Montgomery County Commission on People with Disabilities
Developmental Disabilities Advisory Committee
Meeting Summary – January 13th, 2020

Larry Bram, Co-Chair ● Karen Morgret, Co-Chair

Welcome, Introductions and Review of November 2019 Minutes
Minutes were approved as written. Minutes from past meetings can be found online at: www.montgomerycountymd.gov/HHS-Program/ADS/CPWD/CPWDIndex.html, under the tab Developmental Disability Advisory Committee.

Updates – LTSS, TY's 2019 and TY Provider Selection 2020 – Rosemary DiPietro, Community Support Network, Montgomery County Health & Human Services, and Sara O'Neil, MMARS

PowerPoint: https://montgomerycountymd.gov/HHS-Program/Resources/Files/A&D%20Docs/DDAC/CSNVisionandPCPCycle.pdf

Montgomery County Health & Human Services (HHS) Community Support Network (CSN) serves ongoing Coordination of Community Services (CCS) to 469 individuals. 56 of those individuals are on DDA's waiting list. HHS has a future client list of 257 individuals that have asked to be served by Montgomery County, but cannot be served due to CSN being at capacity. There are approximately 12 TYs who will be begin receiving adult services in July. Their TY process has begun and they are making progress for those who are in residential services. Three of those individuals will be aging out of foster care services before July. As residential providers are at capacity, CSN is working to extend services through their current provider agencies. The extension will be for as long as it takes for a provider to be found. For one of the individuals, the student does not currently live in Montgomery County, but does have family living here and the county is working on a residential placement.

Rosemary shared a graphic that describes the person-centered planning (PCP) process through 365 days. The annual PCP process begins when a person coming into services selects their annual PCP date. For many people currently in services, that date was established years ago. The Long-term Services and Supports (LTSS) system requires everything to be based on the annual PCP date. CCSs are regulated to have quarterly monitoring visits for anyone receiving DDA services. During the first quarter, a CCS will review a person's plan for outcomes the individual identified and weigh those outcomes against the services that are defined by their provider. The CCS will discuss with the person and their provider what is working and what is not working. If someone's services are not working for them, the CCS can submit a modified funding service plan (MFSP) for a revision. CCS providers are using both systems – the old PCIS2, which providers are still being paid from, and the new LTSS system, which CCSs and providers will be transitioning into. Through LTSS providers will be paid directly based on outcomes and services that a person has agreed to in their PCP.

During the second quarter, the CCS will use tools to explore and discover more about the person's needs, wants and outcomes. Exploration and Discovery means finding out who and what is important to the person. Exploring important relationships, community connections, faith-based associations, areas of interest, and talents can also help to identify additional potential support for desired outcomes. Services are reviewed to ensure the person's health and safety are in line with their plan and their team is in agreement with the services. Some CCSs are able to conduct this exploration phase using their own skill level while others use PCP tools.

By the third quarter, the CCS should by reviewing the Health Risk Screening Tool (HRST). The HRST assigns scores to 22 health and behaviorally related rating items. The total points result in a Health Care Level with an associated degree of health risk. Health Care Levels (HCL) can range from 1 through 6; Level 1 being the lowest risk for health concerns and Level 6 being the highest risk of health concerns. The person, their representative and in some cases the provider agency's nurse should be reviewing their score. HRTS can alert a team to gaps in

coverage and service. HRST is a very technical and tedious process that most individuals review in the first year they need services. The process goes into intense detail about their health history, all of the specialists they see and any medical needs. The CCS can develop outcomes for the person for the following year based on their HRST score. If the individual's score is 3 or higher, a nurse must review the HRST. If the person is not connected through a traditional provider agency, DDA has contracted nurses to work those individuals. For example, self-directed services may need to contract with an outside nurse. Then the nurse and CCS have to agree on all of the HRST rating. It was noted that Optimal Healthcare has renewed their HRST contract.

Ideally, between the third and fourth quarter of the PCP date, the person, the CCS, and that person's representatives walk through a Focus Area Exploration (FAE) that relate to topics such as community involvement, day to day life, relationships, employment, and lifelong learning. It is designed to summarize the breadth of information relevant to the person, support development of a concise PCP that accurately represents the individual in a person-centered manner and support individual choice and control in all aspects of planning. Information is revisited and revised to reflect changing preferences and interests as they develop. To drive a person-centered approach, the FAE includes fields to capture discussion of what is working and what is not working in the person's life, as well as supports that may be needed to address unmet needs or concerns.

After the FAE the person should identify outcomes that they want to work on for the following year. The person can change their outcomes from year to year. The CCS shares the new outcomes with the current provider who would respond back to the team with services they can provide that would be able to support those outcomes. For self-directed individuals their team will need to support the person to achieve those outcomes. A draft PCP is developed based on these outcomes. There may be negotiations with providers if the current provider is unable to provide services for the new outcome. For example, if a person is served in residential services, but with the new community integration outcome they can no longer provide that support. The person will have to decide to stay with their current provider and negotiate services or they may choose to find a different provider.

When LTSS is implemented, the negotation will be crucial to the draft PCP being developed and ready to be finalized at the annual PCP meeting. During the third and fourth quarter there can be some push back from providers that want outcomes written in a way that they can provide the service. A meeting with the provider(s) is held 40 to 60 days prior to the annual PCP meeting date to finalize services and outcomes. Two weeks prior to the DDA submission date, the CCS sends a draft of the PCP to the person, to their caregivers, and to the providers. CSN has set up a system to identify what the CCS has completed. In LTSS, there is no accountability. The two-week draft period is a critical review time to fix errors with demographics and wording with the ratio. The section about service authorization with the providers is very complicated. By the time the person has their annual PCP meeting date there shouldn't be any more changes to the PCP. It should be a review of the previous year and the upcoming year's plan. At that meeting the CCS presents signature pages. Approximately 85% to 90% of PCPs processsed do not receive signature pages at the PCP meeting held 40 to 60 days prior to the annual date, but they are received at the meeting held 20 days prior to the annual date.

The PCP is submitted to DDA 20 days before the annual PCP date. DDA will send alerts through the system to the CCS asking for clarification on certain items. For example, the CCS may need to fix numbers that do not match (ie. A person requests 50 hours of personal supports, but only 48 hours are noted). More complicated requests may need to involve the the person's team. DDA often will ask questions about the outcome description not matching the service. Clarification requests can take some time to fix and a person's PCP may not be approved by their annual PCP date. Once providers are paid through LTSS, if those providers are not approved by the annual PCP date they will not receive funding. DDA has set up an auto-extend payment process that will extend PCP.

With the new LTSS system, providers are moving to electronic signatures which will mean the PCP will have to be 100% perfect or allow for very few revisions following the PCP meeting. The benefit of the electronic signature is removing the CCS from that process. Currently, if there is no signature page it comes back to the CCS for clarification and the CCS e-mails the provider, the guardian or the person that they are waiting on the signature page. CCS are obligated to have the PCP approved 30 days prior to the annual PCP date, especially with provider payment coming out of LTSS. Timelines are becoming stricter.

Sarah O'Neill, MMARS, said MMARS closely follows the HHS annual PCP date cycle with the only difference being that between the 60 and 90 days the CCS should start planning the PCP meeting. MMARS also tries, if times allows, to line up the dates for HRST, PCP, CSQ and individual records so that each year they are annually updated at the same time and everyone who needs to be a part of those conversations can participate at the same time.

Sarah said there should be positive changes when MSFP requests are removed once the providers are in LTSS. The providers, the individual, and the CCS will have to request the services that are really needed to meet the individual's needs in a much more efficient way. LTSS should also provide a timelier way for funds to be approved.

The floor was opened to questions.

It was asked what happens if the service the individual needs is not available except through private pay. For example, transportation**.** Every service listed in the PCP must be attached to an outcome. Day habilitation includes service transportation in the rate. Nick Burton, Regional Director for DDA said DDA wants to meet the needs of that person and encourage conversations with their team if there is not a definable service in order to meet that need either through a resource referral or collaboration with DDA. That is why it is important to have conversations about the PCP 90, 60, 40 days in advance. It allows the team and DDA to be more creative in problem-solving to meet those needs. CCSs can provide technical assistance and navigating services as well.

It was asked how the draft is formed if the stakeholders have not met yet. The PCP draft is based on the previous year's PCP and the quarterly visits that the CCS has with the individual and the individual's team (providers, representatives). If the representative (parent or guardian) does not think there is enough time between the drafting of the PCP and the final submittal date, the representative should ask the CCS if they can meet an additional time for discussion.

It was asked what CSQ means. CSQ stands for Community Settings Questionnaire (CSQ) and is administered to waiver participants annually by their CCS during their annual meeting. The CSQ is mandatory federal legislation that ensures that the service that the person is receiving meets the Community Settings federal rule. The questionnaire should be completed by the CCS, the individual, and the individual's caregiver or representative. It should not be completed by the provider. The HRST should be completed by the CCS, the individual and their representation. There are certain exceptions when the individual's HRST score is 3 or higher when the provider is included in the HRST.

It was asked at what point it is mandated that a parent or guardian can be involved in the PCP process. Rosemary said parents and guardians are two separate entities. A guardian is required to be involved in every aspect. A parent or caregiver representative has more flexibility. Rosemary said a parent should be involved in the HRST and the CSQ so they can inform a CCS if the services being provided are not in the community and that they do not meet the community settings rule. The provider does not have the same perspective. The parent should also attend the PCP meeting. If your child or loved one has had to endure CCS turnover, Rosemary suggested contacting the administration of that CCS agency and making sure they have your updated contact information.

Cami Fawzy, Parent, asked for clarification between the exploration connection between DORS and DDA. She said the DDA second waiver that was approved in December 2019 specifies that in order to qualify and receive exploration services from DDA you must submit documentation that DORS cannot provide exploration services. Rosemary explained that the terms "exploration" and "discovery" do not mean the same in DDA as they do in DORS. The DDA exploration and discovery piece is about exploring the person's hopes, dreams, desires, needs and wants and is not specific to employment or any type of service.

Welcome to Nicholas Burton, Regional Director, DDA, Southern Maryland Regional Office
Nicholas Burton joined the DDA as Director of the Southern Maryland Regional Office (SMRO) on December 4th, 2019. He relocated to Maryland from Oregon where he served as manager of the Children's Intensive In-Home Services Program. The program consists of three model waivers to support children with significant medical and

behavioral support needs and their families. The program serves between 400 to 500 children. In addition, Nicholas was supporting the children's program in developing a quality assurance platform and developing policy for developmental disability services in the state of Oregon. Nicholas has 18 years of experience working with children and adults with disabilities as a direct support professional, service coordinator, and leader in equitable policy creation and efficient system development. His previous employment includes overseeing two of the largest case management entities in Oregon which managed eligibility, case management, and protective services. In Oregon, Nicholas was on the committee that developed their PCP. He was also part of their exception request to ensure individuals are receiving needed services either through available services or resource referrals and collaboration. Nicholas also has experience as a direct care staffperson at a residential group home and a manager of an employment program. He is familiar with federal regulations and is getting up to speed on how Maryland interprets them as well as Maryland's transformation. He worked with Oregon during their transformation 5 years ago and is understanding and sympathetic to the anxiety over the coming changes. He hopes his experience can lend comments or support to the changes that Maryland is going through.

Larry Bram, Co-Chair, noted that Montgomery County is unique in their own way as a quarter of DDA recipients live in this county. Montgomery County also has a higher minimum wage. There is a lot of anxiety from providers about the rate setting study. Larry asked when the new rates will be revealed. DDA has created a Provider Transition of LTSS (Long-Term Services and Supports) Advisory Group to share recommendations for the phased implementation system. Nick said it is his understanding that an update was given to this group earlier this month which discussed the LTSS rate, billing, and prospective payment from a provider perspective. DDA is looking into how there can be a funding bridge for prospective payments before going into LTSS. Nick has not been included in the LTSS Advisory Group discussions but hopes to be looped into them in the coming months. He is happy to see DDA is moving forward and said some of the pilot providers were reporting positives at the recent provider meeting. Updates on the Advisory Group meetings can be found under Transformation Newsletters at https://dda.health.maryland.gov/Pages/Newsroom.aspx.

Key LTSSMaryland system modules for the DDA include eligibility, person-centered planning, service authorization, billing and provider payment. LTSSMaryland is already in use throughout the state as the case management, enrollment, clinical assessment, service authorization, critical event reporting, claims submission and electronic visit verification (EVV) system for the majority of Medicaid's fee-for-service home- and community-based services.

Tom Liniak, Jewish Social Services Agency (JSSA), reported he is a part of the LTSS Advisory Group. From his provider perspective there are concerns about rates for employment services. Staff at JSSA are going through a high-level overview training of LTSS over the next two months. They are not receiving user-training. There is a meeting on Friday with Patricia Sastoque, Director of Programs, and the eight providers from across the state in the LTSS Advisory Group. Tom said that Montgomery County has the most accessible employment providers in the state and based on the level of uncertainty with the rate for employment services that will not continue. There is a transformation plan with no rates and no policy definitions. Nick said it will change how providers do business and it will be a massive change. Tom said the changes are hard to make when the provider doesn't know the price or the definition of the service.

David Cross, former Montgomery County Public Schools (MCPS) Autism Waiver Coordinator, said it will be refreshing to have a new face in the system, especially someone from a state that has gone through the transformation. He said there has been a tremendous amount of frustration in Maryland over the transformation as rates were supposed to be set in 2017. There are concerns that the transformation will not go into effect on July 1st and that the postponement will delay everything else. One of the biggest issues related to not having rates are providers cannot decide their budgets and they do not know if they can provide a service or how many people they can serve which affects every service provided. It was asked why providers think DDA wouldn't provide a reasonable rate to provide services. Tom said employment services are being redefined and the philosophy of compensation and system of providing employment services is completely changing.

Claire Funkhouser, Parent, asked if there will be bridge financing in place during the transformation implementation phase starting July 1st to help providers feel more reassured about the changes. With the uncertainty of the rates, it may affect providers' ability or desire to take on clients if they do not know if they have

the budget to support them. It has a trickle-down effect that affects real people's lives. Betsy asked if Claire's son will be able to keep his employment. Claire said she thinks so and they are looking at extending his hours to enable him to meet the cap.

Cami said Oregon had made good progress with their transformation as the state had funding to move it forward. Nick clarified that the funding was required as part of a settlement agreement with the U.S. Department of Justice. Cami said service providers will be required to have their staff trained on these new systems, especially with employment. She asked if DDA is planning to financially support the service providers during this process. Tom said JSSA has to pay staff for a week of training. DDA is not compensating them for this time, although DDA will pay for the exam if the staffperson passes it. Cami asked if it is a cost that the service providers are having to assimiliate, if there is a way DDA can reimburse those costs. Nick is not aware of what is set up or has been agreed to in the plan, but he will ask Stacy for clarification. In his experience the agencies are required to pay when they send their staff to be trained.

A parent is concerned that the new system lacks flexibility. She has learned as a parent that everything changes all the time. They asked where the flexibility is built in for these very unique people who have changes in their every day lives. Nicholas said DDA understands that people are unique and the goal with this transformation is to meet their needs and support them in the best way we can with the most flexibility and most innovation. With his experience in Oregon, he sees a lot of opportunities for flexibility within the new system. Hopefully individuals are having conversations all the time about their life and their needs. Those conversations should not be happening only during the 1st, 2nd, 3rd and 4th quarters. Life doesn't happen in quarters and DDA wants to have an array of services to meet an individual's needs and to ensure those services are equitable to each individual based on what they need. Nick said that is how SMRO is approaching this transformation.

Nick will bring these questions about the rate back to DDA and offered to discuss this issue further at next month's meeting and possibly bring another staff person as well. He is meeting with DDA headquarters leadership and hopes to receive additional information. Betsy Luecking, Staff, asked for clarity on employment and what types of employment can be funded if it is not considered competitive employment because there are many individuals who currently are employed in a non-competitive position.

Update – Early Intervention Identification – Larry Bram

Larry reported that Councilmember Gabe Albornoz spoke at the Commission on People with Disabilities (CPWD) meeting last Wednesday. He noted that the Council is focused on the issue early identification and early intervention.The County Council HHS Committee will be having a worksession on February 24th with a presentation and discussion on efforts to increase early screening for intellectual and developmental delays. The worksession will be held at 2pm at Council Office Building, 3rd Floor Council Conference Room, Rockville. The County's current pilot project for early intervention screening refers children to services through Infants & Toddlers and the Early Childhood program as appropriate. 40% of children ages birth to 30 months are not receiving the right amount of screening, and not all pediatricians screen. Councilmember Albornoz has been a supporter of the pilot project since the beginning. The County Council will be discussing funding this intiative with a budget of $1.1M over the course of four or five years.

Larry noted that a new American Academy of Pediatrics article was released today with a new guideline stressing that children should be screened before the age of 2.

Update – Transition Pilot Proposal – Claire Funkhouser

This transition pilot was developed by a small group of parents and professionals led by Claire. Claire reported the proposal was approved by CPWD and Betsy sent it to Bernie Simons, Deputy Secretary, DDA. Bernie has approved the proposal and will fully funded the project with a $40,000 grant from DDA. He said he would be willing to provide additional funding for the project as the resources will have to be translated into seven languages. There are 171 languages spoken within MCPS.

On December 10th, 2019, Bernie met with Claire, Betsy, Kim Mayo, Administrator, CSN, Odile Brunetto, Acting Chief, Aging & Disability Services, and Steve Riley, Potomac Community Resources, to discuss the details of the pilot project. The proposal will provide training to CCSs and parents to better educate them on the resources in

Montgomery County for people with intellectual and developmental disabilities. Resources include YouTube videos and electronic and paper newsletters. The group is currently working on implementation details that will include a collaboration with the county to provide in-kind services. Bernie wants to evaluate the project to make sure it is effective and to eventually duplicate it in other parts of the state. Bernie has identified an outcome of the project to reduce the time an individual has a service plan to the actual time they are receiving services. DDA will be providing FY18 and FY19 data to help create a baseline, but the FY20 data will include the DDA transformation and will be hard to compare to the FY18 and FY19 data based on the different systems used. The group will also be reviewing why some individuals are involved in the transition process from the beginning while others wait until the last minute or do not complete it at all.

As the project may take some time to develop, Simone Geness, Transition Services Unit, MCPS, suggested creating resources for parents currently going through the transition process. In addition, MCPS will have a focus group with transitioning youth and their parents this spring.

Claire reported the group has been asked to give a briefing to the HHS Committee worksession scheduled for February 24th.

Other Updates:
Developmental Disabilities Day at the Legislature is scheduled for February 12th in Annapolis. You must pre-register if you want to attend: www.thearcmd.org/dd-day.

Larry reported that within recent weeks the Governors of Kentucky and West Virginia have both stated they are working to rid their states of their DD waiting lists, although they have not released details for their plans. He hopes Maryland will follow suit, but there still is the issue of the approximately 70% who are not known to the DDA system.

Betsy announced that the new Main Street (www.mainstreetconnect.org) housing development near Rockville Town Center will be including a coffee shop in their community center. Main Street is partnering with Dawson's Market to employ persons with disabilities at the coffee shop. Main Street is an affordable housing, inclusive, community-centered residential development with 70 apartments, including 1-, 2- and 3-bedroom units, with 25% of the units serving adults with disabilities and 75% being affordable. The building is currently under construction and will open in mid-2020. Applications for Main Street will open March 16th and the process is first come, first served. The ground floor of Main Street will be a 10,000-square-foot community center with a wellness center, teaching kitchen, multimedia room, cyber lounge and classroom. In this space, Main Street will offer a wide range of educational, recreational and therapeutic activities for residents and for non-residents who join as members. 1,600 members have joined since Main Street started with approximately 800 active memberships. Main Street has five monthly events currently that include yoga and outings to a Wizard basketball game. Main Street also hosts a professional member event for learning and networking. Once the community center opens, events will be held there as well.

The Maryland Department of Housing & Community Development will be hosting a meeting on January 23rd, 2020 at 7:00 pm to discuss the creation of housing for adults with disabilities. The meeting will be held at the Takoma Park Community Center, 7500 Maple Avenue, Takoma Park, MD 20912.

Respectfully Submitted,
Carly Clem, Administrative Specialist
Betsy Luecking, Community Outreach Manager

Next Meeting
February 10th, 2020 from 4:00 p.m. to 5:30 p.m.
Health & Human Services, 401 Hungerford Drive, 1st Floor 1A Conference Room, Rockville, MD 20850