

## Innovative Ideas Workshop #3 – September 19, 2012

This document summarizes the feedback received from 14 groups of workshop participants on two presentations made by collaborating groups of service providers. Workshop participants included individuals with developmental disabilities, family members, and representatives from service providing agencies.

<b>CDS Monarch: Celebrating the Everyday of Life</b>
<b>Aspects Workshop Participants Liked Best</b>
<ul style="list-style-type: none"> <li>▪ <b>Electronic Record Keeping (ERK):</b> Tracking system makes billing easier and staff more accountable. The 72-hour window was seen as a positive element since it would allow errors to be corrected if caught early.</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>ERK:</b> Flexibility and portability of the handheld devices and the link they provide between habilitation plans and ISPs.</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>ERK:</b> Centralization and standardization of documentation.</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>ERK:</b> Updating and communicating in real time with health and safety needs, program, diet, clinical changes.</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>ERK:</b> Efficiency of time, paperless features, and better process for auditing purposes. "Alerts" system for staff, touch screen equipped kiosks and biometric scanners.</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>ERK:</b> The ability for individuals receiving services to be engaged with their programs and participate in data collection regardless of reading skills is very appealing.</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>ERK:</b> Immediate input of data and ease with which staff can enter or access data.</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>ERK:</b> Ability to generate reports and compile data.</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>Employment Business Model (EBM):</b> Focus on finding competitive jobs in the food industry.</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>EBM:</b> Excited about the idea of for-profit employment services to facilitate smooth transition from day habilitation to employment options.</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>EBM:</b> Ability of collaborative vocational model with Unistel to provide real opportunities to individuals as a desirable way to get them involved into more inclusive roles and experiences not always available in existing settings.</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>Monarch Senior Living (MSL):</b> Flexibility when compared to certified models, offering benefits to individuals in terms of greater integration into the community and promoting real community relationships.</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>MSL:</b> Elements of creativity, choice and independence.</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>MSL:</b> Reducing dependency on Medicaid and improving integration in the community.</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>MSL:</b> Cross system collaboration.</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>MSL:</b> Promising if the percentage of people with disabilities is increased in the allocation formula.</li> </ul>
<b>Aspects Participants felt would be a Challenge to Implement</b>
<ul style="list-style-type: none"> <li>▪ <b>Electronic Record Keeping (ERK):</b> Not all staff and family members are computer savvy and training would be necessary.</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>ERK:</b> Difficult to find a single system that would be suitable for all agencies.</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>ERK:</b> Cost and time associated with implementing an electronic record keeping system. Implementation would require a huge transition period.</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>ERK:</b> How would an ERK system work in a self-directed services setting?</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>ERK:</b> If the handheld device is used outside the home, how is compliance/quality ensured? How do you make sure services are actually provided?</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>ERK:</b> There are other more cost-friendly electronic records management systems than the CDS model.</li> </ul>

<ul style="list-style-type: none"> <li>▪ <b>ERK:</b> Much will depend on whether auditing agencies accept electronic records created by the CDS Monarch system.</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>ERK:</b> Difficulties in accessing wireless internet services in rural areas.</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>ERK:</b> Number of devices required as well as staff time needed to be trained to use devices effectively.</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>ERK:</b> Durability of devices – how will they hold up over time?</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>ERK:</b> Fast changing nature of technology – is there a plan to keep up with changing technology associated with ERK system?</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>ERK:</b> Start up costs of necessary computer hardware and software.</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>ERK:</b> Difficulty in accessing data offsite depending on wireless connections.</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>Employment Business Model (EBM):</b> Model resembled sheltered workshop and focused on just one “career” option (food industry).</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>EBM:</b> Businesses historically have not been receptive in some local areas and those relationships would need to be forged to duplicate the model.</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>EBM:</b> How will the business model sustain minimum wage and incorporate natural supports?</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>Monarch Senior Living (MSL):</b> Due to high levels of supports needed by many individuals, its utility may be limited.</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>MSL:</b> Passing off an idea very similar to shared living with seniors as “innovative.”</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>MSL:</b> A segregated group of seniors will be seen as inclusive within the community. The idea of true community integration cannot be assumed just because of location alone.</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>MSL:</b> Model is exciting but difficulties posed by medication management, funding and other regulations may make launch on a large scale for those with high needs very challenging.</li> </ul>
<p><b>General Concerns Noted</b></p>
<ul style="list-style-type: none"> <li>▪ <b>Monarch Senior Living (MSL):</b> Need to provide better continuum of care for individuals getting older who are currently in the community.</li> </ul>
<p><b>Promising Aspects for Local Innovation</b></p>
<ul style="list-style-type: none"> <li>▪ <b>Electronic Record Keeping (ERK):</b> Definitely shows promise for partnerships with other businesses.</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>ERK:</b> Potential for documentation through a mobile, handheld device.</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>ERK:</b> The ability of the system to interface with OPWDD’s CHOICES platform.</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>ERK:</b> The idea of being able to communicate in real time with needed information would help bridge the geography issues in rural areas.</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>ERK:</b> The accountability in service provision and the ability to ensure that the service is documented appropriately.</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>ERK:</b> The oversight that supervisors will have over programs through review and documentation.</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>ERK:</b> Ability to manage costs and billing.</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>ERK:</b> Ability to document a service from a community location and the ability to look at the same information at a remote location (i.e., hospital).</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>Employment Business Model (EBM):</b> Potential to generate non-Medicaid revenue.</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>EBM:</b> Partnership with Wegman’s and potential for replication with other local businesses.</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>Monarch Senior Living (MSL):</b> Keeping families together provided community integration opportunities exist in choice locations.</li> </ul>

## **Maranatha Human Services: Caregivers, Homes & Choices (CHC)**

### **Aspects Workshop Participants Liked Best**

- *Good overall goal with focus on individualized services in non-traditional settings as a viable alternative to family care.*
- *Diversity of five CHC groups will give them the ability to specialize in different populations.*
- *Ability to move individuals from more restrictive to less restrictive environments.*
- *Establishing effective collaboration among five different organizations to recruit and pool provider resources in the spirit of working together for the betterment of the people we serve.*
- *Focus on minimizing staff turnover.*
- *Decrease in cost from an IRA to different, innovative, non-certified model.*
- *Potential to provide terrific service if there is a good match between the individual and service provider.*
- *Philosophy is closely aligned with new direction OPWDD is taking.*
- *Focus on choice, quality of life and sustainable relationships within the community.*
- *Element of “matching” is very “new age” and increased the model’s potential for success.*
- *Combining back office operations to be more efficient and cost effective.*
- *The way in which experts in the field have brought the concept to the initiative.*
- *Team concept – working with behavioral and medical services.*
- *Broader continuum of supports, offering greater flexibility to individuals in terms of availability of services.*
- *Increased training and professionally equipped caregivers.*
- *Focus on long-term retention resulting in better qualified caregivers.*
- *Ability for individuals in smaller settings to have increased opportunities to develop genuine relationships and connections in their communities.*
- *“Innovative and cool.”*

### **Aspects Participants felt would be a Challenge to Implement**

- *Generating enough interest among a sufficient pool of professionals.*
- *The expectation of a five year commitment from professionals seemed too idealistic and unrealistic.*
- *Assumption that professionals are better at caregiving than non-professionals – there currently are quality providers who do not have the high level of education or professional background stipulated by the model.*
- *Not sure how realistic it is to look at highly professional people – may be hard to find and not necessarily the best people for a “normal” life.*
- *It might be premature to focus on 200 people when the project is in its early stages.*
- *How to maintain quality of services with services disbursed geographically?*
- *How much to pay service providers under the CHC model?*
- *How to maintain continuity of services when a provider discontinues service provision? Such scenarios would “short change” individuals. Will they be able to be maintained in a well-matched setting if and when turnover does occur or will they be forced back into less individualized settings?*
- *Difficulty to launch given funding, regulatory concerns and level of “professionals” expected to serve as caregivers.*

<ul style="list-style-type: none"> <li>▪ <i>How will this model accommodate those participants who require medication administration, behavioral intervention and specialty providers?</i></li> </ul>
<ul style="list-style-type: none"> <li>▪ <i>Not sure the level of reimbursement will be attractive to professionals.</i></li> </ul>
<ul style="list-style-type: none"> <li>▪ <i>Unclear how the collaboration among the five providers will actually work.</i></li> </ul>
<ul style="list-style-type: none"> <li>▪ <i>Obtaining the needed funding to jumpstart collaboration and service design.</i></li> </ul>
<ul style="list-style-type: none"> <li>▪ <i>Getting families to commit to take individuals into their homes for a minimum of five years as well as their tolerance for whatever accountability aspects may be required as part of family life.</i></li> </ul>
<ul style="list-style-type: none"> <li>▪ <i>While the enhanced reimbursement may help recruit and retain providers, it may also serve to limit choice for individuals with developmental disabilities as the caregiver's financial stake in maintaining the arrangement grows (since they may be less supportive of alternative options).</i></li> </ul>
<ul style="list-style-type: none"> <li>▪ <i>Potential NYS Department of Labor issues related to the caregiver role. Also, if caregivers are agency employees, how will incidents be treated?</i></li> </ul>
<p><b>General Concerns Noted</b></p>
<ul style="list-style-type: none"> <li>▪ <i>Variable compensation to promote the placement of more challenged individuals.</i></li> </ul>
<ul style="list-style-type: none"> <li>▪ <i>A "work in progress" – no proof that any of this will actually work. It would be much better to present "success stories" and focus on what has already been accomplished.</i></li> </ul>
<p><b>Promising Aspects for Local Innovation</b></p>
<ul style="list-style-type: none"> <li>▪ <i>High hopes and high aspirations help to inspire others to catch the wave of new ideas.</i></li> </ul>
<ul style="list-style-type: none"> <li>▪ <i>Lower costs and fiscal savings inherent in an enhanced family care model.</i></li> </ul>
<ul style="list-style-type: none"> <li>▪ <i>Opportunity to design flexible living arrangements.</i></li> </ul>
<ul style="list-style-type: none"> <li>▪ <i>Moving individuals from certified to non-certified settings with proper supports available is a win-win for all involved.</i></li> </ul>
<ul style="list-style-type: none"> <li>▪ <i>Services that individuals actually need and want vs. here's what we have, take your pick.</i></li> </ul>
<ul style="list-style-type: none"> <li>▪ <i>Actually doing person-centered planning instead of just talking about it.</i></li> </ul>
<ul style="list-style-type: none"> <li>▪ <i>Increase in community involvement.</i></li> </ul>
<ul style="list-style-type: none"> <li>▪ <i>Moving away from certified settings toward more innovative ways to deliver services and meeting individuals' wants and needs.</i></li> </ul>
<ul style="list-style-type: none"> <li>▪ <i>Increased opportunities for a broader range of residential supports.</i></li> </ul>
<ul style="list-style-type: none"> <li>▪ <i>Promise of caregiver continuity for individuals as compared to the all-too-frequent staff turnover in other settings.</i></li> </ul>
<ul style="list-style-type: none"> <li>▪ <i>Tailor concept more along the lines of shared living with less emphasis on family care elements.</i></li> </ul>