
TRANSITION ADVISORY TEAM MEETING
MEETING SUMMARY

6/1/2015

201 W. Preston Street, Room L-3
Baltimore, MD 21201

ATTENDANTS

Name	Organization	Present
Aaron Atkinson	The Arc of Baltimore	In-person
Brian Cox	Maryland DD Council	In-person
Cindy Kauffman	SEEC	In-person
Cristine Marchand	The Arc of Maryland	In-person
Grace Williams		Phone
Jack Ferry	WCDC	In-person
Joelle Ridgway		Phone
Joyce Sims	RCI	In-person
Ken Capone	People on the Go	In-person
Laura Parsons	HCPSS	In-person
Melonee Clark		Phone
Nancy Pineles	MDLC	In-person
Sarah Sorensen	Independence Now	In-person
Tricia Nay		Phone

MEETING LOCATION

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MEETING SCHEDULED START: 1:00 PM

Meeting Scribe: Rejie Abraham

I. Introductions

II. Membership

- A. DHMH has organized two transition advisory groups, one of which has been dedicated to those served by the Developmental Disabilities Administration (DDA). There will be similar material covered at both meetings
- B. Meetings will be held approximately monthly, but will reevaluate later on depending on “remediation” strategies.
- C. Team members, who are seated around the table, will give input first, but people in the audience will also be encouraged to give suggestions at the end of the meeting.
- D. Listservs have been organized; please forward email addresses of people who would like to be receiving materials about community settings. Email us at: dhmh.hcbssetting@maryland.gov

III. Background

- A. Transition plan was submitted to the Centers for Medicare and Medicaid in March of 2015. We are awaiting response, and proceeding with remediation strategies written in the plan. The Implementation of these changes is to be completed by March 2019.
- B. “Community Settings” rules impact 1915(k) Community First Choice (CFC); all 1915(c) waivers including Autism, Brain Injury, Community Options, Community Pathways, Medical Day Care, Model Waiver; and 1915(i) Intensive Behavioral Health Services.
- C. The final rule established the qualities that would make settings unsuitable for participation in home and community-based services. All of these changes are being made so that consumers are able to have greater access to the community.
- D. For more information on Final Rule, please see Power Point Presentation.

PONITS OF DISCUSSION (AUDIENCE COMMENT IN BOLD)

- You talk about facilities and apartments, but I was wondering what exactly we’re talking about when we speak about residential facilities.
This includes residential and non-residential services that people receive as part of the package from the 1915 (c) waiver, 1915(k) Community First choice program or the 1915(i) program. We have people living at a variety of settings including private apartments, group homes, assisted living facilities and alternative living units. CMS guidance has indicated that people living at their own home or with their families, is considered a community-integrated setting. As we look at settings across the board we also have to look at non-residential services, like supported employment or medical day care, to evaluate their compliance with the new standards.
- **There seems to be a number of questions on the survey that are policy specific, rather than unit specific. I think it’s also very important to specify what exactly constitutes a “unit”.**
We’ve talked about adding a list of definitions, perhaps as a pop-up on the online provider surveys. “Unit” is used to mean the living space, which could include just a bedroom or an entire house.
- **I’m wondering if it would be easier to fill out some of the information, like address of unit, for the provider, since they would be overwhelmed with having to fill out surveys for each**

of their 50+ sites. Two things you might want to consider is making the surveys mandatory, but also being willing to accept a statistically significant sample size of sites to be surveyed.

We will try to keep the amount of information that needs to be written down as limited as possible. We've considered assigning a number for those so that information would be filled out as a template, we will investigate using MA provider numbers as well

- **Throughout the survey there was language that indicated what participants would be “allowed” or “permitted” to do. I found this distasteful.**

We absolutely appreciate that feedback, and we will seek to make sure that all language is respectful and person-centered. Please send comments on wording choices.

- **Very often there are rules that the residents of each house will make. What will happen if they contradict with the new standards?**

Each residence will have to comply with the federal guidelines. It will be imperative to look at policies of each program, service and setting to change the culture of these settings.

- **When evaluating any changes, I'd like to see more attention paid to the outcomes of the participants and not just the providers.**

We have to work with providers of all sizes and see what we can do to help them comply with the final rule. We have included a participant survey in during the early stages of writing the transition plan. We will continue to investigate participant surveys to be used for ongoing quality monitoring.

- **I don't think that providers should be the ones handing out the surveys. That could cause a conflict of interest.**
- **Another idea I've heard is being able to organize groups of volunteers and get them to visit participants at their settings. That could give us a better idea of questions that we should ask.**

- A future topic for this advisory group is to help create educational materials to be distributed, and organize outreach strategy. **This seems overwhelming, as a mid-sized provider, to implement this for every person and facility. I think the outcome we should be looking for, as a state, is to look generally at these questions and see the ways that we can implement policies according to them, if we haven't done that already. For example, a provider might see a question like “Can participants decorate their own rooms?” and not realize till then, that was something that should be done.**

These questions have been taken from the federal regulation. We are working to pare down the survey in size. If you have opinions as to which questions to omit, please offer your suggestions in writing. We plan for the emails to be sent without bcc so that ideas can be shared.

- **Most questions seem to have a “yes” or “no” answer, but I also think that an “other” or “n/a” option should be added as well. Other questions are simply too large in scope to answer such as “Do participants control their own funds?”**

Many of these questions need a yes or no answer because the answers will help to outline which providers will need an onsite assessment. We could consider a text box to explain answers.

- **What would happen in a situation where some participants in a setting feel they have autonomy, but another participant in the same setting does not?**

We saw some of those differing opinions for the initial surveys. But we were unable to obtain background information such as address or type of setting. That could mean that DHMH would need to investigate that situation on a case-by-case basis.

- **What's going to be done with the information provided on the surveys?**

We can use that information to determine which settings need an onsite assessment..

- **I think it's important that ample time be provided to finish the surveys.**

Other stakeholders have discussed the need to give a firm cut-off date to ensure that the surveys are done. We will take all opinions into consideration.

- **Is this survey supposed to be sent to assisted living facilities, or just DD providers? I imagine there would be differences in the types of reactions you will be getting.**

- All providers serving waiver participants will need to be assessed. Two advisory groups have been established; both working on the same topics. We will consider language changes that differ between the two groups if necessary.

- **Does this apply to CSLA providers?**

If a person is receiving services in their home then, as of now, it appears that CMS is not doing much in the way of investigation. In the draft plan, it was mentioned that CSLA would not need further evaluation.

- **Day programs will definitely need more examination, since many parts of the rule seem to contradict current practices?**

There has been a greater emphasis on residential settings previously, but CMS has provided additional guidance, as of November 2014, on non-residential settings. Non-residential settings will also have to comply with the rule.

- **Just about every question that indicates what I think someone else is thinking needs to be removed. There's no way for me to be sure of that.**

We welcome wording suggestions.

- **What's the time frame for this?**

This room has been reserved for the 23rd of June from 1:00-3:00, and we would appreciate feedback by the 17th of June.

- **When are you thinking that the survey should go back out?**

We are aiming to have the survey to be piloted by the fall.

- **Are the sample questions available?**

There is a link that gives what each state is doing on the presentation given on 6/1.

- **Could you give an idea of where this group is going after the survey?**

- Lease/resident agreement language
- Site visit strategy
- Language for Regulations and Waiver Amendments
- Provider and participant education strategy
- Other remediation items as noted in the transition plan

- **Is there a quality-of-life survey currently being used for DD? Many of these questions are from the old Ask Me! Survey.**

The DDA waiver is using National Core Indicators at this time. The Money Follows the Person Participant survey is being used in other populations. Continued quality monitoring, including a participant satisfaction survey and methods for implementing, will be investigated as part of the transition process.

MEETING SCHEDULED END: 3:00 PM

POST MEETING ACTION ITEMS

Action	Assigned To	Deadline
Provider Survey Evaluation	Transition Team Members	6/17/15

NEXT MEETING

201 W. Preston Street, Room L-3
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June 23, 2015
1:00 PM to 3:00 PM

Meeting URL:

<http://meeting.dhmfh.maryland.gov/a/6f179b19171bab4fc0afeda464bd79c2>

Dial-in Information:

Meeting ID: 4109

Dial in Number: 410-225-5300