

Provider Stakeholder Meeting  
February 2, 2016  
AEDD Community Room  
Little Rock

Parking Lot issues: Funding  
Total comments received: 30

**Multiple comments regarding the 2.5% increase**

- Can 2.5% increase and COLA be combined?
- Is 2.5% increase for employee salary or overall plan?
- Revision to plan to add 2.5% DOL conversion still allowed
- 2.5% in waiver renewal not set limit on raise but as method to increase capped SL rate.
- 2.5% not adequate to cover rise in minimum wage (multiple comments).
- 2.5% inadequate to cover overtime families.
- Extensive level of care 2.5% increase moves to pervasive level funding.

**Multiple comments regarding DOL regulations**

- Sleep agreements/arrangements
- Limitations on overtime
- IRS ruling classifying support services payments as Foster Parent Income

**Multiple comments regarding funding cuts/reductions**

- DDS proposal for cuts
- Cuts impact on HDC or just community
- Cutting funding and impact on wait list
- Suggested cuts to adaptive equipment, Specialized Medical Supplies OHCDs Administrative component an CAT (Hippo therapies)

**Other**

- Waiver changes trigger community settings rule
- Training and streamlined documentation
- Use of Medicaid regulation for program regulations

## **Case Management-Conflict Free Case Management**

Several Comments regarding CMS basis for conflict free case management

Use of NCI as data source

What constitutes “{conflict of} interest?”

## **Suggested solutions**

### **Several suggestions to remove Case Management as Waiver Service**

DDS staff to perform case management service

Delete case management, redefine care coordination

Delete case management from waiver-utilize targeted case management

### **Several suggestion provider levels**

Offer choice-beneficiary cannot choose same entity for both

DD providers form regional co-ops who share responsibilities for case management

Utilization of other delivery methods (skype, tele-management, face time etc.).

Partner with local providers. Limits on miles so beneficiaries have ready access to case manager

### **Several suggestions for implementation**

Phase in starting with highest level of care at CSR

Implement case management for all plans about \$75,000

Standardization of forms by DDS for information sharing between Case Management and Direct Services providers

Assessment by private agency with tool that can identify with fidelity needs of beneficiaries and develop corresponding funding tiers.

State agency having final plan approval