

## **Why Therap's Commercial Off The Shelf System (COTS) is the right solution for your organization.**

Organizations that support people with disabilities are operating in a relatively stable environment. The 1983 Section 1915(c) of the Social Security Act established the first Home and Community Based Services (HCBS) Waiver as a voluntary alternative to institutionalization. Consistent with that section:

- Eligibility is based on an individual having an institutional, nursing home, or hospital level of care and is reviewed annually.
- Service plans provide medical assistance consistent with written plans of care for case management services, homemaker/home health aide and personal care services, adult day health services, habilitation services, and respite care.
- Service Plans are reviewed and revised as necessary at least annually.
- Habilitation services are services designed to assist individuals in acquiring, retaining, and improving the self-help, socialization, and adaptive skills necessary to reside successfully in home and community-based settings including prevocational, educational, and supported employment services as long as those services do not supplant other publicly available services.
- Case management services are services which will assist eligible individuals under the plan in gaining access to needed medical, social, educational, and other services.

The 1983 Section 1915(c) of the Social Security Act describes the components that are required for an annual care plan (referred to in Therap as Individual Support Plans) on an annual basis and must include:

- Level of Care assessment
- Level of Need/ Acuity Assessment: This is an assessment of the needs and capabilities of the individual with respect to such services.
- Individual Support Plan that:
  - Specifies services
  - Identifies the methods by which the individual will select, manage, and dismiss providers of such services
  - Specifies the role of family members and others whose participation is sought by the individual
  - Is developed through a person-centered process that is directed by the individual or the individual's authorized representative
  - Builds upon the individual's capacity to engage in activities that promote community life and respects the individual's preferences, choices, and abilities, and involves families, friends, and professionals as desired or required by the individual or the individual's authorized representative
  - Includes appropriate risk management techniques that recognize the roles and sharing of responsibilities in obtaining services in a self-directed manner and assure the

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appropriateness of such a plan based upon the resources and capabilities of the individual

- And, may include an individualized budget which identifies the dollar value of the services and supports under the control and direction of the individual or the individual's authorized representative.
- Budget: There must be a budget that describes the method for calculating the dollar values based on reliable costs and service utilization and defines a process for making adjustments and provides a procedure to evaluate expenditures under such budgets.
- Quality Assurance: There must be quality assurance standards to ensure that the provision of home and community-based services meets Federal and State guidelines, including standards for the conduct of the independent evaluation and the independent assessment to safeguard against conflicts of interest.
- Redeterminations and Appeals: Redeterminations are at least annual. Appeals are in accordance with the frequency and manner in which redeterminations and appeals of eligibility are made under the State plan.

The standards described above were established in 1983 and are in effect today. The exact procedures for establishing Level of Care, Care Plans, and the types of services may vary state by state, but the core requirements described above are consistent in all states. For example, Therap refers to Care Plans as Individual Support Plans.

Therap's rule-based COTS system was developed to meet the core requirements while giving users the capability of adjusting to the specific requirements of each state's waiver. Therap's COTS solution dramatically decreases the cost of developing a system for any organization supporting individuals with disabilities without losing sight of core requirements. Therap's adherence to the core requirements provides consistent reporting in accordance with each state's implementation of those requirements. Therap provides a cost-effective platform that can start being implemented immediately.

In a COTS system, the cost of maintenance and support is shared among thousands of users, minimizing these costs for each agency. Likewise, the cost of state of the industry technology for storage, encryption, incursion and other types of security, responsiveness, secure backup practices, maintaining digital signatures on all actions in the system, and other technical requirements is prohibitive for providers and even for states. As a shared resource, any size organization has access to the best technology. With support, the use of a COTS approach means that if support is needed Therap does not have to track down the programmer to answer questions. All of Therap's support staff worked in an organization that used Therap and can answer questions or has easy access to a support specialist who can answer the question.

The decision to use a COTS approach has also resulted in Therap hosting productive local and national Therap User Conferences. Because the core functionality is consistent, Therap users can attend or teach sessions at conferences where participants understand the basic operation. They can focus on how to most effectively use the system with rule-based changes or by adjusting procedures. The conferences also supply Therap with feedback on how the system can be enhanced. It would be problematic to modify the core functionality based on a request by a single provider that could negatively impact the

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majority of providers, but conferences provide feedback from a large numbers of users and if a decision is made to change a core feature it is made with the knowledge that a large number of providers are in agreement with the change. Developers and users share information about Therap's COTS system at conferences.