(C) (9) Specialized Services: Language has been added that differs from the definition in other rules. What is the purpose of a DODD determination? Is this meant to be a euphemism for behavior support services? H/PC? Waiver? ICF?

(C) (11) Trauma informed care: This is a new concept that is not widely understood. Need DODD training and standardized training materials for providers to use.

(E) (1) Need to refer to and clarify the parameters for the add-on. There have been issues wherein if included in the plan, it was not considered a BSP and therefore not eligible for the add-on.

(E) (4) Getting cooperation across all settings has its challenges. This concept needs to be included in any DODD training.

(E) (7) (g) Not sure what this means. When the team approves? Every time the plan is implemented?

(I)(2)(a) Our members report that sometimes getting one individual who receives services on a HRC can be difficult, especially if the population served is medically fragile or non-verbal. How is this to be accomplished?

(I)(6) Training is new. Who is providing and how will the cost be covered?

(J)(3) We ask that this be deleted and completed as part of compliance reviews.

It appears as though this draft adds another QIDP and SSA responsibility – the writing of the BSP. The language “shall” eliminates the ability of this to be delegated to others?

There are 3 different provisions for review. (E) (6) “at least every 12 months” (E)(7)(h) “at least every 60 days” (I)(3)(c) “on a quarterly basis” Can these be re-drafted to allow for better coordination of the review teams?

Recommend the add-on rule be rescinded and included in this rule.