



DEVELOPMENTAL DISABILITIES ADMINISTRATORS WORKGROUP CHARGE

PARTNERSHIP VISION

Recognition as a model of excellence for a system of care that is confirmed by our customers' successes.

PARTNERSHIP MISSION

To assure the delivery of quality services to consumers so as to achieve their desired outcomes.

VALUES

- Shared Vision/Mission
- Consumer involvement in all areas of the affiliation
- Diversity
- Leadership across the community and the state
- Continuous learning and improvement
- Meaningful outcomes

WORKGROUP PURPOSE

This workgroup is charged with exploring several issues related to services to persons with developmental disabilities to assure that resources for individuals with developmental disabilities are administered and managed as effectively as possible.

- Review most recent version of Chapter III, with focus on medical necessity for services. Review how each county currently determines medical necessity for services to person with DD, with particular focus on waiver services.
- Develop proposed regional definitions/criteria for medical necessity for core state plan and waiver services. For example, what criteria are applied in determining medical necessity for provision of respite services including determination of eligibility, frequency and scope of service?

- Evaluate recent Administrative Law Judge decisions with the region (and beyond if possible). Evaluate impact of decisions on application of medical necessity criteria and determination of frequency, duration and scope of service. Evaluate issues related to communication and documentation of such determinations on how decisions can be defended.
- Develop recommendations and possible training for staff on how decisions are made and documented.
- Examine how the movement toward evidenced based practices and best practices has application in DD services. Evaluate current research trends and available literature.
- Develop a “position” on how these concepts can be applied in DD services. Assist in identifying how DD services can be fully included/represented in the work of the clinical care committee.
- Evaluate and make recommendations on how the concept of “progress toward goals” can be applied in DD services, looking both at more traditional treatment applications where there is a clear “target behavior” or deficit that is being addressed as well as services that are provided as long term supports.
- Identify what core concepts or paradigms could be applied in the development of DD services across the region, what is analogous to the recovery concept being applied within adult MI services.
- Identify any resources, consultants or specialists (for example, psychiatrists or neurologists, who are especially effective in working with consumers with very challenging conditions and behaviors. Explore the potential for development of a consultative team of specialists available across the region for high need, complex consumers or where there is sudden, unexplained change in consumer’s usual behavior or health. In conjunction, explore what how the concept of integrated care can best be applied for individuals with developmental disability.
- Develop a manual with entrance, exit, continuing stay and range of service intensity criteria for the regional affiliation.

CONSUMER ROLE AND PLAN FOR CONSUMER INVOLVEMENT:

- The work group will obtain input from the RCAC as well as local consumer and advocacy groups.
- Consumer involvement is also obtained through the consumer representation on the Clinical Care Committee which this workgroup directly reports.

RELATIONSHIP TO AFFILIATION EXECUTIVE COMMITTEE

- The work group will follow the charge established by the AEC
- The work group will provide the AEC with updates on the work of the committee

- The work group will provide the AEC with written recommendations via the Clinical Care Committee for the AEC to make any final decisions.
- The AEC will provide oversight, clarification, steering and consultation as needed by the work group.

RELATIONSHIP TO OTHER REGIONAL COMMITTEES

- The work group will report any recommendations to the Clinical Care Committee for input and consultation.
- The Clinical Care Committee will then forward any recommendations from the DD Administrators Work Group to the AEC for final approval/adoption.
- The work group will coordinate its work with other committees including Clinical Care, Utilization Review, Residential Unbundling and Grievance and Appeals along with Performance Improvement.

RELEVANT RESOURCES

- Literature reviews conducted by a CSTS administrative student
- Draft "DD Services Paradigm" by Trish Cortes
- Lifeways product for determining medical necessity
- Chapter III
- ALJ decisions

PROPOSED MEMBERSHIP

- DD program managers from each county
- CJ Witherow

TIMEFRAMES:

- Convene first meeting in April 2005.
- Present first update to Clinical Care at the end of the first three months.