Community Settings Meeting

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| Location: | DHMH-Balt-CR-201Bldg-418 |
| Date: | 02/13/2017 |
| Time: | 3:30 PM – 4:10 PM |
| Attendees: | Janet Furman, Ernest Le, Dashe Mitchell, Stefani Odea, Rebecca Oliver, Ran Quan, Rhonda Workman  |

# Agenda items

**I. St. Peters Adult Learning Center Presentation**

1. St. Peters Adult Learning Center Presentation will be on February 28, 2017 at 5:30-7:30 PM and held at 901 Hollins St, Baltimore, MD 21223. The audience will include participants and family members.
2. Rhonda touched based with Patricia she thinks we should jointly present the information.
3. DDA is confirming whether or not they want the regional office to attend. (Confirmed they will attend.)
4. There was discussion at the previous meeting to do a general overview of the rule i.e. Why do we have the community setting rule? What this means for their day program.
5. Rhonda does not know if they have a blanket PowerPoint that was used in the past. Previous presentations have been for stakeholders
6. Earnest will create a general PowerPoint and DDA will look over it and add to it.
7. Janet will ask about sheltered employment for St. Peters
8. Rhonda will ask Patricia what we should use.1. (Shared presentation done for Change. Patricia noted you can consider the presentations previously done for regional stakeholder meetings that Rebecca conducted.)

**II. STP Feedback**

1. CMS provided feedback on the STP
2. We have already been working on the public notice and comment section. This is nearing completion
3. CMS was concerned mainly about the crosswalk and our recommendations. Some brain injury, assisted living and community pathway topics came up.
4. Shannon sent a letter to OHCQ to get their regulations. They ignored request. OHS will get their secretary involved.
5. In regards to the CP waiver, DDA’s regulations are used by the OHCQ for licensed providers
6. STP remediation strategy includes a comprehensive review of regulations
7. DDA has been working with their coalition to rework the statute regulations and introducing 2 new waivers.
8. OHS staff will use the August STP to make track changes to reflect what CMS wants. All of the attachments have the reference to the regulations. We will update the Appendices and the systemic assessment.
9. Rebecca noted they started making changes in chapters instead of one overall regulation
10. May need to do internal meetings for ALFs.
11. Rhonda will touch base with Bernie about his thoughts on whether we should have one department regulation about HCBS or put it in every chapter
12. Rhonda would like to be on the CMS call with Rebecca.

**III. Provider Self-Assessment**

1. Janet will put in a request for Ran and Dashe to have access to the self-assessment email
2. DDA met with their regional office and directors to discuss the self-assessment emails. The Google drive has 4 folders 2 of which are reconsideration specific (non res and res) other were templates. The region office was asked to organize. They created folders for each region and put documents in the appropriate folders. Rhonda and Janet will find out Nicole’s status in relation to this project. That will determine what Ran and Dashé can do to help.
3. DDA will create a folder specifically for brain injury and give Stefani access.
4. PTP
5. DDA RO are reviewing provider’s request for reconsideration.
6. The 90 day period for PTP are due in March.
7. DDA response letter- Question issue document was reviewed by DDA and their regional office to discuss under what conditions will they approve and say yes to the request for reconsideration about the issue. Any issues are given it to the provider relations lead staff in the regional office because they go out and they are familiar with the providers. Dept needs to look at the community at large when it comes to the request. DDA received approximately 80 requests for reconsideration.
8. Suggested Response for BI Providers -Janet thinks Stefani should be involved in a review. Regional office directors and PR staff will coordinate with Stefani on the 5 BI providers. Rhonda suggests we ask for additional clarification and perhaps issue heightened scrutiny on providers who provide doctors on site for their participants/multiple services on site. Providers who misunderstood the question would make the statement they misunderstood and then they can do a 1 for reconsideration and we would say okay. Same thing can apply if they put a 2 and they said they are in compliance. We would look more into it and make it a part of the provider transition plan review.

**IV. CP People on Registry**

1. Project on cleaning up the registry is behind. OHS is trying to strategize on how to make it faster.
2. Approximately 400 people were identified on the registry for CO that are apart of other services including a large number of people who are already apart of Community Pathways.
3. Everyone on the registry needs to be given the level 1 screen.
4. OHS thinks most people signed up for everything because they did not have anything at the time and they wanted to see what they could get first. If they are interested they can stay on the registry they just need to get screened.
5. OHS would like to send a letter to the coordinator who will give it to the clients on the registry for CO. Those who want to remain on the registry will be asked to please have level 1 screening. Clients cannot have two waivers.
6. The letter needs to be simplified. We will need to get the AG to look at language of the letter.
7. Level one screening should be given to everyone on the registry regardless of what they receive. Participants will be given a list explaining the options.
8. People who are not on a waiver or CFC and do not respond will just be removed from the registry
9. Draft letter to be shared with DDA and follow up meeting scheduled with Terah, Patricia and Rhonda

**V. Stefani Odea-Consultant Employment Proposals**

1. Proposals are currently with Mark Leeds.
2. The outstanding question is whether or not the consultant can take a credit card. The consultant’s name is Debra Cotrill. She does not have a company and may not be able to take credit card. Stefani sent an email to inquire about credit card status.
3. The first proposal is for the consultant to develop a training curriculum and tools that providers can use to better assist individuals with brain injury to obtain and retain competitive employment. The second proposal is for the consultant to facilitate monthly conference calls with each provider agency for 3-5 months (dependent upon provider need and interest) to review barriers to employment, programmatic challenges and/or changes, individual cases (contingent upon release of information from participant), and on-going training. The third proposal is for the consultant to develop policy recommendations related to the Brain Injury waiver and the Division of Rehab Services Acquired Brain Injury Program related to blended or braided funding, service definitions, rates, evidence based practices, innovative ideas that will improve employment outcomes for BI population.
4. Mary T is the BI waiver provider with best employment outcomes. Ms Cotrill works as a consultant for that provider. She used to be an employee
5. DDA’s employment first recommended discovery certifications which include training to support people with employment. DDA would like to collapse some of their daytime services. It will be referred to as meaningful day. They will have their new employment support which includes transitional employment, supportive employment, small group, large group, facility base employment and coworker services collapsed into one. Day hab will continue to provide in house and community based support which would comply with the rule. The community development supports would be strictly community based it would not have any provider owned operated place or have anyone spend part of their day in a facility. Rhonda suggested Stefani and her meet to discuss if the same ideas would work for BI
6. As a caution if Debra Cotrill does work for Mary T there may be some conflict if she were to assist with the employment proposals in addition to providing technical assistance for the agency she works for. Debra Cotrill has assured Stefani that everything that has been developed has Debra’s name on it.

**VI. MFP/BIP - Training related to Person Centered Plan**

1. The MFP and BIP meeting last week discussed the desire to do more training related to person centered planning. CMS was not happy about OHS doing the trainings for Assisted Living providers because they felt as if assisted living is institutional. If we would like to get the training for another provider group Rebecca has a call with CMS this week. OHS has been looking at some of the same trainers that MDOA used. The employee who was doing the train the trainer is no longer employed. The new employee is in the works of getting hired.
2. Aging had a grant from ACL. Aging offered training which in return created train the trainer. Six certified trainers came in. DDA spoke with aging in terms of what they are doing so DDA can provide standardize floor training for person centered thinking and planning for their service delivery system. Rhonda suggests we all team up and look at training options. DDA has a new person centered plan that will go into LTSS that has a discovery element. They are currently working with Lorraine. DDA met with Eram on Friday to discuss everyone being on the same page for person centered plans. Aging will do a follow up meeting with their trainers and then meet with DDA in a few weeks. Rhonda suggests that OHS, Behavioral Health, and DDA meet to see what options are out there. Meeting invitations should be sent out to leads: Lorraine, Stefani, Rhonda, and Rebecca. Leads would then invite others.

**VII. LTSS – CSQ**

1. Rhonda would like to know the status of the final sign off. Daniel made comments one was directed to OHS.
2. Stefani will let us know if she has access to survey monkey.

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| Action items | Owner(s) | Deadline | Status |
| Create St. Peters Presentation | Ernest |   | In process |
| STP Update | All |   | In process |
| Create letter template for CP registry | OHS |   | In process |
| CMS call | Rhonda and Rebecca |   | In process |