



**Montgomery County Commission on People with Disabilities
Developmental Disabilities Advisory Committee
Meeting Summary – April 8th, 2019**

Susan Hartung, Co-Chair • Larry Bram, Co-Chair

Welcome

Minutes from past meetings can be found online at:

www.montgomerycountymd.gov/HHS-Program/ADS/CPWD/CPWDIndex.html, under the tab Developmental Disability Advisory Committee.

Updated on Maryland Developmental Disabilities Administration (DDA) – Bernie Simons, Deputy Director, Patricia Sastoque, Director of Programs, and Judy Pattik, Regional Director, Southern Maryland Regional Office

Bernie appreciated the opportunity to speak before the Commission as he does not believe in debating over e-mail and that conversations are needed in order to make changes.

April 15th will mark Bernie's five-year anniversary with DDA. Prior to starting he noted that the system had probably been neglected for the last twenty years and many items were broken. He wanted to make DDA more person-centered thinking and person-centered planning. His first month on the job, DDA had to repay \$20.6M to the Federal government due to contributions for care. The U.S. Department of Health and Human Services (HHS) Office of the Inspector General determined that between 2010 and 2013 DDA was not correctly implementing an antiquated system called Matrix. This system did not give an accurate picture of what supports a person needed.

In 2014, legislation was passed for DDA to conduct a rate study. The study would also review moving DDA from a prospective payment system where the providers are paid in advance for services. Providers would then send a report of actual services provided and they would either owe money to DDA or DDA would owe money to the provider. It did not make sense to continue using this payment method. Maryland and South Carolina were the only two states that continue to use a prospective payment system. Maryland has since moved to a new payment system.

Bernie explained that during this same time, DDA's Community Pathways Waiver was up for renewal. A series of town hall meetings were held throughout all the regions facilitated by non-DDA staff. Advocates who had reviewed the waiver could not understand what services they were eligible for or what services were available. The waiver had been written for the Federal government, but not for the consumer (the individuals using the services). DDA acknowledged that it should be clear for the consumer and that the waiver include the appropriate services to meet everyone's needs. With this feedback and additional information stakeholders, DDA moved forward with the waiver definitions and posted it for 30-day public comment as required by Centers for Medicaid and Medicare Services (CMS). The waiver was renewed for 2014 and became retroactive to July 2013. Waivers are good for five years and by the end of 2018 DDA needed to apply for a new waiver. CMS approved the Community Pathways waiver renewal application in June 2018. The renewal application reflects informal and formal feedback from various stakeholders over the past several years.

In January 2014, the Federal government issued a community settings rule called Home and Community-Based Services that stated individuals needed to be integrated into a community. The rule was implemented in March 2014. The ruling requires that the individual cannot receive services on the grounds of a facility, services cannot be in the same building, and the situation cannot be isolating to the individual. As DDA moved forward, they had to develop a state transition plan through Medicaid. Providers were upset with the first survey that went out as the services listed were more in line with assisted living which is typically paid through insurance or private pay. DDA met with Medicaid and asked if they could carve out services for providers.

DDA's annual budget is \$1.2B. They receive \$480M per year from the Federal government. DDA must make sure all providers are compliant with Federal rules and regulations or risk losing that funding. Many of the providers that had been working on the community settings rules are coming into compliance. DDA is now reviewing residential sites. Visits are scheduled ahead of time at night so that DDA can talk to individuals about their experiences.

In 2014, legislation was passed for DDA to conduct a rate-setting study. A request for proposal (RFP) was started in 2015. A rate study has never been done. Some providers are concerned about the results. The rate study contractor Johnston, Villegas-Grubbs and Associates (JVGA) made an initial recommendation that did not account for geographical differences in the cost of providing care. The matrix system was already using a geographical difference for Montgomery and Prince George's Counties and providing a small amount of extra money.

The Matrix System is a system that is used to determine the level of support an individual needs. It has been in use for some time, and other evaluation tools are also under consideration.

Bernie had DDA staff review the Bureau of Labor Statistics for data in Montgomery, Prince George's Frederick, Calvert and Charles Counties. DDA asked JVGA to use this data for determining the rates and what the state would pay for a geographical differential. DDA has been working with Montgomery County and encouraging them to work with DDA to seek more money from the Federal government, if possible. There are challenges with using the prospective payment method as you can only give money to an individual who is in a waiver spot. Money cannot be given to the provider or the County. For example, hypothetically, if residential services are increased from \$100,000 per year on average to \$120,000, the State may receive federal funds for up to \$110,000. It will be up to individual counties to make up the difference if they choose. It is not clear if Montgomery County will assist with payment of day services, residential services, etc. as they first need to review the rates and see how much money they can put into the system.

Due to unease from the providers, DDA had an outside quality assurance company review the rate setting study conducted by JVGA. They have reviewed 62 of the 70 ledgers received from providers. Ledgers are being reviewed line by line to figure out the costs.

Patricia Sastoque, Director of Programs, DDA explained that DDA has two new waivers – Family Supports Waiver and Community Supports Waiver – that have been updated so their start dates are July 1st.

Patricia said that on DDA's website, under the link [DDA Waivers – Amendment #1 2019](#), they have posted documents in an effort to be transparent relating to town hall meetings, proposed amendments, questions and answers, and other information. DDA has received many comments from the public and will be posting 117 unduplicated questions with answers by the end of this week. Over the summer and fall DDA will be meeting with small groups of families and providers to receive feedback on waiver

guidance, policies and procedures for each waiver service. There are over 42 waiver services for all 3 waivers – meaningful day, residential, and support services.

Another process DDA is working on is updating the Code of Maryland Regulations (COMAR) which have not been updated since 1984 (<https://dda.health.maryland.gov/Pages/MSP.aspx>). DDA is managing waivers that do not support COMAR. The goal is to have new statutes and regulations in place by 2020. The hierarchy is statute, regulations, policy, then guidance.

For the community settings rules, DDA will be conducting site visits and evaluating settings to determine the individual's personal experience. Due to social economics, individuals may be living closer together. For example, in an apartment complex, Agency A may have an individual living on the 1st Floor while Agency B has an individual living on the 5th Floor. DDA will be reviewing if those individuals are getting involved in the community and using local services or if they are only engaging with their provider. DDA will be reviewing both residential and non-residential programs including day habilitation programs. DDA has received a lot of positive and constructive feedback about how DDA is interpreting career exploration and competitive, integrated employment. DDA is tweaking their definition to be more flexible and understands that employment needs to be reviewed one person at a time as not everyone is the same. In the waiver, career exploration was time-limited to 90 days. For people in this category, the 90-day rule will be waived. DDA is working to address this issue and expand the time frame if the career exploration has the opportunity addresses employment goals. DDA has posted a checklist online for families to review if their child's current employment meets requirements such as if the position is integrated in the community, if they get paid minimum wage, and if there are opportunities for growth. DDA will be reviewing individuals on a case-by-case basis and if the job does not meet the requirements will work with the employer or agency to see how it could meet the requirements.

DDA received a lot of feedback from stakeholders in Montgomery County about Behavior Support services. Providers were originally to bill on an hourly basis but commented that sometimes consultation requires 15 minutes or less. DDA has changed their application and providers can now bill in increments of 15 minutes.

Bernie acknowledged that there is concern that the current Transitioning Youth (TY) numbers do not reflect enough TYs in services. He has reviewed the current numbers and does not believe this to be true. TYs are enrolling and starting services, but maybe at a slower pace this year. Bernie added that the Family Supports Waiver and Community Supports Waiver require yearly certification. Those services are stopped immediately if the individuals do not re-enroll.

Medicaid is an insurance program and it is critical that individuals maintain their eligibility. DDA Waivers are Medicaid programs.

With the new fee-for-service program, the provider will bill for time and be paid approximately every ten days. The maximum amount will be paid from CMS. Providers will upload their billing every night to the new LTSS Medicaid system, which generates the money. LTSS went live in August 2018 for Case Management and includes billing, progress notes and person-centered planning. It took some time for Case Management to work out the issues with LTSS, but it is working fine now.

DDA is investigating having a pilot billing program this November / December with 18 entities between all the counties and five non-profits. Eventually, over 200 providers will be enrolled from the three waivers. The pilot will help to work out any issues before all providers are enrolled. Participants at the meeting expressed their interest in having Montgomery County be part of the pilot

Bernie noted that he receives many complaints that DDA does not listen to feedback or suggestions. He noted that DDA has not done a good job explaining why something was not accepted. DDA has met with some groups to explain why some recommendations were accepted and why others were not. Bernie added that many recommendations have been accepted such as expanding the number of respite days for the Autism Waiver. Respite days will be expanded from 15 days to 30 days and includes an exception clause that more can be added if needed. He has been concerned about the waiting list which is why the Family Supports Waiver and Community Supports Waiver were created. DDA was not able to provide services to those in crisis prevention or current request. They were only able to address those in emergencies or in crisis.

Bernie asked that individuals not make blanket statements about DDA that are untrue. For example, during this year's budget session a comment was made regarding TY's not being in services across the state. Individual Support Services (ISS) will be funded. He asked that individuals review the data before coming up with such statements.

Judy Pattik, Southern Maryland Regional Office, gave an update on TY18 and FY19 numbers. Since last month's meeting:

- 8 TYs have gone into service with a total of 85 in service now.
- 8 declined services.
- 5 have had their waiver denied due to families not returning documentation
- 17 are on the waiver but do not have a provider
- 14 are not on the Waiver
- 3 Waiver meeting was held but the paperwork has not been submitted
- 3 SMRO has not received paperwork.
- 1 is under review –and another the waiver was submitted but corrections are needed.
- 1 – the family is out of state but holding Maryland residency.
- 1 family has not turned in paperwork
- 1 family is not responding due to translation challenges

In one case, multiple efforts have been made to contact the family with no result. In another, the CCS agency has not billed since February and DDA is reaching out to discuss why. Susan Hartung noted that this Committee has a TY subcommittee that is trying to brainstorm ways to reach out to parents and enroll their children earlier in the process.

Regarding housing, DDA recognizes that Montgomery County has on of the highest costs of living. It is the second highest cost of living following Howard County and often individuals cannot live on their own. <https://opendata.maryland.gov/Housing/Choose-Maryland-Compare-Counties-Quality-Of-Life/dyym-bjv4> DDA is reviewing recommendations made about these issues. Housing allowances have not been increased in the last 20 years. He acknowledged that \$375 a month for room and board is not reasonable but wants to be careful to not create sticker shock to individuals when they raise this reimbursement rate.

Bernie noted that DDA has to be careful that the client does not go over their \$2,000 asset Medicaid limit and lose their Medicaid. Medicaid is a health care program that assists low-income families or individuals in paying for doctor visits, hospital stays, long-term medical, custodial care costs and more. Medicaid is a joint program, funded primarily by the federal government and run at the state level, where coverage may vary. He added that DDA has to explore the best method to implement an increase. He noted a case recently where an individual was denied services because their family had been putting money into a bank account and the individual was over asset from the beginning.

There was a question regarding cost of care and the possibility of parents receiving a refund due to overcharges. DDA is working with the rep payee or provider to determine who has not received their refund.

There was a question regarding funding for other services that do not fall into staff hours. These services had previously been funded under ISS and FSS. Bernie said these services will not be funded. A lot of individuals were receiving 100% revenue under the ISS contracts. Those services are now received under a waiver. DDA unbundled ISS contracts in order to receive more Federal money. Bernie's intention is for an individual to never get hurt. If there is not a waiver service definition, then the individual will still receive those services through ISS, so they do not lose any services. After the rate study, DDA will re-evaluate the ISS contracts and review if there are any services that should be covered by waiver services. If it cannot be moved it will stay in the ISS contract.

Regarding future projects and as to how many people will be entering DDA services over the next ten years, data typically comes from TY numbers across the state. Sometimes individuals enter DDA under emergency situations and not from TY. Census data estimates that there are between 93,000 and 94,000 people with an intellectual or developmental disability in Maryland. DDA is currently serving approximately 24,000 people. There are about 70,000 people not being served. DDA met with the Maryland State Department of Education (MSDE) about 18 months ago to address outreach, but DDA has not seen an increase in enrollment. MSDE is due to report again to DDA by September 1st or October 1st. Bernie acknowledged that families and individuals need to be engaged earlier. He suggested using Montgomery County to pilot a project to figure out how to get the school system more involved and provide more outreach. Susan added that this Committee has a TY subcommittee that is working with Simone Geness, Transition Services, Montgomery County Public Schools (MCPS). There seems to be an emerging theme that families do not know about DDA services and that MCPS works with children birth to age 21.

For medically complex cases, DDA works with Community First Choice and the Rare and Expensive Case Management (REM) program to cover services. DDA does not provide highly skilled nursing support services. There are some providers that serve complex medical needs for both residential and day. Medical day programs are another option. Parents noted that programs for medically complex individuals in the school system allow for community inclusion but adult programs provide a medical model and do not allow as much community inclusion as the school programs do.

For self-direction, they cannot make individuals choose MySupport. It has been made available to families to purchase for \$500 as part of their self-directed budget. There are other services available across the country and DDA is happy to discuss them. It was asked if MySupport would not be used in Maryland because they find the system too complex. Bernie noted that they just have to meet the state requirements.

There are concerns that support brokers are limited in their hours for coaching and mentoring. Bernie noted that in the waiver there are initial hours for support brokers as authorized by DDA. If more hours are needed, they can be requested through the personal plan. It is flexible based on the person's needs.

Coordination of Community Services (CCS) has a national turnover rate of 45%. DDA is working to stabilize case management and is putting together training and a certification process to enhance and strengthen case management. Case management is an extension of DDA. DDA has hired 11 new case management staff statewide to provide technical support and oversight for case management system to provide better services. Four staff will be in the Central Region Office, three staff will be in the Southern Regional Office, two staff will be in the East Office and two staff will be in the West office. The

expectation will be that they work with case managers and attend annual team meetings with individuals, not just review plans.

Bernie stated that DDA has gone from 450 to 600 case managers in the last five years. DDA spends approximately \$52M per year on case management. Many agencies have a case ratio of 1 to 40. Two County health departments have asked to cap their client numbers in order to recruit more case managers. The Office of Legislative Audit conducted a review of case management in January 2019 that included a plan of correction with a specific focus on CCS. There was another report completed in 2015 that reviewed all case management and gave recommendations to DDA. Some recommendations including training were implemented, but it wasn't enough. Bernie would like to have case managers trained on conflict resolution.

There was a question as to why DDA is offering career exploration, community developmental services and employment services. By offering an array of services, it offers the individual flexibility and choice to build a meaningful day.

Susan Goodman stated that she heard on a DDA webinar or event that people with self directed programs would have their employment supports phased out. Bernie responded "Not true. Employment supports will not be phased out. Maryland is an Employment First state and should be moving towards employment, not away from it." Susan Goodman responded, "Can I quote you on that?" Bernie responded "Yes."

Committee members and attendees can send any more questions to Susan Hartung and she will forward them to Bernie.

Announcements

Video - Students design app to help chefs with special needs. Featuring That's A Wrap:
https://www.nbcwashington.com/news/local/Students-Design-App-to-Help-Chefs-With-Special-Needs_Washington-DC-508198552.html

Respectfully Submitted,

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