Questions Regarding Behavioral Regulations – 12/14 15

1. It is unclear why the behavioral regulations are being changed at this time.

*Why are they being changed now?*

*2. How are the new regulations expected to be better than the regulations that are being replaced?*

3. In general, the proposed regulations are too complicated potentially creating unnecessary bureaucracy.

There are so many plans and reviews it is confusing who has authority over what.

*Who drives the plan and oversight*?

4. It appears that most people will need plans but because the regulations are so difficult to understand this may be a misinterpretation. *How will people be assured that there will be adequate resources to cover the necessary administration of the plans in a timely fashion?*

5. It appears there are situations where those who have authority over the behavior plan do not have the clinical expertise needed to assure decisions are well made. *How* *will people be assured that there will be adequate clinical expertise to support the requirements demanded by the regulations?*

*6. How do the behavioral plans relate to the Person Centered Planning process?*

7. Please explain how the payment stream will work for the administration of the plan.

* *How will those involved in the planning/monitoring be reimbursed?*
* *Will the payment for the staff time involved in the planning be subtracted from the cap that each individual receives?* 
  + *If so, was this taken into consideration when designing the SIS allocation funding structure to corresponding SIS levels?*
* *Are there situations when staff will or may not be paid for the time that is required to administrate the regulations?*

*11. Will there be enough of a workforce available to provide the necessary oversight?*

*12. Can the required oversight realistically take place within the expected timeframes?*

*13. If there is lack of resources to implement the plan for individuals in a timely basis, will individuals go without plans while waiting for resources to emerge?*

14. It would be difficult to apply these regulations consistently because of how hard they are to interpret. Inconsistent interpretations of the policy could lead to inconsistent application in practice, which could have the unintended consequence of worse behavioral outcomes. *How will the Department assure adequate training across the state so that necessary consistency is acquired*?

15. Use of medication as related to behavior is included in the plan. The plan also mentions the pain/behavior connection and appropriate use of medication. *While these are extremely important issues, we ask that the policy be clarified as to how this aspect will be overseen?*

16. *Lastly, why are hospitals excluded from the same statewide standards, especially when those within hospital care are often more at risk for behavioral issues?*