

PDPPC Work Plan for CDASS

	Task/Issue	Ranking	Prior to Expansion	Status	Comments
1	Explore possibility of reinstating the fund for additional services in cost neutral manner	1			
2	Create a special procedure for obtaining CDASS for clients in nursing facilities or other institutions whereby they can obtain the training, get an allocation, and hire staff before they leave the institution. In some cases staff may need to receive some training while the client is still in the nursing facility	2			Candie to research current rule and barriers to attendant payment
3	Work to obtain health insurance for employees and ascertain what responsibilities occur in 2014 with health care reform.	3			HCPF and PPL doing initial research
4	Create a way to address a "crisis" situation including definition of crisis and determination of what types and levels of unforeseen situations should be able to be handled within the regular allocation, how to account for that in determination of allocation.	4	X	In Process	
5	Develop a specific protocol for individuals who have extremely high needs, those whose needs are so high they are not even eligible for nursing facility care, such as individuals on ventilators	5	X	Recommendation Submitted	
6	Determine the feasibility of incorporating acute care into CDASS in a cost effective manner and create a plan for doing so	6			
7	Develop time lines for addressing requested increases or emergency short term requests	7	X	In Process	
8	Identify barriers to accessing agency based acute home health care services and create plan to address barriers. Acute care services may be required for medical needs following serious illness or injury in addition to disability	8			
9	Develop clear policies and provides that will be followed for any allocation adjustment (as opposed to having case manager discretion to consider specific items such as what client is using now, has there been change in condition, change in natural supports, current pay of attendants)	9	X	In Process	
10	Specifically define benefits for protective oversight including for whom and hour limitations	10	X	In Process	
11	Define the role of an authorized representative, perhaps by creating a job description to increase understanding of the responsibilities and expectations.	11		In Process	Information in PPL training manual

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12	Specifically define "extraordinary" care to outline what the government will pay for in terms of homemaking for clients who live with non-disabled adults, whether or not that adult is a provider. For example currently the rule is that if the client eats with the family we do not pay for meal preparation because someone is preparing a meal anyway. However if the client requires separate food or needs to eat a different time, or has other needs that are above just making a meal for the family (such as choking assistance, severe spasticity causing spills at most meals, etc) payment is made even when the family member is providing the care	12			Defined by CMS. Candie will research approved waivers.
13	Change the method by which allocations are calculated by making significant changes or eliminating the task sheet. (If the task sheet is eliminated another tool would be developed to help guide case managers)	13	X	Recommendation Submitted	
14	Create a process or protocol to let case managers know when CDASS clients enter a hospital or nursing facility	14		In Process	PPL Training Manual/could include in rule
15	Change the physician statement of consumer capability to better define "stable health" and to provide more detail on what skills one needs to manage care	15	X	In Process	
16	Develop additional policies and procedures related to requirements for payments to family members (beyond current requirement that family members are not to be paid more than 40 hours a week)	16			If number 13 is addressed what issues are outstanding?
17	Increase case management oversight possibly by adding a nurse review component	17		Complete	Determined to not be necessary
18	Define the client responsibilities and communication expectations				In Rule and in Manual
19	Develop a process or procedure to identify people willing to act as Authorized Representatives				
20	Develop a recommendation to capture times when unpaid-natural support services (typically provided by family members) are not available. The respite benefit as it is currently defined does not meet the needs of many clients and families. Alternatively, some clients are able to access the respite benefit and there is not a process to reduce their allocation to reflect that services were rendered outside of CDASS.			Recommendation Submitted	
21	The CDASS employee application process is too lengthy to be practical for filling positions			Complete	
22	Develop recommendations for CDASS allocation management to include clarification around monthly versus annual allocations and a process to address			Complete	
23	Develop recommendations for new State staff to garner historical information about the evolution of CDASS				
24	Develop recommendations to enhance transparency and communication between HCPF and stakeholders.			Complete/Ongoing	

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25	Develop recommendations for data collection related to the CDASS service delivery option			In process	
26	Do CDASS clients increase allocations after the first year (first year increases are expected per the literature because most clients in agencies are not having their needs met)—if yes percent increase and compare to agency?			In process	
27	Does CDASS reduce hospitalization for disability related issues?			In process	
28	Does CDASS reduce the need for acute care including emergency room use, PT, OT, etc?			In process	
29	Does CDASS prevent deterioration adjusted for age and disability type?			In process	
30	Do CDASS clients have fewer pressure sores?			In process	
31	Correlation between rate of pay and employee turnover			In process	
32	Reduced disability of family caregivers			In process	
33	Do CDASS clients have fewer falls than peers adjusted for age and disability type?			In process	
34	Employees of CDASS program leaving government funded programs due to increased income (TANF/food stamps, etc.)			In process	
35	Develop recommendations to ensure adequate due process is provided to prevent delays solutions, crisis situations and increases admin costs with appeals processing to remedy.			Recommendation Submitted	
36	Transitioning from nursing home to CDASS needs to be part of the CTS (Community Transition Services) program. High needs or other hard to serve clients cannot get out of nursing facilities because this kind of transition is so difficult and requires a crisis mentality.			complete	
37	The method by which the fiscal agent fees are calculated needs to be reviewed as the current method is not allowed by CMS.			complete	
38	Address medical insurance requirements under ACA				
39	Request unemployment insurance rate relief from CDLE				
40	Conduct monthly operational meetings			Complete	
41	Test new PPL portal for effectiveness and begin using asap- SEP Agent must enter PAR# assigned by county ASC to provide proof of eligibility before services are begun and paid for.			Complete	
42	Develop a Help-Desk /Phone tree for triaging client concerns, payment issues, stakeholder issues that assists participants to work with the appropriate HCPF staff to resolve the issue efficiently ad effectively		X	In Process	