LIFE. YOUR WAY.
Department on
Disability Services

HCBS Advisory Committee
Winter 2024

January 8, 2024

AGENDA

I. Introduction

II. Upcoming Policy and Procedure Updates

III. Feedback on Case Transfer

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Upcoming Policy & Procedure

Updates

- The Policy and Procedure on Participation in the Cost of Residential Services have been updated to reflect increase in the personal needs allowance and are being routed through approval process.
- Participant Directed Services Policy and Procedure and Remote Supports Policy and Procedure will go out for public comment ahead of next HCBS Advisory Meeting.

Case Transfer

Summary of Public Feedback

Section 6.B and 6.C refer to a transfer of multiple cases and a transfer resulting from rebalancing. Both sections should include a requirement that the person is notified of the transfer at least five days before the transfer occurs, unless this is not possible (i.e. the VR specialist or service coordinator departs the agency suddenly.

Response: We are unable to accommodate this.

DRDC asks DDS to address why the Case Transfer Procedure does not apply to RSA case transfers.

Response: RSA is developing a separate procedure specific to RSA.

Case Transfer

Summary of Public Feedback

Formal Complaint Process may require a stand-alone procedure as it requires investigation and resolution.

Response:
There is a Policy and Procedure for the Formal Complaint Process.

The reasons for transfer (#1-7) can all be resolved timely through IDT meeting.

Response: An underlying issue might be able to be resolved through an IDT meeting, but the decision to transfer the case is made by the supervisor. The IDT meeting is not the appropriate forum.

Case Transfer

Summary of Public Feedback

DRDC questions how a request for transfer for a new VR specialist or service coordinator could be initiated through the Formal Complaint Process. The Formal Complaint Process is only available for DDA services, not RSA services, so it would not be a venue where someone would be able to request a new VR specialist.

Response: The customer service line is available to everyone. Will revisit the policy language to ensure this is clear.

Section 4.F. provides the process for when DDS denies a transfer request. The policy should provide some guidance as to the reasons DDS could deny a transfer request.

Response: Disagree. Procedures outline factors to consider.

Case Transfer

Summary of Public Feedback

Over the years, as a Court-appointed attorney in both Mental Habilitation and Abuse and Neglect cases, I have found it necessary to inform the new Service Coordinators or Social Workers of the history and long-standing issues in court matters. Please add that SCs must review prior reports from attorneys, guardians, day and residential providers in order to appropriately assist clients.

Response: Any time a case is transferred there is an expectation that the new Service Coordinator reviews the record and documentation. There is also a case transfer process that includes a review of case information.

Case Transfer

Summary of Public Feedback

It appears (C.2) that it will be permitted to request a different SC team, which is helpful. However, in D.1, greater clarity is needed with respect to who would need to be notified by the person or their representative – "unit supervisor" sounds like the team lead, which would be awkward if asking for a team change, and "unit supervisor" isn't a clear term for those outside DDS – I assume, but would like to be sure, that it would be the level above the team lead if requesting a team change, but that should be crystal clear in the guidance.

Response: We will clarify who the request will be made to in the policy. It is the person at the next level up on the org chart.

Incident Management

Summary of Public Feedback

QT reiterates our concerns, previously expressed in our comments to DDS on October 26, 2022, regarding conduct that should also be considered a reportable incident, including:

- **Invasion of privacy**
- **Referral to the Comprehensive Psychiatric Emergency Program (CPEP)**
- **Use of profanity or insults towards the person supported (to be included in the definition of Emotional Abuse)**
- **Clarification that "Physical Intervention" includes all attempts at physically controlling a person's intentional behavior**

Response: CPEP referrals are usually captured under existing categories – primarily, Emergency Room Visit. Physical Intervention replaces 5 different current categories. Regarding Invasion of Privacy, it would fall under different categories depending on the incident.

Incident Management

Summary of Public Feedback

Section III.A (3)(d) states that DDS does not investigate DHCF contracted transportation providers. If that is the case, the Procedure should provide detail as to the steps DDS takes when an incident is reported to DDS regarding a DHCF contracted transportation provider. At the very least, DDS should have an obligation to report the incident to DHCF to investigate and seek corrective action and this obligation should be included in the Procedure.

Response: We will add a reporting requirement to Section III.(A.)(4).

Incident Management

Summary of Public Feedback

Medical and behavioral ER/UC visits. The definitions do not distinguish between the two.

Response: We feel the distinction is clear.

If Station MD is used as a precaution around a med error, is it still an RI. Does consulting Station MD impact how an incident is classified?

Response: Yes. Anything beyond consulting with the nurse makes it an SRI.

Incident Management

Summary of Public Feedback

One-time use of medical sedation

Does consent by the person or the person aided by their medical decision-making support person and a physician's order by their primary care physician change that at all? This is a fairly common occurrence and has the potential to flood the system with such incidents if enforced in this manner.

Response: No. This is not a change.

If sedation is used for multiple appointments. is it still classified as "one-time" use. Could other language be used in place of "one-time."

Response: Each instance of sedation would be a one-time use.

Incident Management

Summary of Public Feedback

The proposed policy defines certain forms of harm as reportable or serious reportable incidents only if carried out by a provider or DDS employee or contractor. This includes the DDS definition of property damage, abuse, exploitation, and use of physical intervention. Although we recognize that incidents occurring outside of the scope of provision of services may not be reportable, we recommend that DDS also include such conduct between other recipients of DDS services in the same residence or program.

Response: Our focus is on the provider. If a serious injury results, we would investigate whether staff did or did not do something that contributed.

Incident Management

Summary of Public Feedback

Homicidal threat. Please consider whether to include such threats against provider staff.

Response: No. We disagree with this suggestion.

Definition of reportable suicide threat should address if the BSP determines it to be an incident or not. Homicidal threat addresses this but not suicidal.

Response: We agree and will revise accordingly.

Incident Management

Summary of Public Feedback

Other incident. Please reword to express the desired intent. Absolutely everything we as a provider do has an impact on the health, safety, or well-being of the persons we serve. Please rephrase to something like "detrimental impact" or "harmful impact."

Response: We will revise to "negatively" impact.

Examples should be given for reportable and serious reportable "other".

Response: Generally, the other categories are there to allow reporters to enter even when they aren't certain of the category. For most of these incidents, the IRC recategorizes to the correct RI or SRI.

Incident Management

Summary of Public Feedback

Physical Injury

This definition is much broader and needs to be clarified in many respects to strike an appropriate balance so that DSPs can support persons served to live their best lives rather than spend time reporting these new types of minor injuries

Response: This is a training issue.

Incident Management

Summary of Public Feedback

Physical Injury

While the first part of this definition applies to Reportable Incidents, the second half of the definition beginning at "Contemplated injuries…" should be moved to be in the Serious Reportable Incident definitions section.

Response: Disagree.

Incident Management

Summary of Public Feedback

Sexual Abuse

The use of bullet points would help make this definition easier to read and understand.

Response: We will take this into consideration.

“Unwelcome touching” should not be listed as sexual abuse. One of our persons served is very grumpy about needing to have his prescription topical medications applied to his private parts, yet he is unable to apply them by himself. It is unwelcome touching, but it is required for his care.

Response: People have the option to refuse care. If they have consented to care, this would not be "unwelcome touching."

Incident Management

Summary of Public Feedback

Physical Injury

The Policy continues to list "fall" as an example of both an ordinary "physical injury" and a "serious physical injury." It is common for falls to cause serious injury that cannot immediately be observed, including intracranial bleeding or small fractures. The definition of "physical injury" should be revised to read "Contemplated injuries include, but are not limited to, those resulting from a fall other than those fall-related injuries discussed in the definition of 'serious physical injury . . . ."'

Response: This is a challenge, and we feel we have struck the right balance with this definition. We have previously issued transmittal 19-06 to provide specific guidance on head injuries.

Incident Management

Summary of Public Feedback

Sexual Abuse

Please also consider rephrasing the portion "patting, rubbing, or purposely brushing up against a person supported." Yes, if these are sexual in nature they are abuse. Yet this would seem to prohibit us from patting or rubbing someone's hand when they are having a sad day or standing next to them so they can lean on us. All humans need platonic touch for their emotional wellbeing; please make sure the final language is not overly broad and restrictive.

Response: We will revisit the definition to consider adding language around the intent of the touch.

Incident Management

Summary of Public Feedback

Sexual Abuse

Please clarify what it means to "stare in a sexually suggestive manner." I'm not sure how we'd operationalize that. How would that be distinguished from when I'm trying to determine whether a breast prosthesis is on incorrectly? Or if I'm trying to determine whether a PRN topical for rashes on the groin is needed

Response: This is training issue.

Incident Management

Summary of Public Feedback

Sexual Abuse

This definition does not address situations where DDS or provider staff themselves have an intellectual or developmental disability and have solicited or are engaged in a consensual sexual relationship with someone supported (whom they do not directly support).

Response: This is also a training issue.

Incident Management

Summary of Public Feedback

Sexual Abuse

This definition does not address the scenario where someone has a significant other providing in-home supports through a provider agency or has hired a significant other to provide support through Participant Directed Services. The Policy should be amended to make clear that these relationships are not prohibited.

Response: This is a training issue.

Incident Management

Summary of Public Feedback

Sexual Abuse

QT repeats their suggestion that the definition of sexual abuse must include any sexual activity between a person supported by DDS and a person involved in their care – even if that person does not provide direct services.

Response: We will revisit the phrase “direct services.”

Incident Management

Summary of Public Feedback

Sexual Abuse

QT recommends that DDS revise this definition to include conduct that "could reasonably be expected to cause humiliation or offense on the part of a person in the same situation with or without the same disability as the person supported."

Georgetown UCEDD recommends that DDS incorporate the "reasonable person" standard in determining what offensive conduct rises to the level of a serious reportable incident.

Response: We agree with the suggestion and will revise.

Incident Management

Summary of Public Feedback

Sexual Abuse

Section III.A.4. of the Procedure should be revised to clarify that people who experience sexual assault or are the victims of violent crimes should receive immediate medical attention to facilitate collection of time-sensitive evidence, when consistent with DDS' existing policies on consent to medical treatment. This should include a requirement that 911 be called immediately in situations where a person has experienced recent sexual abuse involving physical contact. In addition, section III.B.D.10. of the Procedure should clarify providers' obligation to identify, collect and preserve evidence includes the obligation to avoid cleaning clothing, objects, or surfaces that may contain DNA or other evidence of sexual assault until appropriate investigative authorities have had the opportunity to collect the evidence.

Response: We are a person-centered organization and we will take the lead of the person supported in how we respond to sexual assault.

Incident Management

Summary of Public Feedback

Sexual Abuse

Section 7(Q) of the IMEU Policy and III.B.3. of the Procedure should be revised to include consideration of referral to the DC Rape Crisis Center for people who have experienced sexual abuse

Response: There are many follow up actions that would be appropriate and it is beyond the scope of the procedure to list them all.

Incident Management

Summary of Public Feedback

Use of Physical Intervention

How is "physical intervention" specifically defined? If the intervention does not involve a physical restraint but rather blocking the person for example (from blows to self or others), is that a physical intervention? Must an intervention be reported as an incident that is consistent with Mandt or CPI person-specific training and the BSP?

Response: Yes, it would be reported as an incident. Every time someone uses a physical intervention it must be reported and tracked whether it is approved or nonapproved, emergency or non-emergency. We will revisit this to consider classifying physical interventions consistent with the BSP as RIs.

Incident Management

Summary of Public Feedback

Neglect.

The drafted IM policy has broken down Neglect into subcategories. Are the subcategories really necessary if the definition for neglect already includes the definitions of the subcategories…we don't feel it really is.

Response: The categorization is for data tracking. The investigator categorizes the incident into a subcategory following investigation.

Incident Management

Summary of Public Feedback

Environmental neglect.

This definition includes "exposure to environments which interfere with a person's sleep or rest." This is overly vague and broad. What if one of our homes was on the same street as a fire station? Can bedrooms not face the alley where the garbage trucks come by? Please remove that phrase or reword.

Response: We will revisit this.

Incident Management

Summary of Public Feedback

Nutritional neglect.

There should be language that makes an exception if the person supported refuses to follow meals or snacks that reflect their special diet as long as the refusal is documented (as indicated for refusal to take prescribed medications).

Response: This is a training issue.

At the very end it states: “the provision of food in a manner that is inconsistent with the person’s ISP or BSP”. We believe it should not say “BSP” but rather nutrition assessment recommendations and physician’s orders. BSPs do not routinely outline parameters of special diets.

Response: There may be nutritional restrictions in the BSP.

Incident Management

Summary of Public Feedback

Inadequate Staffing

“Absence of staff in proximity to a person” seems very vague. How is proximity measured? Please clarify.

Response: This is a training issue.

Incident Management

Summary of Public Feedback

Inadequate Staffing

For inadequate staffing, can it be specified that inadequacy will be based on failure to adhere to the staffing ratio per HCA, ISP, or BSP?

Response: We will revisit to simplify the definition.

Inadequate staffing definition is confusing. Perhaps restating without the use of ratio or stating "where the number of staff is inadequate for the number of persons" or "The number of staff to person ratio is inadequate" would clarify.

Response: Same as above.

Incident Management

Summary of Public Feedback

Missing Person

The language provided is good but it does not fully help providers to determine when someone is truly missing because it has no language about the diverse skill levels and decision-making capabilities of the various people supported.

Response: This is a training issue as well. The definition references the ISP or BSP which take all the stated factors into account in determining the limits of unsupervised time.

Incident Management

Summary of Public Feedback

Property Destruction

Suggested language change – "Any damage deliberately done by a person supported by DDS to provider property, the property of a peer, their own property or that of any other person".

Response: We will revisit the definition.

Is property destruction by a person, regardless of the dollar amount, no longer an incident?

Response: Same as above.

Incident Management

Summary of Public Feedback

Medical Neglect:

“From a defined standard of care” is very broad and vague. Who defines the standard? If two medical professionals give us conflicting advice (which they often do), will we be guilty of neglect when we must select only one to follow?

Response:
Refer to the Health and Wellness Standards dated April 1, 2021

Incident Management

Summary of Public Feedback

Serious Physical Injury:

Do poisonous insects include mosquitos? It seems excessive to go through the SRI process for these

Response: No.

Regarding head trauma/injuries, I actually think you've narrowed the definition too far. The prior/current version says to treat a head injury from a fall as an SRI even if there is no apparent injury. Since head injuries are so difficult to diagnose properly, I prefer the existing phrasing.

Response: There is a transmittal 19-06 that addresses head injury.

Incident Management

Summary of Public Feedback

Reporting:

“report all incidents…, as appropriate, including, but not limited to…”
a. Again, we have the “as appropriate” language, and a lot of these sub elements don’t say when the use of them is “appropriate.”
b. If you want us to get better at our reporting, then simplifying/streamlining the reporting process on your end would go a long way. For example: let MCIS reports suffice for notice to duty officers and service coordinators. The more steps and notifications we have to make, the more likely we are to miss something.

Response: Direct notification is a change. We will revisit the purpose and necessity for this.

Incident Management

Summary of Public Feedback

COVID 19:

The definition seems incomplete. Must we still report ALL cases of a person supported who becomes COVID positive even if there is no hospitalization or serious health consequences? Are we required still to report all exposures as well?

Response: Not exposures, but Covid infection must be reported. EIH is an SRI.

What about Covid exposure or positive Covid without being hospitalized? Is that RI/other

Response: See above. We will revisit this definition.

Incident Management

Summary of Public Feedback

Reporting:

Paragraph 4.d.ii. in the procedure seems excessive when compared to the proposed incident definitions. If a bruise grows to over one inch, we're to call the duty officer, stay awake for at least 30 minutes and then call 311 if the duty officer hasn't responded. This really does not seem like a good use of anybody's resources.

a. **Recommendation 1: Have us call the duty officer for some subset of really serious cases, such as a pattern of suspicious injuries and injuries that are truly life-threatening.**
b. **Recommendation 2: For less serious SRIs, have us file the MCIS report then, which sends its alert to both the duty officer and the service coordinator. (See, e.g., 8.b. later in this document.)**
c. **For paragraph iii, I hope you're giving the duty officers more clarity on when to contact the Deputy Director, such as a narrow list of which types of incidents warrant that.**

Response: Again, direct notification is a change, and we will revisit the purpose and necessity for this.

Incident Management

Summary of Public Feedback

Reporting:

“The provider’s senior management shall conduct a preliminary review and ensure an immediate response, as necessary, to such incidents within 24 hours of their discovery, documenting the actions taken within the report prior to submitting it to MCIS.”

a. **This seems to be a deviation. Current guidance is to report as soon as possible. In fact, waiting 24 hours could put our report after the 5 PM the next business day deadline.**
b. **Please provide guidance as to what a “preliminary review” would mean if we are prohibited from investigating.**

Response: This is a training matter.

Incident Management

Summary of Public Feedback

Notification:

Section III.A (4)(c) requires all providers to report incidents to the "person's guardian, substitute decision-maker, or others as identified in the person's ISP." The Procedure should state that it should also be provided to their legal representative and their supported decision-maker, if the person has one.

Subsection 7(O) be revised to clarify that an individual acting pursuant to a supported decision-making agreement be informed of the occurrence of SRIs and the outcome of SRI investigations, to the extent that the governing Supported Decision-Making Agreement (SDMA) authorizes such disclosure.

The word "promptly" should be inserted: "shall be informed promptly."

Response: Will revise to Supported Decision-Maker consistent with the SDMA

Incident Management

Summary of Public Feedback

Investigation:

While (24 hour) time frame for reporting is reasonable, a response time of 24 is too long in the case of certain criminal events, including sexual assault. Moreover, our review of other DDS policies and procedures did not reveal any policy that governs the time frame for other actions taken in response to sexual assault.

Response: Criminal matters are reported to law enforcement either through 911 or non-emergency number.

Incident Management

Summary of Public Feedback

Notification:

In the Procedures, 4.a. and 4.g. both refer to calling 911, but 4.a. correctly states "as needed," while 4.g. makes it mandatory to call the MPD or other police. Given the danger of police overreaction, calling 911 should only be done as absolutely necessary for health and safety, so the requirement in 4.g. should be eliminated. In addition, the procedures should also allow for notification of a mobile crisis team (202-673-6495) rather than resorting to the MPD by 911.

Response: The language in section III.(A.)(4) of the procedure reads "all providers must report all incidents to the proper authorities, as appropriate, including, but not limited to:..." a-j.

Procedure seems to be saying that all incidents have to be reported to the police or 911. DC's 911 system already has insufficient staffing to answer emergency calls. Let's please not further bog that system down with non-emergencies. Then it goes on to say that if it involved criminal misconduct, a missing person, or a death, we also have to call this other mysterious number."

Response: See above. This is a training issue.

Incident Management

Summary of Public Feedback

Investigation:

The Procedure should make clear that all SRIs must be investigated within 45 calendar days from the date when the incident was reported. The 45-day deadline is only included in a parenthetical in Section III.B (6) and should be made more prominent in the Procedure. Similarly, Section III.D (10)(d)(vii) should be amended to state that that the IMEU Investigator must prepare and deliver the investigative report to the IMEU Supervisor no later than 40 calendar days from the date when the incident was reported and not when it was assigned.

Response: We can make the 45 days more prominent. The timeline to complete investigations is based on when it is assigned, not on when it is reported.

Incident Management

Summary of Public Feedback

Investigation:

I'm confused by this recurring language: "where appropriate, investigate." It implies that there are incidents for which it is not appropriate to investigate.
Are there examples (other than ANE and serious physical injury)?

a. **Who determines whether an investigation is appropriate?**
b. **[This language is also used on page 8, Section 7.L.]**

Response: This is a reference to provider level investigations. "Where appropriate" speaks to who is responsible for investigating.

Incident Management

Summary of Public Feedback

Investigation:

Procedure says "Providers shall not investigate SRIs pertaining to abuse, neglect, exploitation, or serious physical injury, unless otherwise required by law or regulations. However, the IMEU Supervisory Investigator reserves the right to direct the provider to cease any investigative activity until IMEU has collected sufficient evidence, unless required by law. The exception is for incidents that occur in Intermediate Care Facilities licensed by DC Health formerly "DOH."

Please explain what this exception means and what is required of ICF facilities so that we may comply.

Response: This is outside the scope of this policy but is covered under the DC Health regulations.

Incident Management

Summary of Public Feedback

Investigation:

Section III. D (13) discusses the rating system for provider investigations and mentions that they are assessed for whether they have a certain percentage of the "elements of the investigation" at a certain rating. DRDC assumes there is a document that spells out the elements assessed in the investigation and asks that that document be cited to and attached to the Procedure.

Response: We can add an embedded link to the document.

Incident Management

Summary of Public Feedback

Investigation:

Consider revising the 90% benchmark for submitting recommendations on time. I'm thinking of investigations in which the only recommendation is to provide the investigation's results to the guardian; these recommendations get posted with a 5-day deadline and we're not always notified when they go up. If a provider has few investigations and few recommendations resulting from them, it would be pretty easy to get below 90% while still doing very well at your investigations.

Response: The compliance specialist takes the recommendations from the IMEU investigation report and enters them in the recommendation section of the SRI in MCIS. The provider is required to respond to the recommendations there.
Additionally, the compliance specialist notifies the provider via email with recommendations and enters the recommendations as issues. The 5-day deadline starts when the email is sent.

Incident Management

Summary of Public Feedback

Submitting/Dissemination Reports:

My Own Place believes the 5-day timeline for completing and submitting reportable incident investigation reports is too short. IMEU gets 45 days for serious reportable incidents and while we recognize that SRIs are more complex and naturally take more time, 45 days is nine times as much as is provided for reportable incidents. We suggest the timeframe be increased for reportable incidents to at least ten days, particularly now that they must be submitted into MCIS.

Response: The 5-day timeline has not changed. Section III(D)(6) addresses Investigation of RIs and does not include a requirement to upload to submit into MCIS.

Incident Management

Summary of Public Feedback

Submitting/Dissemination Reports:

Qualified providers now have 25 days to submit their reports. This is a reduction from 30 days. I'd recommend using 14 calendar days for providers who aren't qualified and 28 days for Qualified Providers. By making due in increments of one week, it will make it easier to track.

Response: This is an increase from 15 to 25 dates. The recommendation is noted.

Incident Management

Summary of Public Feedback

Submitting/Dissemination Reports:

Add SDMA persons as recipients of IMEU final report.

Response: This is a training issue to ensure people are aware of the scope of a supported decision making agreement.

Incident Management

Summary of Public Feedback

Submitting/Dissemination Reports:

Section 7.O states that the person, the person's substitute decision-maker, if applicable, and the person's legal representative, if applicable, shall be informed of the occurrence of all SRIs and the outcomes of all SRI investigations. Currently, DDS does provide these notifications but does not send the actual investigatory report, unless specifically requested to do so. DRDC requests that the Policy be amended to state that these individuals should receive the investigatory reports from DDS, without having to request them from the IMEU or service coordinator. In addition, it should include the person's supported decision-maker, not only a substitute decision-maker

Response: Disagree. The reports are available by request. We will amend the procedure to accurately reflect our current practice. Copies of report are available through the supervisory investigator. We agree that substitute decision-maker should be removed. Regarding Supported Decision maker, it would depend on the SDMA.

Incident Management

Summary of Public Feedback

Submitting/Dissemination Reports:

Section III.D(12) (b) should require the provider to provide the person and their legal representative with the copy of the investigatory report and not only report the outcome.

Response: See previous. A copy of the report is offered.

Incident Management

Summary of Public Feedback

Please provide notice of reinstatement via more timely manner than a mailed letter.

Response: This is done via email and is completed as timely as possible.

Section III.D. (9)(b)(ii) states that the IMEU Supervisory Investigator shall convene a panel of reviewers for when a former employee seeks to be reinstated. The Procedure states that the panel shall have at least three DDA staff on the panel. DRDC recommends that DDS include someone with an intellectual and/or developmental disability on this review panel

Response: We are going to revisit whether this provision should be included in this procedure.

Incident Management

Summary of Public Feedback

Training/Technical Assistance

Training for people covered by the IME policy should include training on the rights of people with IDD to:
• Develop friendships and emotional and sexual relationships where they can love and be loved, and begin and end a relationship as they choose;
• Dignity and respect; and
• Privacy, confidentiality, and freedom of association.

Response: This is beyond the scope of training on changes to our IME policy, but it is incorporated in PCT training.

Incident Management

Summary of Public Feedback

Training/Technical Assistance

See Something, Say Something: while My Own Place agrees wholeheartedly that postings should not be displayed prominently in a person's home, they should be available for staff review and access. We do it via a permanent Therap Blast which protects privacy and dignity but creates the desired access for staff.

Response: Agreed

Is there a specific requirement for what is considered appropriate mitigation of the possibility of retaliation against any person participating in incident reporting and/or investigation?

Response: We will revisit and consider what additional language may be necessary.

Incident Management

Summary of Public Feedback

Training/Technical Assistance

I would love additional suggestions on competency-based training. We train regularly on ANE and incidents, including requiring passing of quizzes, but we still don't always get the reports in a timely manner.

Response: This is beyond the scope of the policy. Please speak to your quality resource specialist.

How can we get access to QAPMA's technical assistance to assist with systemic changes? We've been trying to improve our systems, but we struggle to do that proactively while also managing daily needs of the people we serve. More access to technical assistance would be greatly appreciated.

Response: See above.

Incident Management

Summary of Public Feedback

QT reiterates our previously-stated concerns regarding the expectation that providers will maintain their own system to track and review data on reportable incidents to identify trends and systemic deficiencies, expressed in our comments to DDS on October 26, 2022.

Response: Acknowledged. Part of our monitoring of the providers includes monitoring their ability to track trends.

Questions and Answers

Summary and Next Steps

Next HCBS Advisory Committee Meeting:
Monday, March ?(tentative)