Transition Team Meeting

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| Location: | DHMH-Balt-CR-201Bldg-200 |
| Date: | 02/28/2017 |
| Time: | 12:00 PM – 1:10 PM |
| Attendees: | Rhonda Workman, Janet Furman, Rebecca Oliver (telecommute), Stefani Odea (telecommute), Ernest Le, Nadine Jean-Baptiste, Dashe Mitchell, Ran Quan. |

# Agenda items

* 1. **CMS Call: State Transition Plan (STP)**
     + 1. Plan for today’s call: listen to CMS's feedback and Maryland can bring up questions too.
       2. Rebecca’s team should put the public comments chart in the STP and update the web link in the crosswalk.
       3. Maryland is going to listen to CMS’s comments. In the meeting, Maryland will include a date for an internal meeting to discuss when we will be submitting the updated STP.
  2. **STP - OHS Transition Advisory Group**
     1. Status:
        + 1. Three weeks ago, we sent out Provider Transition Plan (PTP) reminders to 160 providers. There are 147 providers that need heightened scrutiny up to date of the meeting.
          2. Addresses are mostly correct because there was almost no mail bounced back.
     2. Challenge:
        + 1. There were discussions about meeting with providers. Because during out the reach out process, many providers didn’t understand the community settings rule. Ernest proposed a webinar/WebEx. It is worth doing, but many providers have no access to internet.
          2. There were discussions about training for all ALFs on the rule but we do not know yet if this is feasible.
          3. Question: One participant has a guardian. According to the court, the guardian has to know about the changes to the participant’s arrangement.

Answer: Through discussion, we have agreed that the provider should let guardians know about the rule. In general, the provider is in responsible for communication with the guardian and notifying guardian about participants’ access to community. The provider and the guardian can check the HCBS website.

* + 1. Schedule next meeting: There will be a meeting scheduled for the Medicaid Transition Advisory Team (TAT) and that would include Community Options, Autism waiver and Medical day care waiver.
  1. **DDA Transition Advisory Team (TAT)**
     1. STP Comments:
        + 1. There has been input from DDA TAT, including comments and recommendations.
          2. DDA will create another column to reflect the department’s decision.
     2. Schedule Next Meeting:
        + 1. Meeting Agenda: DDA will take at least one week to get recommendations and a two-week notice for the providers. So the next meeting will take place in three-four weeks. For now the DDA - Southern Maryland Regional Office is a good option for venue.
          2. CMS Update: DDA will talk about revisions in the next meeting.
          3. Membership: There have been many requests for representation and more parties want to be involved. DDA is thinking that BI, more individuals and families can be included.
          4. Validation Strategies: Hilltop is going to come up with a codebook to validate providers' self-assessment. OHCQ is going to do a survey with providers too and get new indicators for validation.
          5. Other: Some timelines are going to change. Transition will take place early and providers will have more time. DDA will share the strategies with OHS. DDA and the Medicaid TAT have not met.

* 1. **CSQ: Hilltop Coding**
     1. In the Survey monkey, 7000 have completed the CSQ and it is anticipated that the process is halfway done.
     2. Then Hilltop will have the data and come up with a new codebook. Because the questions in CSQ and the provider self-assessment do not align, we will need a new crosswalk in order for validation strategies to work.
  2. **DDA Provider Transition Plan (PTP) Internal Meeting** 
     1. In end of March, DDA will continue review of PTP and monitor the implementation.
     2. Deadlines for providers are non-res, early March and residential, end of March. Nadine will continue to update numbers to Rhonda.
  3. **Status of BI’s supported employment consultant proposal**
     1. Rebecca will discuss with CMS next week and will send time and info to Stefani. If CMS approves, Rebecca will put the proposal through.
  4. **CSQ survey monkey for BI:** 
     1. Sharing survey: how do BI providers access surveys offline?
     2. identifier for BI:
        + 1. Question: BI does not have PSIC number. Site number could be the same for BI and DDA.
          2. Answer: We can add “-BI” to the site number as BI providers’ identifier. Hilltop has the LTSS ID for participant identifier and validation. Since the survey is set aside for BI waiver, survey monkey will automatically display BI.
          3. Case managers have not started and they are planning on do it all together.
          4. For OHCQ, CSQ is meant to decide eligibility for the program. Now CSQ is for validation for the provider self-assessment.
        1. Question: LTSS plan is delayed for DDA. Is everything on hold for LTSS or just DDA is delayed?

Answer: Vendors had a cost implication for the changes requested from the department. The two parties were not in total agreement of the work order so things got delayed. Rebecca would ask for more details.

Stefani O’Dea commented that given the choice, BI waiver would prefer to delay implementation of CSQ in LTSS. BI case managers feel this is not a participant friendly tool.

* 1. **St Peter’s Meeting:** Ernest will send the final draft of presentation regarding the presentation at St. Peter’s Adult Learning Center on February 28, 2017.

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| Action items | Owner(s) | Deadline | Status |
| CMS Call | Group | 02/28/2017 | 3:30 PM. Room 418 |
| Schedule Medicaid TAT meeting | Nadine |  | Done |
| Schedule DDA TAT meeting | Nadine |  | Done |
| St Peter’s Presentation | Ernest |  | In process |
| Update on BI consultant proposal | Rebecca |  | In process |
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