

**Date:** July 14, 2023

**To:** All Developmental Disabilities Waiver Providers

**From:** Scott Doan, Deputy Director   
Developmental Disabilities Supports Division

**Subject: Clarification of Expectations for the Collaborative-Consultative (C-C) Model (2021 DDW Standards section 12.4.2)**

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DDSD is issuing this memo to clarify the Division's expectations related to the Collaborative-Consultative (C-C) therapy service delivery model (2021 Standards 12.4.2). It is important that all providers who work with individuals receiving Developmental Disabilities Waiver (DDW) services keep the principles of person-centered planning foremost in mind when identifying and coordinating services. We expect that all providers listen to individuals and their guardians to determine the individual's wishes regarding what services are desired and in what contexts to support the individual to achieve valued life visions and desired outcomes.

The C-C Model requires that therapists complete evaluations, develop Written Direct Support Instructions (WDSI's), Comprehensive Aspiration Risk Management Plans (CARMP's), implement Assistive Technology and Environmental Modification plans, and employ therapy strategies as needed to support the individual to achieve life visions/desired outcomes, increase participation and independence in valued life activities, as well as address therapy specific health and safety needs.

It is important to recognize the difference between the DDW C-C Model of therapy and the medical model of therapy. For acute needs related to illness or injury, individuals working with DDW therapists may access medically focused outpatient or home health therapy services. The DDW therapist collaborates as needed and shares knowledge about the person to support the delivery of these acute, short-term services. See 2021 Standards section 12.4, Therapy Services, p. 166.

**Delivery of Therapy Services:**

In order to implement the C-C Model of therapy and enable provider agencies to support and implement therapy strategies, therapists and provider agencies must work together to schedule times and locations for therapy intervention that meet the person's needs and desires. It is expected that therapy visits will not be scheduled primarily for the therapist's convenience, but that therapists will consider the appropriate context of therapy intervention to accomplish an outcome that supports the individual's needs and choices. As stated in 2021 DDW Standards, section 12.4.3, Delivery of Therapy Services/Service Setting, p. 167:

1. Therapy services must be delivered in settings where the person lives their life. This includes home and community settings. Visits may not occur exclusively in only one setting using one modality.

**This statement requires that therapists visit the person in their home and in the community, if they are involved in any type of community activities, on a *regular basis* to support the person's ability to achieve their ISP Visions and Desired Outcomes.**

In addition, if a person has a CARMP, monitoring of that CARMP needs to be completed by the authors of the document on a quarterly basis once the document is in place and trained, in all settings (residential and community). Refer to 2021 Standards, section 5.5.7.1, #3, for specific requirements.

As a point of clarification, residential and community agencies can continue to bill for services when therapy services are provided in these settings with agency staff present, even if the therapy session includes 1:1 intervention. This follows the C-C Model for collaboration and communication as well as engagement of members of the person's interdisciplinary team.

**Resolving Issues:**

If any provider agency or therapist has concerns about WDSI implementation, AT equipment, training needs, demands on staff time, or other therapy related issues, it is expected that the parties will contact each other to promptly address and resolve any issues.

It is also expected that provider agency staff and therapists will conduct themselves professionally, compromise within reason, and always place the best interests of the person first following person-centered practice principles. If informal contacts such as e-mail, phone calls, and in-person discussions have not resolved the issue satisfactorily, the Case Manager (CM) should be contacted to organize an IDT meeting that includes the individual and their guardian, as well as the parties involved. The CM should document the discussion, including the agreements and next steps related to the delivery of therapy services in specific settings.

It is expected that each agency will comply with DD Waiver Service Standards; failure to comply with Standards may result in contract management actions including potential sanctions.

If there are significant issues that have not been resolved through the IDT process, a Regional Office Request for Assistance (RORA) should be filed. Assistance can be provided by the Regional Office and Clinical Services Bureau staff as appropriate to the situation.

Please feel free to contact your Regional Office, Clinical Services Bureau, or a therapy consultant with any questions or needs.