

PUBLIC MEETING COMMENTS AND RESPONSES

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	Comment	Source	Provider Manual Section	Response	Rationale
1	Requests revision to more specifically define the frequency of case manager "periodic contact" for people on the waiting list for services. States that families report confusion and frustration when there has been no contact or a single contact without further follow-up.	Julie Weibert Omnivisions, Inc, Nashville Written comment form	4.2.b.	No change	Case managers are employed by DMRS; consequently, contact expectations are more appropriately described in DMRS policy and/or job descriptions rather than in the provider manual. Information related to the frequency of contact for service recipients and family members is more appropriately contained in the Family Handbook.
2	Requests clarification as to whether a support coordinator can contract with an agency to serve as a family model residential provider.	Tonya Copeland, Director Evergreen Presbyterian Ministries Public Meeting Transcript, page 31	4.3.b.	No change	Section 4.3.a. prohibits independent support coordination providers from providing other services. Consequently, a support coordinator could not contract to be a family model residential provider.
3	Requests definition of "relevant experience" for support coordinators.	Phil Garner, Director Buffalo River Services, Waynesboro	4.4.a.	Revision to define "relevant experience"	Relevant experience is defined as experience in working directly with persons with mental retardation or other developmental disabilities.

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		Public Meeting Transcript, page 20 and written comment form			
4	Opines that being able to complete an ISP, facilitate a planning meeting, and navigate the appeals process does not make a person competent to be a support coordinator or case manager. Requests a breakdown of “how to derive professionally stated outcomes that are highly relevant and useful to the person”. Suggests that competency-based training for writing person-centered outcomes should be required. Suggests that DMRS provider performance surveys should “monitor and regulate” written outcomes to ensure that they are appropriate to the service recipient.	Phil Garner, Director Buffalo River Services, Waynesboro Public Meeting Transcript, page 21 and written comment form	4.4.b.	No change	Current language includes the minimum requirement that the support coordinator be able to complete an ISP. Completion of the ISP requires writing outcomes that are person-centered, functional, and measurable. Section 4.7.e. relevant to the development, evaluation, and revision of the ISP, references Chapter 3. Upcoming revisions to Chapter 3 will describe requirements applicable to the planning process and resulting ISP. DMRS-required support coordination/case management training curricula has recently been revised to include extensive skill-building related to the development of person-centered outcomes and action steps that meet regulatory requirements. The Record Review process, recently implemented for the Self-determination Waiver, monitors the quality of the ISP. The support coordination provider performance survey also measures the quality of ISP’s produced by each agency surveyed.

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5	Opines that support coordinators should be able demonstrate competency in writing outcomes that are person-centered, functional and measurable.	Regina Medley, Quality Enhancement Manager, Guardian Community Living, Nashville Public Meeting Transcript, page 29	4.4.b.	No change	Current language includes the minimum requirement that the support coordinator be able to complete an ISP. Completion of the ISP requires writing outcomes that are person-centered, functional, and measurable. Section 4.7.e. relevant to the development, evaluation, and revision of the ISP, references Chapter 3. Upcoming revisions to Chapter 3 will describe requirements applicable to the planning process and resulting ISP. DMRS-required support coordination/case management training curricula has recently been revised to include extensive skill-building related to the development of person-centered outcomes and action steps that meet regulatory requirements. The Record Review process, recently implemented for the Self-determination Waiver, monitors the quality of the ISP. The support coordination provider performance survey also measures the quality of ISP's produced by each agency surveyed.
6	Request revision to specify that support coordinators/case managers should write measurable outcomes and action steps. States that DMRS should have a process for	Jennifer Enderson Emory Valley Center, Oak Ridge	4.4.b.	No change	Current language includes the minimum requirement that the support coordinator be able to complete an ISP. Completion of the ISP requires writing outcomes that are person-

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	determining if such requirement has been met.	Written comment form			centered, functional, and measurable. Section 4.7.e. relevant to the development, evaluation, and revision of the ISP, references Chapter 3. Upcoming revisions to Chapter 3 will describe requirements applicable to the planning process and resulting ISP. DMRS-required support coordination/case management training curricula has recently been revised to include extensive skill-building related to the development of person-centered outcomes and action steps that meet regulatory requirements. The Record Review process, recently implemented for the Self-determination Waiver, monitors the quality of the ISP. The support coordination provider performance survey also measures the quality of ISP's produced by each agency surveyed.
7	Request revision to address the selection of a Support Coordination agency upon enrollment into a waiver program. Requests clarification as to whether the service recipient has choice or is assigned a support coordination agency by DMRS.	Betty White Pro Lex Medical Services, East TN Public Meeting Transcript, page 29	4.5.	No change	Individuals from the community seeking enrollment into the waiver are assigned to a DMRS case manager who assists with the selection of a support coordination provider. Chapter 1, Eligibility, Enrollment, and Disenrollment addresses the new enrollee's right to choose a Independent Support Coordination provider.

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8	Requests clarification as to when a provider is "available". Does this suggest that all providers within a given geographic area would be available to the service recipient?	Lee Chase, Director Dawn of Hope, East TN Public Meeting Transcript, page 19	4.7.c.	No change	Current language indicates that the support coordinator "must" provide information about all available providers, which clearly indicates a requirement. The numbered items following (i.e., 1 through 4) specify the ways that the support coordinator may assist the service recipient in obtaining information about available providers.
9	States that DMRS should ensure that information about available providers is provided in an "unbiased and objective" manner.	Julie Weibert Omnivisions, Inc, Nashville Written comment form	4.7.c.	No change	Section 4.7.a. requires that information about available providers be provided in an objective and unbiased manner. Any issues may be brought to DMRS' attention on a case-by-case basis for assistance/resolution.
10	Requests clarification regarding the process to be followed for support coordinators/case managers to notify waiver service recipients of available providers. Request clarification as to how DMRS will monitor to ensure that the ISC acts in a professional, objective, and unbiased manner when assisting the service recipient with provider selection.	Margaret Gartlgruber, RHA Health Services, Knoxville Written Comment Form	4.7.c.	No change	Current language indicates that the support coordinator "must" provide information about all available providers, which clearly indicates a requirement. The numbered items following (i.e., 1 through 4) specify the ways that the support coordinator may assist the service recipient in obtaining information about available providers.

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11	Requests revision to specify requirements for support coordinators to provide information about all provider agencies available within a defined service area.	Jennifer Enderson Emory Valley Center, Oak Ridge Written comment form	4.7.c.	No change	Current language indicates that the support coordinator “must” provide information about all available providers, which clearly indicates a requirement. The numbered items following (i.e., 1 through 4) specify the ways that the support coordinator may assist the service recipient in obtaining information about available providers.
12	TNCO believes that the system would be greatly improved if provider agencies developed parts of the ISP containing the outcomes for which they are responsible. Suggests that the support coordinator/case manager “sign-off” on the outcome or revised outcome within 30 days of implementation or update. States that this would resolve systemic issues related to ISP development and revision.	Robin Atwood, TNCO Written comment form	4.7.e.	No change	Responsibility for the development of appropriate outcomes and actions steps will be addressed in upcoming revisions to Chapter 3 of the Provider Manual. Training curricula have been revised recently to include extensive skill building for development of person-centered outcomes and action steps that meet regulatory requirements. This is an open training that is available to all providers.
13	Requests revision to further define requirements for face-to-face visits, including time spent and content.	Charles Perry, Director Scott Appalachian Industries	4.7.g.	No Change	The standardized Monthly Documentation form specifies the questions that must be addressed during the monthly face-to-face visit.

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14	Requests definition of “issues outside the scope” of support coordination and case management services.	Phil Garner, Director Buffalo River Services, Waynesboro Public Meeting Transcript, page 20 and written comment form	4.7.h. 3)	No change	Waiver service definitions define the scope of all waiver services, including support coordination services. The intent of this section is to hold all service providers responsible for resolution of issues related to the services provided in accordance with waiver service definitions. In other words, it is within the support coordination scope of services to monitor implementation of the ISP; however, when an implementation issue is identified, the service provider must respond with the appropriate corrective action to ensure that the service is provided in accordance with the ISP.
15	Believes the sentence should be revised to say “abuse, neglect, or exploitation” instead of “abuse, neglect, or mistreatment”.	Regina Medley, Quality Enhancement Manager, Guardian Community Living, Nashville Public Meeting Transcript, page 29	4.7.h. 2)	Revised	Abuse, neglect, and exploitation is consistent with terminology used in other chapters.

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16	Requests revision to require support coordinators/case managers to contact agency management if a service recipient is at risk of harm.	Jennifer Enderson Emory Valley Center, Oak Ridge Written comment form	4.7.h. 2)	Revised	Revised language clarifies that immediate action to protect service recipient health, safety and well-being includes contacting the appropriate service provider.
17	Requests revision to include a formal process for other providers for complaint resolution when there are problems in working with a support coordination agency (i.e., an "IRT" process for other providers to report problems with support coordinators/case managers).	Lori Wooten, RHA Health Services, Kingsport Written comment form	4.8. 2)	No change	The IRT process will no longer be used. Instead, section 4.8. 2) describes the Plan Implementation Communication Tool as a form used to record and communicate issues affecting service recipient health and safety or ISP implementation and assist in eliminating barriers to ISP implementation and maintenance of service recipient health and safety. This form is intended to be used by both support coordinators/case managers and other types of providers. This will form will be referenced in chapters relevant to other waiver services, as they are revised and updated.
18	Requests clarification as to the mechanisms to be utilized by other providers to resolve conflicts and concerns with support	Margaret Gartlgruber, RHA Health Services,	4.8. 2)	No change	Section 4.8. 2) describes the Plan Implementation Communication Tool as a form used to record and communicate issues affecting service recipient

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	coordinators/case managers.	Knoxville Written Comment Form			health and safety or ISP implementation and assist in eliminating barriers to ISP implementation and maintenance of service recipient health and safety. This form is intended to be used by both support coordinators/case managers and other types of providers. This form will be referenced in chapters relevant to other waiver services as they are revised and updated.
19	Requests clarification as to whether the Plan Implementation Communication Tool" is the same as the IRT. Requests revision to clarify that providers be afforded the opportunity to respond prior to submission of the tool to DMRS. Feels that the IRT is "one-sided" and may contain biased or inaccurate information. Requests clarification and training for agencies if they are to use this tool as a means to achieve resolution of issues as a "team effort".	Julie Weibert Omnivisions, Inc, Nashville Written comment form	4.8. 2)	No change	The Plan Implementation Communication Tool and process replaces the IRT form and process upon implementation of the revised chapter. The new form/process is intended to be used by both support coordinators/case managers and other types of providers to address issues and barriers that interfere with implementation of the ISP. Providers will receive a copy of the completed Plan Implementation Communication Tool from the support coordinator/case manager and will be afforded an opportunity to respond This form will be referenced in chapters relevant to other waiver services as they are revised and updated. Training on the use of the Plan Implementation Tool will be provided prior to implementation of the chapter.

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20	Requests revision to specify the process to be followed by support coordinators when a service recipient wants to change providers.	Jennifer Enderson Emory Valley Center, Oak Ridge Written comment form	4.9.	Revised	Revisions to Section 4.7.c. clarify that provision of information about available providers is required when the service recipient wants to change service providers (other than support coordination provider changes which are addressed in section 4.9.).