer question that becomes a more extensive conversation about services)

For provider monitoring, consider applying outputs from technologies such as EVV and implementing tools for self-advocates to provide real-time feedback, such as online or text evaluations, on services delivered and experiences interacting with providers. Provide self-advocates and families the opportunity to contribute to real-time provider monitoring by using online, mobile or text platforms. Self-advocates could use an mobile app or website to rate service delivery on a variety of criteria such as timeliness, quality, applicability to goals using infographic voting buttons (i.e. thumbs up/down, smiley/neutral/frown face).

Key components:
- Tailored questions for individual monitoring based on current individual needs, service mix, and goals.
- Frequency of visits for both individual and provider monitoring determined by individual needs, service mix, goals and past monitoring performance.
- Capability to include monitoring results in the collaboration portal. SCs could bring an electronic device to the monitoring visit and complete the monitoring within the portal. AEs could conduct provider monitoring in a similar manner using an electronic device during the onsite review process.

Considerations:
- Identify appropriate alignment areas with DHS' current initiative to research and investigate the application of quality portals.
- Determine how information will be shared among systems and monitoring tools, such as incident management.
- Consider the use of other technology, like video calls (such as FaceTime or Skype), online or text evaluations and service tracking, for some monitoring activities.

Option Z: Evaluate How Provider Monitoring Practices Could be Streamlined Across Program Offices and/or in Conjunction with Provider Qualification and Licensing Processes

Simplify the Management of
and Improve Accountability
for the System
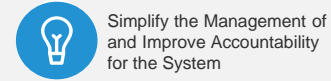
Description: Consider a review of the provider monitoring process to identify efficiencies. Providers indicated that currently they are subject to many processes that are redundant and very manual, which has caused providers to conduct compliance monitoring year-round. Processes to evaluate include monitoring conducted by other program offices, licensing processes, overlaps between individual and provider monitoring, provider self-monitoring, and provider qualification reviews. Explore whether any of these processes could be combined or whether there are instances in which information can be shared across processes to reduce time spent by providers and by reviewers during data gathering and increase consistency of data used. In addition, evaluate if automation opportunities exist for the monitoring processes.

Key Components

- Review of current processes for efficiencies and streamlining opportunities
- Information sharing across program offices for providers enrolled in multiple programs
- Dynamic questions in the monitoring tool to adjust based on recent monitoring/licensing inspections/qualification review outcomes
- Automation opportunities to support monitoring and reducing repetitive manual efforts

Considerations:

- Consider that ODP recently implemented their new QA&I monitoring, which included updates to the provider monitoring processes.
- Determine ways to maintain data quality and avoid relying on outdated information; provider monitoring in ODP is currently conducted on a three year cycle.
- Understand the impacts to providers with multiple site locations.
- Determine how information will be shared among systems and other monitoring tools, such as incident management.
- Review technology implications and opportunities when streamlining monitoring functions and sharing data.
- Incorporate direct provider feedback from self-advocates served and their families.
- Consider the CMS regulations which require provider monitoring activities including provider self-assessments and provider qualification.

Option AA: Use Data Analysis and Key Indicators to Identify Areas of Interest for Ad Hoc Monitoring

Description: Formal monitoring of SCs, providers and AEs occur at set intervals and not all entities are reviewed by DHS (or its designee) each year. To supplement the formal processes, DHS could explore ways to use data to conduct ad hoc monitoring during the interim years based on certain characteristics or activities. Historical data points like claims, incidents and individual monitoring results in addition to real time feedback from self-advocates using customer service based feedback (like text surveys for self-advocates to rate their service) could be oriented in visualizations to identify and track patterns and/or anomalies. Rules based alerts could notify responsible parties that an ad hoc monitoring visits may be warranted.

Key Components
- Dashboard or data visualizations representing historical data elements and real-time individual feedback
- Ability to manipulate the data to see trends. Ability to filter the data in various views i.e. geography, provider, program etc.
- Results of the data analysis prompts action in the form of desk reviews, on-site assessments, phone assessments or other mechanisms for monitoring

Considerations:
- Identify the necessary metrics or key performance indicators to analyze and visualize
- Determine which entities in the system should have access to view data, i.e. AE/county access to view provider and SCO data. Define a process around which entities can take action based on review of the data.
- Identify appropriate alignment areas with DHS' current initiative to research and investigate the application of quality portals
- Determine how information will be shared among systems and monitoring tools, such as incident management

Next Steps