Seeing Is Believing: Recommendations for Implementing Policy Changes

1. **Actively work to expand the coalition and transfer the leadership and management to the ASO.**
2. **Provide extensive training related to the implementation of the principles associated with the DD Summit recommendations and customized services in non-congregate settings with maximum community engagement across the state.**
3. **Train key members of the ASO to be able to provide future training and technical assistance to the provider community and case managers statewide.**
4. **Work closely with DMHDDSAS and DMA on the issues related to the Consensus Statements that they prioritize.**
5. **Create a comprehensive list of barriers to community living that support the Institutional Bias and compromise the state's compliance with Olmstead and propose recommendations to DHHS. Establish a work group to implement the above recommendations in concert with DHHS.**
6. **Establish a clear mechanism to guide policy decisions and to measure the stated values against the policy decisions.**
7. **Develop plans for the implementation of 5 Star Quality as a measure of both process and personal outcomes for individuals with IDD. Provide training on these processes and outcomes statewide. Monitor implementation.**
8. **Work with providers and LMEs to pilot the changes in 122C and establish working mechanisms to assure the necessary oversight and quality. Evaluate, report, resolve issues, and disseminate information statewide.**
9. **Develop and pilot model transition plans and services and propose these to DHHS.**
10. **Work with DMHDDSAS, DMA, and others as needed, to establish clear definitions of both Shared Living and (true) Supported Living for inclusion in state plans, 122C, and the like. Evaluate potential funding options such as the "I Option" to fund these services.**
11. **Establish at least 3 working examples of Shared Living and Supported Living in each of the major regions of the state and evaluate the progress, results, and issues that remain to be resolved. This should include ways to provide non-congregate care in the community for individuals with significant support needs. Propose resolutions for those issues and work with DMHDDSAS, DMA, DHSR, and others as needed. Work with all**

involved to implement resolutions. Record successes and distribute this information statewide.

12. **Establish a working pool of providers that are willing to transparently experiment to improve quality.**
13. **Propose rate and finance options to provide an incentive for providers to develop individualized support services and which acknowledge the true cost of services without inflating these costs or providing services that are unnecessary and/or which limit choice. This includes facility conversions.**
14. **Propose mechanisms to improve the flexibility of funding to meet the needs of the individual outside of standard service definitions which increase the person's self-determination and community engagement.**
15. **Propose alternatives to the current "Special Assistance" institutional focus and a means to fund this alternative.**
16. **Work with DMHDDSAS and DMA to adopt flexible service definitions and person-centered service planning requirements and a means to assure that these standards are met.**
17. **Propose incentives for organizational transformation that enable downsizing and alternatives to back-filling, including the elimination of facility based mortgage issues. Work with DMHDDSAS, DMA, providers, and others to implement. Evaluate, report, and resolve issues. Disseminate the results and means to accomplish these goals.**
18. **Work with DMHDDSAS and DMA to eliminate the current barriers perceived to be associated with Case Management services and establish clear professional standards of practice, training on these standards, and a means to evaluate the compliance with these standards.**
19. **Propose statute and/or rule as is appropriate for any of the above.**