

FIS Application

Comments:

Group Day:

- Staff ratio of “no more than 1:7” implies that the provider is limited to “no more than 1 staff for every 7 individuals which they support” – I believe you should say “at least 1:7”
- I would remove the references to DBHDS “approval” or “defined procedures” and refer instead to the DMAS regs/Manual which will have controlling language
- This service can offer options to “fill in spaces of time” between SE hours, or for individuals who do not have the physical stamina to be active in community locations for extended periods, etc. The service description does not describe to role this service can play in the larger set of day services.

In-Home:

- “supplement the primary care provided by the individual . . .” – seems like an odd statement!
- As these are agency services – recognition must be given to the fact that the agency is responsible for providing “back-up” in the case of a resignation without prior notice; this is particularly relevant when the individual does not live with family or another caregiver and is supported in their own home. This leads to the need for flexible hours being approved each month.
- I would also title the staff as a DSP rather than as a personal assistant (which implies a different service)
- I would remove the references to DBHDS “approval” or “defined procedures” and refer instead to the DMAS regs/Manual which will have controlling language

Respite:

- Add “a sponsored residential home” as a location where respite can be provided and under Provider Qualifications to as an option for the license required
- There are references here to the role of a Services Facilitator – is a services facilitator required for CD services to be implemented? If not, as was suggested during a meeting recently, it should be clear in this description.

Community Coaching:

- I would remove the references to DBHDS “approval” or “defined procedures” and refer instead to the DMAS regs/Manual which will have controlling language
- The entire premise of this service seems weak – as only a precursor of apparently limited duration to Community Engagement, the service seems to have limited utility.

Community Engagement:

- I would remove the references to DBHDS “approval” or “defined procedures” and refer instead to the DMAS regs/Manual which will have controlling language
- Staff ratio of “no more than 1 staff per 3 individuals” implies that the provider is limited to no more than 1 staff per 3 individuals; I believe you should say “at least 1:3”

Employment and Community Transportation:

- Without addressing the details of the “satisfactory driving record” as described, we feel very strongly that the administrative provider would be obligated to minimally add every driver to

their own umbrella policy as protection against liability for the provider who is “responsible for screening.” If that is the case, the requirements of that policy will prevail in setting the standards for the driving record, insurance coverages and monitoring.

- This is a concept which is going to be very difficult to implement.

Shared Living:

- The role of the administrative provider, while not outlined in detail here, is a difficult balance among the level of responsibility, the requirement to “coordinate” the services, and the absence of administrative control.
- This is a concept which is going to be very difficult to implement.

Supported Living:

- Sentence #1 states that the service will take place in an apartment setting “operated” by a DBHDS licensed provider; sentence #2 states that the service is “typically provided in apartment settings secured by the provider. These two sentences do not say the same thing! And why must this service be only in provider operated/secured apartments?
- The limitations referring to services above and beyond room and board, or exceeding supports provided by family (in a provider controlled setting?) suggest a group home, not an apartment setting with “drop in services”

Appendix G:

- APS does not “found or unfound” cases – they determine that the individual is or is not in need of protective services
- I’m not aware that the Human Rights advocates do investigator training; training is required, but it is not done by the advocates upon initial visit to a site.

Technical Issues:

- Each service is identified as being “in the approved waiver”, “in the approved waiver - specifications have been modified” or “not included in the approved waiver” – I do not believe that these categories have been assigned correctly and should be checked before submission.
- For Supported Living there are no Service Limitations nor Provider Qualifications listed.

Questions:

- Why does Appendix G, which includes detailed descriptions of 12VAC35-115 and 105 protections of rights, not also include any references to the “rights” in the HCBS Final Rule?
- The code reference for the definitions of abuse etc. are in §18.2 which is the criminal section of the code rather than in §63.2 which is the Social Services section of the code (APS/CPS) – this may be what you intend, but it seems extreme.