

- Use their assessment tool for functional need and service authorization; is a good tool but is not person-centered.
- In the previous administration, their agency was the Medicaid agency; they still manage the long term services and supports.
- Use for VDHCBs and self-directed on top of other HCBS Programs
- Initial financial and functional done by State, then transferred to AAA's for ongoing CM and re-authorization.
  - Have presumptive eligibility as an option. If individual is determined not financially eligible, services are covered by State, but this rarely happens.
- Do have a quality of life section that they then use to track over time. Includes functional performance, usual activities, and incorporates motivational interviewing.
- Have an electronic tool for T-Care, and are linking that up with their overall assessment system.
- Action plan is being developed by Amy and is attempting to avoid explicitly asking someone what their goals are.
- Can upload sections of person centered or hand written documents into the overall assessment system.
- At the federal level, curriculum for PC OC is one day in person followed by a one day webinar, and then 4 courses will be developed for the first year and 2 more for the second, and after this period it will be available to a wider audience.
  - In mid-August, rolling out the initial 2 day training for supervisors and then expanding it.
  - Have concerns that this will not be enough time; think there will be more follow-up meeting.
  - Current CM time is 5 days, so the 5 day OC training done in New Hampshire isn't unreasonable.
- Partnership grant is used to develop bachelor and masters level curriculum for universities across the country. University of Washington has already incorporated into their curriculum.
- Appreciative inquiry assessment
- Oregon had processes that suggested starting with a brief discussion of "how can I help you?" similar to what is done in HI.