



Maryland  
DEPARTMENT OF HEALTH

# Developmental Disabilities Administration (DDA) Updates

**Bernard Simons, DDA Deputy Secretary**

July 30, 2021



# Agenda

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- Opening Remarks
- COVID-19 Regional Update
- Early Adopter Presentations
  - SEEC - Karen Lee, Executive Director
  - Penn-Mar Human Services - Jennifer Mettrick, Chief Strategy Officer
  - Penn-Mar Human Services - Jackie Stevens, Chief Operating Officer
- Questions

# Deputy Secretary's Opening Remarks

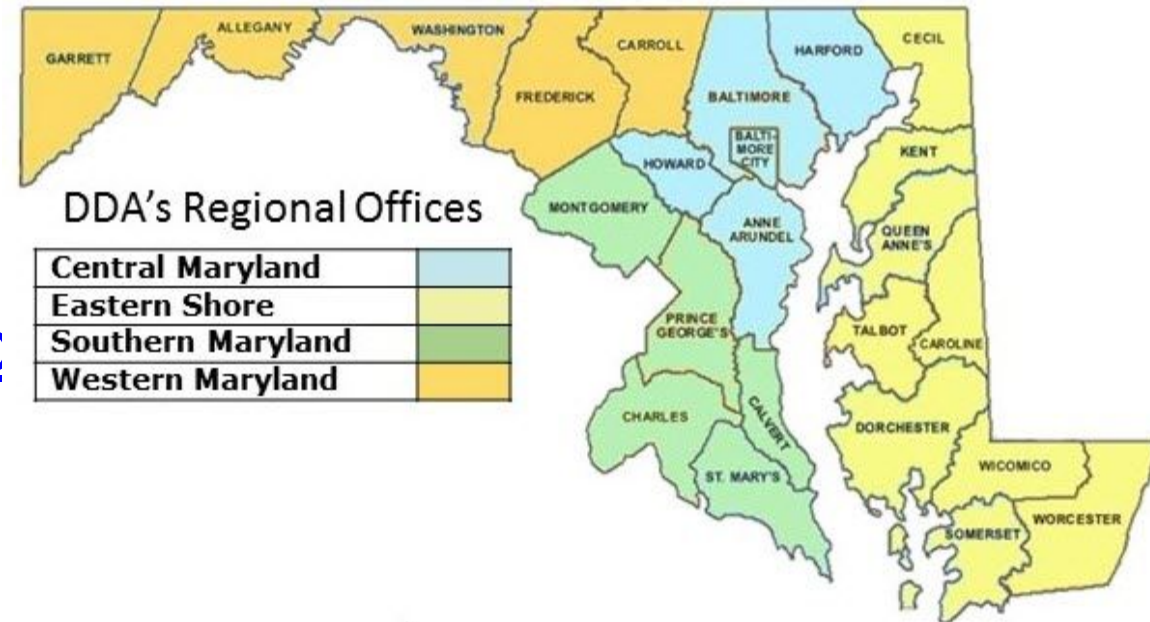
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- The DDA's highest priority is the health, safety, and wellbeing of people with intellectual and developmental disabilities, their families, staff, and providers
- The DDA is committed to transparency with all of our stakeholders to ensure we are all working with the same information to support our shared missions
- Thank you for your continued support in joining me during these webcast so that we can stay in-touch and be able to provide you with the most current information

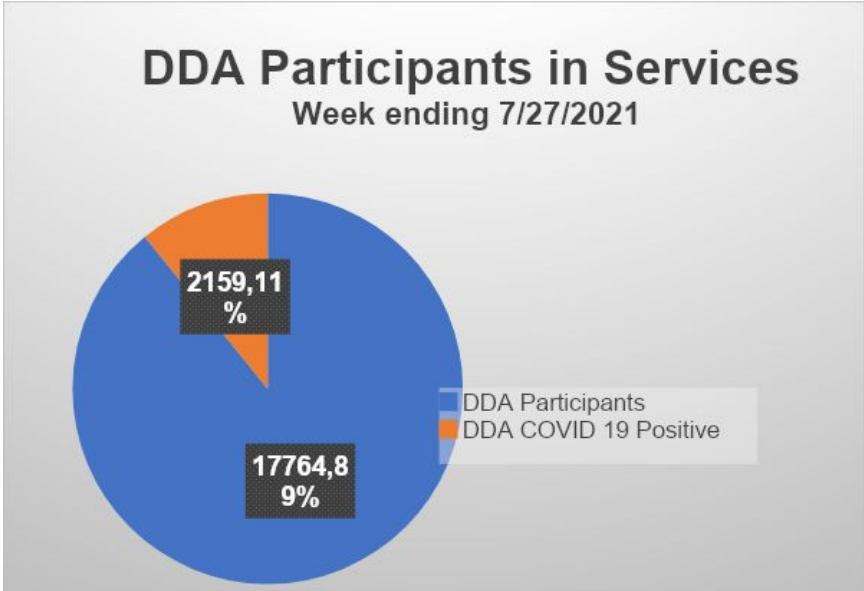
# COVID-19 Regional Updates

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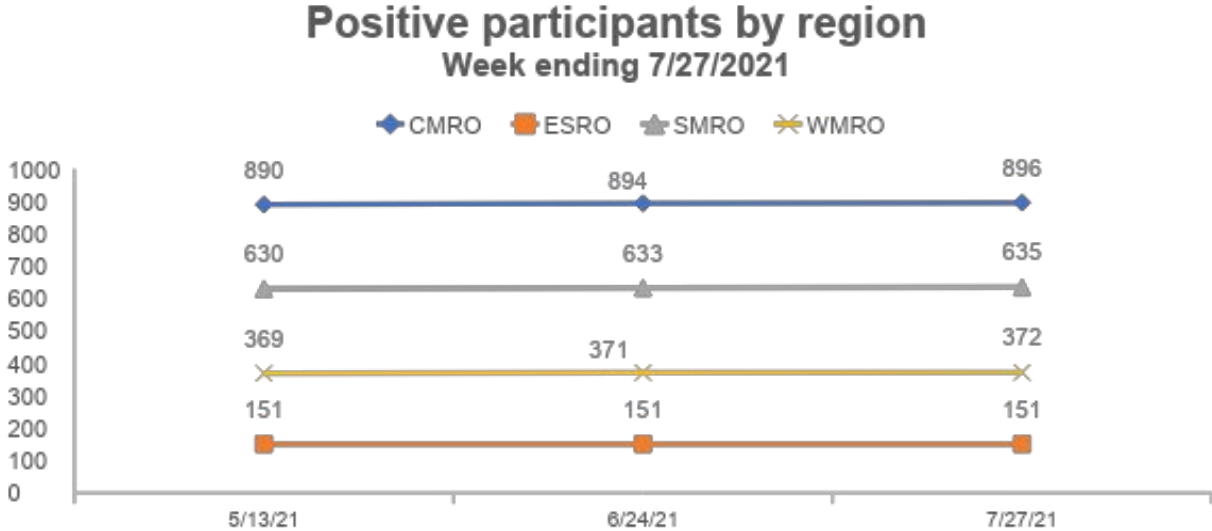
- **SMRO**- Onesta Duke  
[onestaduke@maryland.gov](mailto:onestaduke@maryland.gov)
- **ESRO**- Kim Gscheidle  
[kimberlygscheidle@maryland.gov](mailto:kimberlygscheidle@maryland.gov)
- **CMRO**- Nicholas Burton  
[nicholasburton@maryland.gov](mailto:nicholasburton@maryland.gov)
- **WMRO**- Cathy Marshall  
[cathymarshall@maryland.gov](mailto:cathymarshall@maryland.gov)



# DDA Tracking



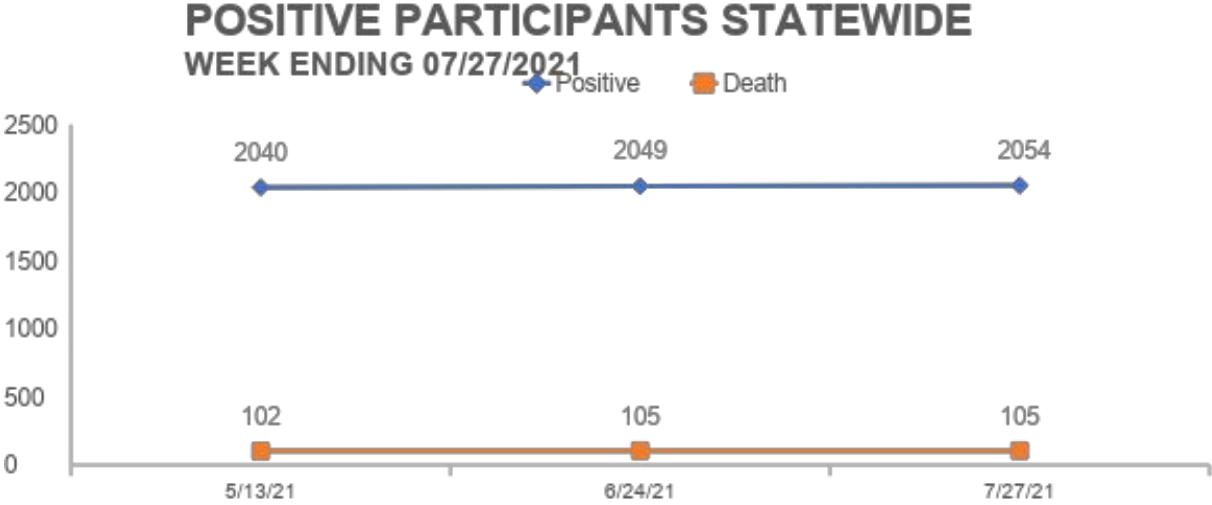
There are 17,764 people supported in services by the DDA of which **11% (2,159)** have tested positive for COVID-19.



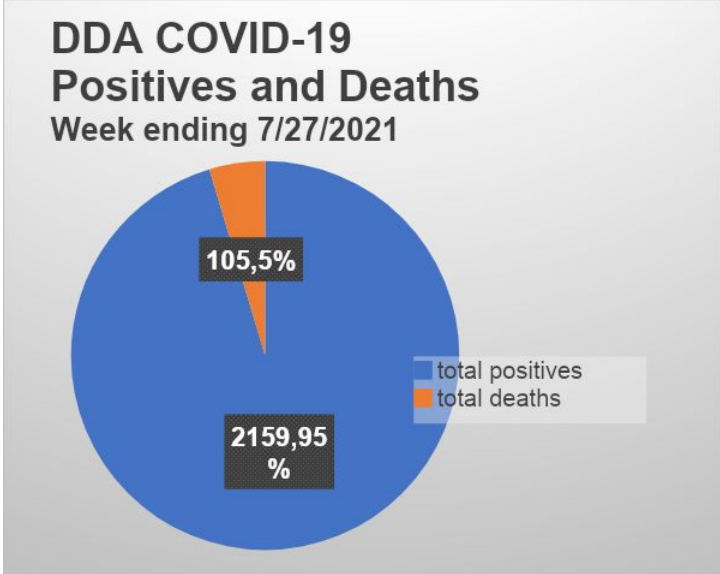
CMRO **896** Positive; Increase of **2**  
 ESRO **151** Positive; Increase of **0**  
 SMRO **635** Positive; Increase of **2**  
 WMRO **372** Positive; Increase of **1**



# DDA Tracking



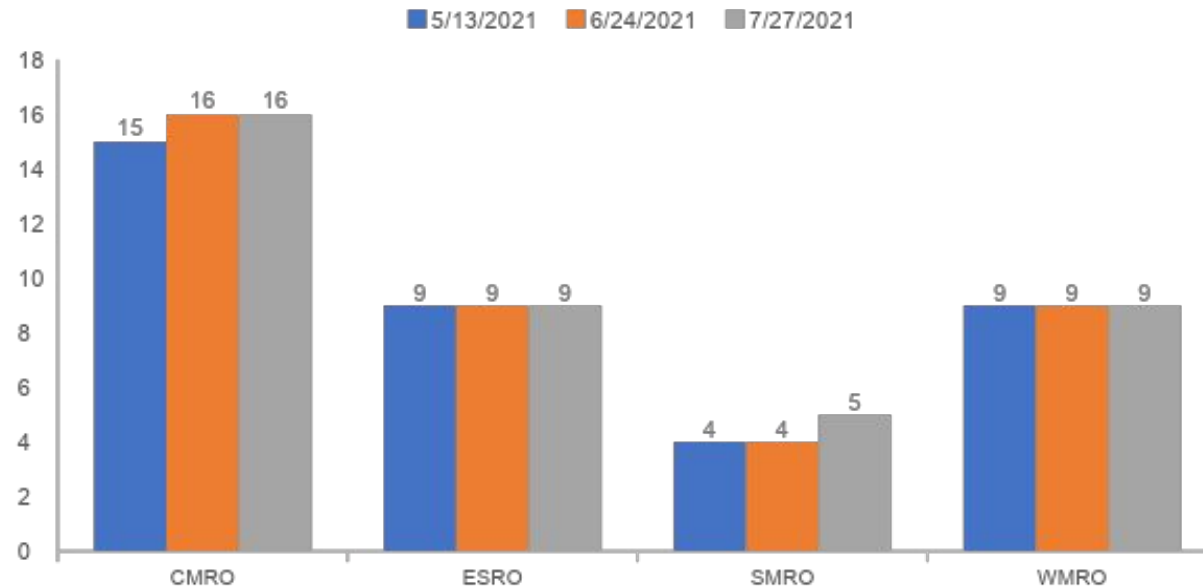
There have been **2,054** participants reported as having tested positive for COVID-19 of which there have been **105** deaths. (Increase of 5 positives and 0 increase in deaths)



The **105** deaths represents approximately **5%** of all (**2159**) participants that tested positive.

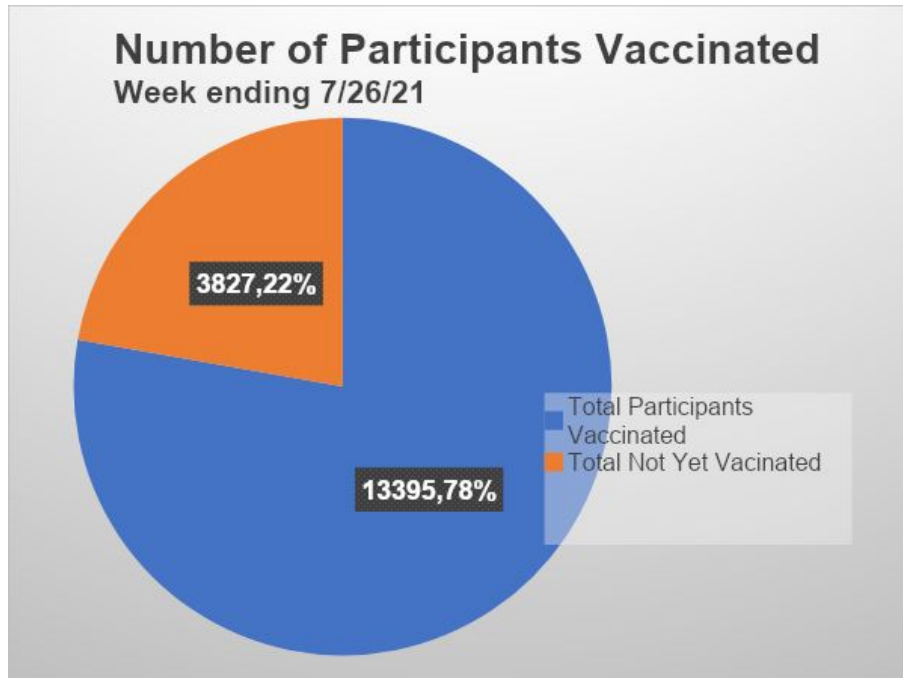
# DDA Tracking

Participants in Self-Direction  
WEEK ENDING 07/27/2021



**39 COVID-19  
Positive  
0 Deaths**

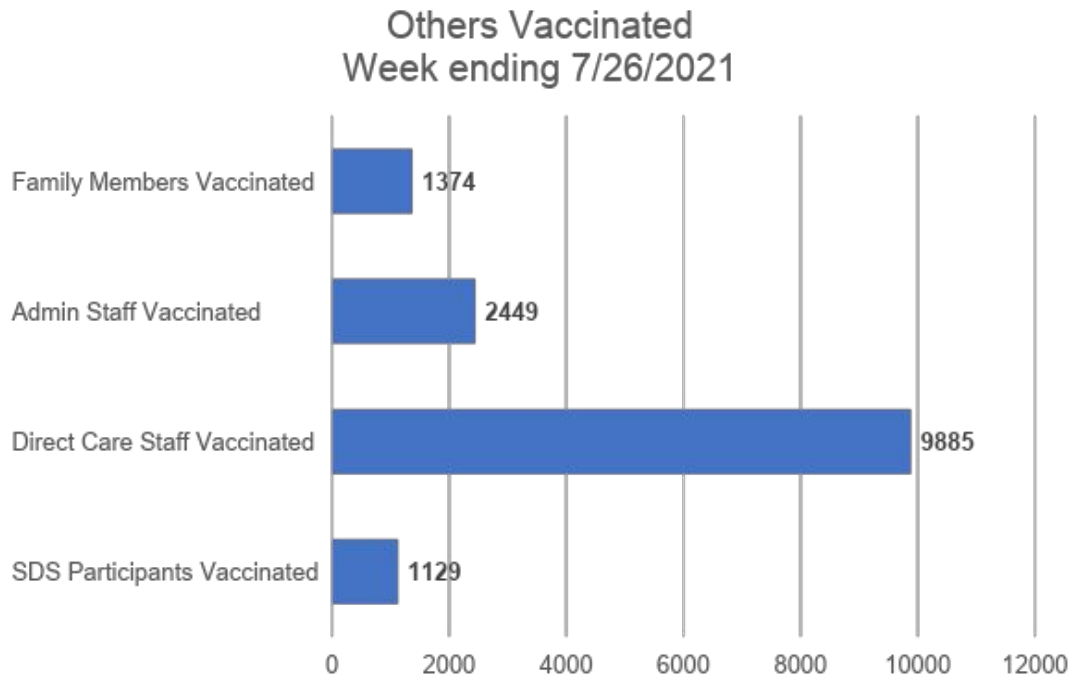
# Vaccination Tracking



- Of the **17,222** participants that the agencies reported intending to have vaccinated, **13,395 (78%)** have been vaccinated, **3,827 (22%)** have not received a vaccine
- There have been **136** vaccination clinics held by the provider agencies. There are not any scheduled for the upcoming week.



# Vaccination Tracking



## Others vaccinated include:

- **1,374** Family Members
- **2,449** Administrative staff
- **9,885** Direct Support Staff
- **1,129** Self Directed Participants  
(Increase of 1,471)



# LTSS Maryland Early Adopter

**SEEC, Inc.**

**Karen Lee**

**Executive Director**

# SEEC Early Adopter Process



Seeking  
Employment  
Equality  
Community

Lessons Learned

# Lessons from Supported Living- November 1, 2020

PCP's must be perfect

PCP's must be on time

Billing must be accurate

Glitches in the billing and payment weren't handled by DDA

Medicaid billing and payment hard to find, great to work with

It was like  
the game of  
dominos

# New Federal and State Laws Started it all

In 2015 they decided they didn't want to pay for segregation and isolation any more

DDA Created New Definitions to Meet Settings Rule and reflect Research and Best Practices

Legislature voted in the BRFA to move from prospective payment to Fee For Service

DDA hired a consultant to construct a rate study and set new rates for the new service definitions



# So DDA needed to change their service

They started with the service  
definitions

# DDA's New Policies and Systems Changes to meet new laws



Service Definitions



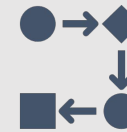
Planning Process



Rate System



Data/Billing System

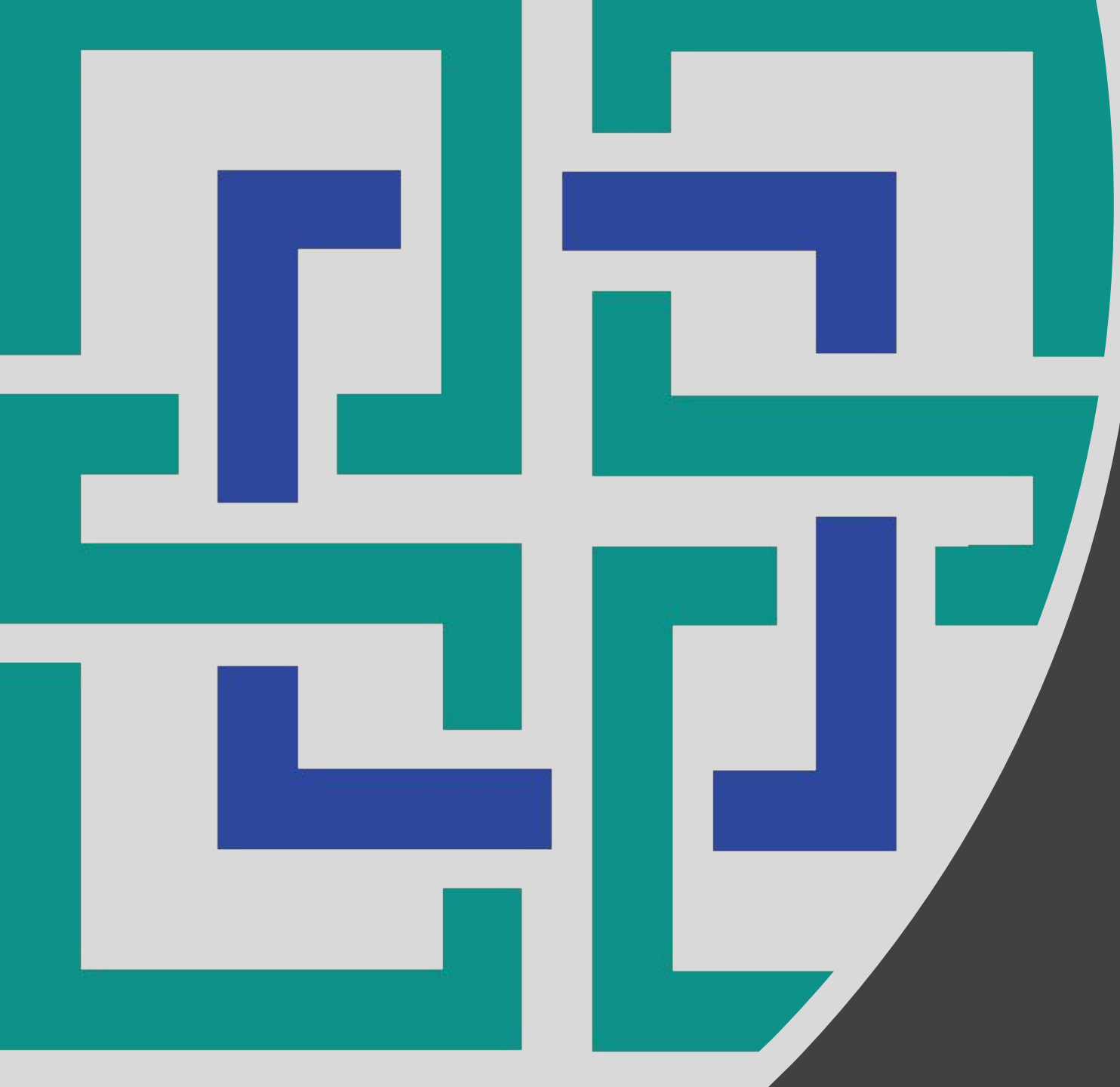


Plan Approval Process



Licensure/Certification Process





# How Did DDA Changes Impact SEEC???

- New service definitions
- New processes and tools
- New data system (ICM)
- Significant training

# How did we go through this change

1. We raised our hand to work with DDA to help them pilot their new systems

2. We formed our own “early adopter” group of leaders

3. Each of the Early Adopter Groups has been meeting, planning, piloting and scaling their work

4. We have now launched our journey into LTSS and our own process

# Early Adopter

## Committees



Pre-Planning

PCP Meeting

PCP Approval

Service Provision

Documentation Input

Documentation Approval

Billing/Payment

# Development of Practices that Align with LTSS

SEEC choose Early Adopter Captains in January (2 per group)

Each set of leaders created a stakeholder team

Each team created a plan using SEEC's standard planning process

- Process
- Pilot
- Training
- Scale up plan

By weekly team meetings/Early Adopter meetings

# Communicated the Plan

Executive  
Leadership  
Team

Senior  
Leadership  
Huddle

All Staff

# Early Adopter Team Actions

Pre-Planning  
Created  
Process in  
ICM

PCP Meeting  
Access and  
upload of  
documents

PCP Approval  
Tracking in  
ICM  
Weekly  
Meeting with  
OM's

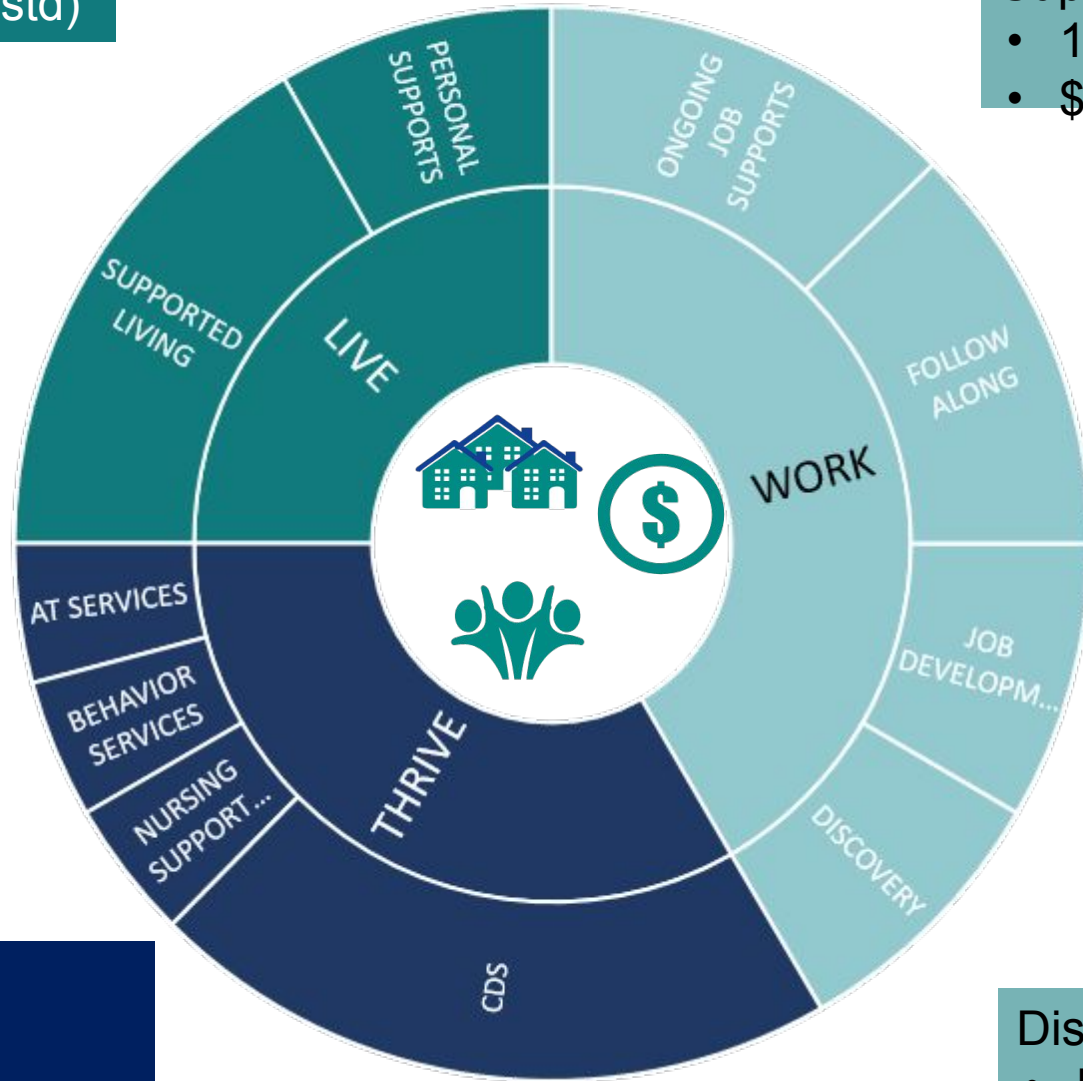
Service  
Provision  
Reimagining  
Services  
(Consultants,  
Think Tank,  
Team)

Documentatio  
n  
Tested EHR  
Choose ICM  
Onboarded  
ICM

Approval  
Created the  
process  
Piloted the  
process

Billing/Payme  
nt  
Piloted billing

## SEEC MAIN SERVICE ARRAY



### Ongoing Supports

- 15 mins units
- \$18.76/unit

### Follow Along

- Monthly Units
- \$720.45/month
- 2x visits/month

### Job Development

- 15 min unit
- \$24.19/unit
- Up to 90hrs
- Possible 2x/year

### Discovery

- Milestone Based
- 3 Milestones
- 1x per 2 years

### Personal Support

- 15 mins units
- \$11.12/unit (std)

### Supported Living

- Daily units
- Vary by O/N or not, and no of people in home

### Assistive Tech (AT)

- Up to \$100k/yr

### Behavior Services

- Assessment-Milestone
- Consultation-15min units
- Plan-Milestone
- Implementation-15 min units

### Nursing Services

- 15 mins units
- \$20.22/unit

### CDS

- 15 mins units
- Std rate-1:2-4 persons
- 1:1 rate possible
- Up to 40hrs/week



# LTSS Approval Cheat Sheet

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- When approving a PCP in LTSS, please remember to review the following:
  - Correct spelling of person we support's name
  - Correct home address; Supported Living: we can tell if the address is correct based on rate
  - Correct DOB
  - Start/effective date: Is there a gap between effective date and end date of last PCP?
  - Does the language in outcomes and goals reflect what is in the PIP?
  - Are ALL needed/requested services in the PCP for approval?
  - If all services aren't listed, please review DSAT and Cost Detail to ensure everything needed is present





## Transition from **Personal Supports** to **Supported Living** (as a funding stream)

### What:

Requesting a service change from  
**Personal Supports** to **Supported Living**

DDA develops amendments to the federal waiver by which it approves and pays for services. In its newest Amendment, #3, some of the service definitions and funding streams have changed.

### **Personal Supports** (as a funding stream)

- Funding and the definitions for Personal Supports has changed within the DDA Home and Community Based Waiver (HCBS).
- Personal Supports is now defined in a way that is supportive of activities where people receiving services are generally living at home and receiving fewer than six (6) hours a day of support.
- Personal Supports no longer allows for sharing of staff resources.
- Anyone receiving more than 82 hours of supports week will no longer be eligible for Personal Supports.
- Beginning November 1, 2020, Personal Supports will require an Electronic Visit Verification (EVV) change that requires staff to sign in and out electronically from the phone or coded fob of each person who receives services. This does not allow for one staff to work with more than one person at a time.
- If a person or family choose not to make the transition, Personal Supports may be affected by electronic verification steps, the number of hours of support that can be provided, and since hours cannot be shared between two people, living with another person could be jeopardized.

### **Transition**

- The services stay the same for the person receiving services. The provider changes are administrative.
- The transition should be invisible for the person and family.
- The differences are more administrative in how an agency bills for providing services.

### **Supported Living** (as a funding stream)

- Supported Living is very similar to Personal Supports except that it is defined in ways that are more in line for people that require more than 6 hours and up to 24 hours of support per day.
- Supported Living is the way to support a person in their own home with or without a housemate.
- The EVV system will not be used in Supported Living as it will be documented as a daily support rather than a 15-minute unit service. Frankly, this will make it easier for the person receiving supports and the staff.

# Roles and Responsibilities During Meeting

## Front Line Supervisor

- Represent individuals' choice
- Represent SEEC programs
- Are responsible for knowing service definitions
- Ensure that the PCP pre-planning process is reflective of PCP meeting
- Ensure all documents are signed
- Train DSP on the PCP/ Obtain the Individual Specific Training forms

## DSP

- Know the person
- Understand what is important to the person
- Understand the person's communication style
- Have a trusting relationship with the person
- Are the individual the person turns to for assistance and support



# The Captains of the Teams

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Pre-Planning- Heather and Shari

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PCP- Mishal and Tamnika

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Approval process for PCP-Lydia

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Services in ICM-Djibril and Beth

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New Services- Sherry and Donne'

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Document and Accessing Data- Jessica and Paco

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Billing Process and Payment- Bonny and Eric



# **LTSS Maryland Early Adopter**

**Penn-Mar Human Services**

**Jenner Mettrick, Chief Strategy Officer**

**Jackie Stevens, Chief Operating Officer**



July 30, 2021

# **Penn-Mar's LTSS Implementation**

## **Successes, Challenges and Lessons Learned**

## Scope of Penn-Mar's LTSS Implementation

- Penn-Mar supports
  - ~ 600 people across MD & PA
  - ~350 cross two regions in MD
- Support types include:
  - Residential (Community Group Homes & Supported Living)
  - Day/Employment Supports
  - Personal Supports, Respite and Shared Living
  - Peer Mentoring
- Additional complexities
  - Recent merger with Change, Inc.
  - Multiple Billing/Case Management system vendors



- LTSS preparation included:
  - Development of an internal task force and key positions focused on LTSS implementation
  - Participation on State and Regional Early Adopter teams
  - E-prep and Licensing updates
  - LTSS systems training
  - LTSS system reviews
  - Development and training on a Penn-Mar specific services guide
  - Extensive teaming related to PCP development
  - Development of new workflows for time capture, documentation, billing and reconciliation
  - Testing of billing/case management application changes, API upload, LTSS billing functionality and reconciliation

**Successes**





## Collaboration



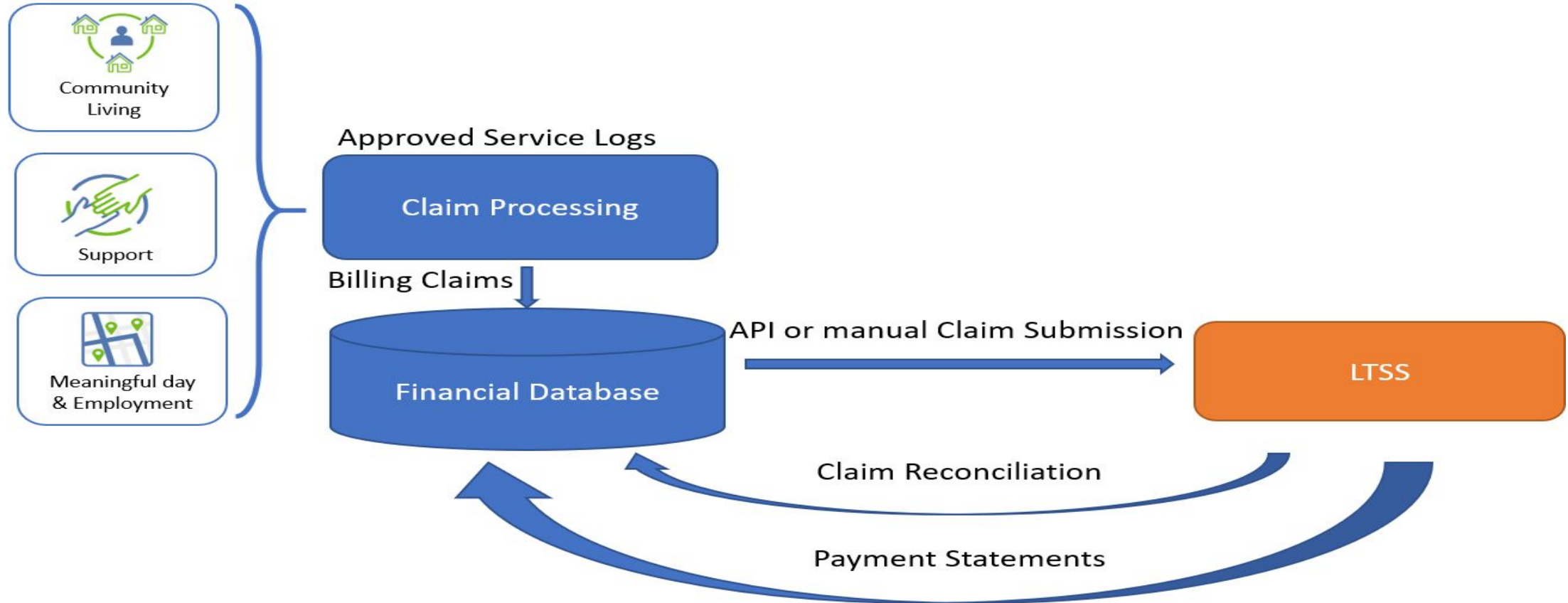
- State Early Adopter group
- Regional Early Adopter Teams
- PCP Planning
- Internal Task Force
- Vendor Partners

## Shared Understanding of New Services

- LTSS offers new possibilities for service provision
- Through the intensive PCP planning process and regional early adopter meetings we were able to come to better shared understanding about these new possibilities and new service parameters



## Billing Claims Dataflow



**Challenges**



- Ensuring absolute accuracy of MA #s for all sites
- Checking and re-checking all provider services are approved and visible to CCSs
- Checking group home configuration is accurate in LTSS and billable rates align with the specific configuration
- Verifying all provider locations have been turned on and activated in LTSS
- Ensuring alignment of PCP effective dates
- Validating units entered into PCPs are correct

- Effectiveness of the LTSS Help Desk
- Challenges with the design of system roles
- Report limitations
- Frequency of system outages
- Varied system views between providers, DDA regional offices and CCSs (caused confusion in setting up accurate daily/weekly service units and limited service flexibility)
- System adjustments needed for multiple meaningful day services provided within the same day (e.g., small and large group provided within the same day)

# Lessons Learned



- You can never start too early in preparing for LTSS implementation
- Begin with ensuring absolute accuracy of your provider set up in LTSS
- Have a good understanding of the new services in LTSS and how your agency will specifically provide those services
- Have dedicated people on your team that are responsible for LTSS implementation (Services, Finance & IT)
- Partner with Case Management/Billing System vendors to align with LTSS implementation
- Partner with your Regional DDA team (especially your provider relations representative)
- Join local collaboratives that include DDA, CCS organizations, providers, advocates, etc.. to discuss new LTSS services, implementation solutions and challenges



Questions?



For more information on Penn-Mar's LTSS implementation, please email Jennifer Mettrick at [jennifermettrick@penn-mar.org](mailto:jennifermettrick@penn-mar.org)

# Upcoming Monthly Webinars

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Please join us for our 2021 Webinar Series:

- August 27 at 1pm
- September 24 at 1pm
- October 29 at 1pm
- November 19 at 1pm
- December 17 at 1pm

To register for the Monthly Webinars with Deputy Secretary Bernie Simons go to:

<https://attendee.gotowebinar.com/register/6873417036092171790>

After registering, you will receive a confirmation email containing information about joining the webinar.

# Questions

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