Community Setting Meeting

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| Location: | DHMH-Balt-CR-201Bldg-100 |
| Date: | 01/31/2017 |
| Time: | 12:00 PM – 1:10 PM |
| Attendees: | Rhonda Workman, Rebecca Oliver, Stefani Odea (telecommute), Ernest Le, Marie Y.N.J. Baptiste, Dashe Mitchell, Ran Quan. |

# Agenda items

1. **Summary of meeting on Thursday January 26, 2017**
2. The STP-DDA Transition Team meeting discussed the public comments regarding the Maryland's HCBS State Transition Plan (STP). DDA received the electronic version of comments from providers and team members. Rhonda expects to get the comments out tomorrow to the team members. Once finalized, OHS and DDA will review it internally and make final decisions.
3. OHS will take notes on every meeting afterwards and provide DDA with the help needed.
4. Stefani proposed a bi-weekly meeting being held to maintain regular communication and updates within the group since Stefani works outside of the DHMH building.
5. **Current status of res/non-res responses**
6. We still have 102 non-residential provider and 45 residential providers that have not submitted the Provider Transition Plan (PTP). Since the action is due end of March and we are waiting for more providers to send in info. Rhonda will talk to Janet about when in February to send out the reminder email. Nadine can give the number of updated non-response providers during the proposed bi-weekly meeting.
7. Up till now the tally is:

Total # of residential providers: 128

# submitted reconsideration (to date): 26

# submitted PTP: 11

# submitted additional/supporting documentation: 4

Total # of day providers: 115

# submitted reconsideration (to date): 52

# submitted PTP: 24

# submitted additional/supporting documentation: 15

1. **Providers altering templates**
2. Delmarva Community Services, Inc. sent in their response but they deleted one row in the template. Since residential templates are not locked like the non-residential ones, residential providers can edit their templates. DDA will pay additional attention to the residential responses.
3. For Delmarva and other providers who have the same issue, Nadine will forward emails to Rhonda. After correcting the template, Nadine will send it back to provider cc Janet and Rhonda.

Note: After further review, it was determined that template was not modified.

1. **Current overall status**
2. BI Providers are asking questions triggered by the survey to Stefani. BI providers are also contacting the regional office with questions. We should build an internal mechanism on how and to whom questions should be forwarded. Rhonda suggested that we can use the bi-weekly meeting to talk about the criteria and working process to ensure that DDA and BI providers received the same message.
3. Stefani asked how the regional office gets involved. DDA conducted a webinar today for regional office reviewing CMS requirement. Rhonda suggested standard operating procedure is needed.
4. Questions from BI providers regarding the HCBS survey:
   1. Why does answering “Yes” to the question “Are multiple types of services (e.g., day services, medical, mental health, behavioral, and/or occupational, physical or speech therapies) provided at this site?” result in non-compliance with the rule?

Discussion: What this question really targets on is isolation. If participants live in one setting and never leave, it is considered non-compliance with the community setting rule. There is also concern with providing employment service at day program site. If day program has doctors, OT/PT coming to the site, it can be fine as long as participants can choose with options. Sometimes there is a massive need for physicians or pediatricians in one setting, the doctors are willing to visit the site and it can save the participants from transportation. Sometimes behavioral issues make it necessary for doctors to visit the site. This can be consider reverse integration and needs to be further discussed.

Rhonda suggested that we need to discuss more about the characteristics of institutionalization. If there is a restriction to the participants then it should be noted in their person-centered plans. For the concern with employment service, vocational rehabilitation and day program can be at the same site and employment support should be provided in a community setting not by contract work.

Next Steps: Stefani to draft a position on this question and we will review it. For now if this question results in the provider to be non-compliant, heightened scrutiny will be triggered to further analyze the situation. And for providers, documentation of participants’ choice is important.

* 1. What is the solution to answering “Yes” to question “Is the site near (i.e., within ½ mile of) other sites that YOUR provider organization operates (providing ANY service) for people receiving home and community-based (HCB) waiver services?”?

Answer: Services all in one area is considered segregation and isolation. If the provider’s site addresses are clustered, we will need demonstration on why they are just serving people in this one area and whether there is community inclusion for participants. For now the providers who answer “Yes” to the question, heightened scrutiny will be triggered to further analyze the situation.

* 1. Some providers do not understand why certain questions are listed on their templates.

Answer: Templates were prepopulated with noncompliant responses. Providers can request for the survey data to see if they clicked on the wrong button on survey monkey.

* 1. For BI Waiver, the provider NeuroRestorative did not do non-residential survey on time, so they do not have the template. NeuroRestorative has not completed residential survey till now, and Stefani asked if the survey can be reopened because the delay was caused by high turnover rate at the site.

Discussion: For the non-residential survey, DDA will ask Hilltop for data and Nadine will create the template ASAP. For the residential survey, Rhonda suggested documentation is needed stating why NeuroRestorative failed to finish the survey on time. We are also concerned whether NeuroRestorative will complete the survey on time if given the chance. Rebecca thinks that we should try to cooperate with providers and not overly burden them.

Decision: Since reopening the survey has great impact on the data from Hilltop, we would need documentation to justify why DHMH is changing the deadline and reopen the survey. Stefani will forward emails from NeuroRestorative to Rhonda and Nadine. Since one of the reasons that NeuroRestorative failed to meet the due date is that we do not have enough back and forth conversations with the BI providers, we will need better cooperation and regular meetings with Stefani in the future.

1. **Issues that have arisen**

Is CSQ the best measuring instrument for providers and participants?

Answer: CSQ is only developed a few years ago and naturally many questions have arisen, but currently there are not many other options available. The CSQ is not participant friendly. Like OHCQ, CSQ is designed to find policy compliance. Case managers have to work with providers to verify the result. Right now we are going through the final version submission of CSQ Clarification Request, My List Update, and CSQ Compliance Detail Report Requirements (CR 178717). If there is any question, we can discuss with Fei and internal within DHMH. There are other ways to gauge the participants’ experience, like NCI (National Core Indicator). We can reach out to other States to see if there are other options and experience. In addition, we can fund more research to see how CSQ works when related to outcomes.

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| Action items | Owner(s) | Deadline | Status |
| Bi-weekly meeting schedule | Dashe |  | In process |
| Collect electronic public comments | Rhonda |  | In process |
| Correct Delmarva Community Service’s template | Nadine |  | In process |
| Create template for NeuroRestorative non-res | Nadine |  | In process |
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