



**Montgomery County Commission on People with Disabilities
Developmental Disabilities Advisory Committee
Meeting Summary – March 12th, 2018**

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

Present

Parents: Susan Hartung (Co-Chair); Larry Bram (Co-Chair); Betty Bahadori; Claire Funkhouser; Reda Sheinberg; Scottie Holton

Organizations: David Cross – retired MCPS; Rosemary DiPietro – CSN; Sara O’Neill, MMARS; Shawn Lattanzio, Local Behavioral Health Authority; Linda McMillan, County Council; Christina Thomas, TCS; John Whittle – Service Coordination, Inc.; Nicole LeBlanc, SMRO, DDA; Michael Bryan, Deputy Director, SMRO, DDA; Liz Tsakiris, Integrated Therapy Services

Staff: Betsy Luecking

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.

Self-Advocacy – Nicole LeBlanc, Regional Advocacy Specialist, and Michael Bryan, Deputy Director, Southern Maryland Regional Office, Developmental Disabilities Administration

Nicole LeBlanc is the new Regional Advocacy Specialist for the DDA Southern Maryland Regional Office (SMRO). She has over ten years of experience in the self-advocacy movement, advocating at the state and national level. She moved to the DC area in August 2016 from Montpelier, Vermont. From September 2016 to March 2017, Nicole was a Paul Marchand Public Policy Intern at the Association of University Centers on Disabilities (AUCD). She is knowledgeable in a number of areas including peer mentoring; navigating the benefits to work system – Supplemental Security Income; Social Security Disability Insurance; Medicaid; Medicare; and providing peer mentoring among other things.

The responsibilities of a Regional Advocacy Specialist include:

- Support people with developmental disabilities in advocating for their needs and wants and helping them to achieve their goals and dreams.
- Support people with developmental disabilities in understanding their person-centered plan.
- Provide information sessions on a variety of topics like Transition Age Youth, Employment, Understanding Your IP, Building Relationships with Your Provider.
- Attend individual team meetings, as needed.
- Provide information and referral services (example: individual needs help finding a way to get a new communication device due to DORS, VR no longer being able to fund another one. Send ideas and resources to him/her).
- Provide peer mentoring services.
- Research community resources for self-advocates.
- Attend DDA Quality Assurance, Advocacy Support Unit and Provider meetings.
- Educate self-advocates about available DDA services.
- Provide information on Rights and Responsibilities.
- Help people complete paperwork.
- Provide assistance in understanding IPs.

- Provide information on available Work Incentives and resources to contact.

Self-advocates within the DDA system are Nicole's only constituents. If she receives questions from parents, they are forwarded to headquarters. Regional offices have leads to support families. SMRO's lead has recently moved to another position outside of DDA. The regional office is working to identify a new lead. To contact Nicole, call 301-362-5141 (V) or e-mail Nicole.LeBlanc@maryland.gov.

The floor was opened to questions.

Susan asked if DDA could create a flow chart or easy-to-understand document that assists individuals in determining what they are eligible for based on disability and income. DDA does not make decisions based on disability and/or income. Once eligible, decisions are based on individual personal needs. Nicole reported that it would be a good document to have, but it would have to be developed at headquarters. It would help to make it so there is no 'wrong door' to DDA services.

It was asked if Nicole only handles constituent questions at the SMRO level or if she can relay issues to headquarters as well. Each regional office has a self-advocate. Nicole is also managing Transitioning Youth (TY) for the entire state.

Susan suggested that DDA hold more town hall meetings in Montgomery County and during times that the majority of people can attend. Montgomery County accounts for 25% of the DD population for SMRO, but the majority of meetings are held out of the County. It was noted that DDA held a meeting this past January at the Arc Montgomery office. DDA is also in discussions to have a meeting in April about the DDA Waivers at Montgomery College.

It was asked if Nicole is available to attend TY meetings. She is available if the consumer initiates the request. All meetings must be self-advocate initiated, unless the individual has significant disabilities then the guardian can make a request. Families can contact Mary Anne Kane Breschi, DDA Director of Family Supports and Coordination of Community Services (CCS) are also available to assist. Michael Bryan, Deputy Director, noted that all calls regarding complaints and requests are tracked by headquarters. Any issues received by Nicole would be reported to Goli Balakhani, DDA Director of Advocacy Supports. Michael noted that DDA does read every letter that is received and retains documentation.

It was asked if individuals who are using self-directed services would be more interested or more likely to work with an advocacy specialist. Nicole said those individuals are welcome to contact her and she has experience with self-managed services including interviewing and hiring staff.

Service funding plans are also being revised. Individuals new to the DDA process are using the old service funding plan. TY's for 2018 should write their plan based on the current Community Pathways Waiver and for annual updates. People in self-directed services should use the waiver that is currently in effect. Michael suggested contacting self-directed services for information. See DDA website: <https://dda.health.maryland.gov/Pages/home.aspx>

Michael responded to questions that were sent to Judy Pattik prior to the meeting.

1. Where is DDA in the process of approving provider applications for the two new waivers, how many providers are approved for Montgomery County to provide the new waiver services. How long will it take to approve new providers from date of application? <https://dda.health.maryland.gov/Pages/Become%20A%20Provider.aspx> The application process for new providers is slow due to several changes being made to the application over the last few months. The application itself is voluminous and the process is very cumbersome. After the provider has been licensed, it is essential that they are able to provide services immediately. DDA has received many queries from individuals interested in becoming providers, but many do not know about DDA services. Applications are placed in a queue and DDA is processing those submitted first and working down. Michael noted that applications submitted prior to application

changes may be requested to provide additional documentation, which can slow the process. He can check on the status of a provider's application. DDA will provide updates on a quarterly basis. At this point, 5 new providers for Montgomery County have been approved. Some are established providers who want to participate in the two new waivers. In terms of new waiver applications, at the SMRO office 40 waiver applications were submitted and 5 have been approved.

Susan stated that there is concern that the process to serve 800 families is taking too long and is confusing, and providers are unsure how they will be reimbursed due to the unfinished rate study. Susan asked if the Committee could ask the Commission on People with Disabilities to advocate at the state level and address these concerns. Betsy Luecking, Staff, indicated that this would need to get approval from intergovernmental affairs. The DDAC minutes are shared with DDA as they are part of this workgroup.

2. If a family declines enrollment in the new waivers, are they staying on the DDA waiting list or being removed? If they are being removed, do they remain on the future request list or must they reapply for adult services later? If a person declines to enroll in the new waivers, they will stay on the waiting list for Community Pathways. Rosemary added that as far as she knows, if the individual is between 18 and 21 they remain in current request. If the individual is younger than 18 and declines services for whatever reason, they will go into future need until their needs change. Per Rosemary, an individual's needs may change when they turn 18, but the individual will need to contact their regional office and request a CCS. If an individual is offered a waiver slot now, they can go back to future need. An individual can't have both. An individual is also not eligible if their income is too high or if they are not a legal citizen. Individuals under 18 do not include their parent's income in the application. It was noted that some 18 to 21-year olds had been dropped off the waiting list, but Service Coordination has now instituted a trigger to connect families with SMRO. When the first few hundred people met with CCS in January, they did not understand they would be removed from the waiting list if they applied for the waiver. Most CCS providers now are seeing individuals declining the waiver as they may lose their slot on the waiting list and their CCS. Some families have received an official letter from the state notifying them they have been removed from the list, but they can appeal. The two new waivers were meant to take people off the waiting list.

It was thought individuals on the Autism Waiver would not be asked to enroll in the two new waivers, yet there have been a few calls from clients that they were asked to pick between the Autism Waiver or the two new waivers. It is not uncommon for an individual 18 or 19 years old to get onto the Autism Waiver before getting off the waiting list. They may also be on a limited, capped waiver. It is complicated and Autism Waiver case managers will have to be savvy to advise their clients of their best option.

3. Supports Intensity Scale (SIS) Evaluations:

Michael noted that he was briefed on SIS prior to the meeting so may not have all the answers. He will reach out to Judy Pattik with concerns and questions that were discussed.

SIS Overview: <https://aaid.org/docs/default-source/sis-docs/sisoverview.pdf>

- **What is the process underway for SIS evaluations?** SIS is a new assessment tool that evaluates support needs of a person with an intellectual disability. Matrix scores will eventually be replaced. The SIS is in addition to the PCP and HRST will help the Team and DDA to determine the appropriate supports an individual may need. It measures the individual's support needs in personal, work-related, and social activities in order to identify and describe the types and intensity of the supports an individual requires. SIS was designed to be part of person-centered planning processes that help all individuals identify their unique preferences, skills, and life goals. The assessment takes approximately three hours to complete. Safety need support has five categories. As an example, an individual with Aspergers that can be independent, but has issues of safety and self-care would be assessed at the highest level of supports.
- **How were the individuals chosen who are being contacted for the SIS, what is the role of the CCS, and how is the provider being notified and involved? Individuals whose IP/PCP are due will have a SIS completed.** A person with an immediate services need will have an initial SIS completed. Then each person will have one completed every five years based on their person-centered planning due date. The contractor will be conducting assessments. They are trained by the American Association on Intellectual and Developmental Disabilities

(AAIDD). AAIDD developed SIS and have trained staff to administer the assessment. CCS will be contacted to schedule the assessments and for additional information, if needed. Outreach has started to identify clients.

- **What is the plan for completing all SIS evaluations for everyone in service? How long will it take?**
DDA will complete approximately 3,500 assessments per year. Everyone will not have received an assessment by the time the new rates go into effect July 2019.
- **What is the process if a parent or other team member disagrees with the score or process of the SIS evaluation?** SIS is a nationally recognized program that has been tested. DDA believes it is a good measurement tool. It was suggested that there be an appeals process in order to address inaccurate assessments.
- **How is the score to be used by the team in the future?**

SIS is used around the world and in several other countries. It is formula-based with data correlated from states based on that state's money allocated for each particular need. A participant shared that she has used SIS to make assessment, she noted the questions are very specific and go into depth about each life activity including frequency and estimations by day, week, and more. Some questions are sensitive in nature, such as the number of sexual impulses the individual has per day. There are questions relating to money and how much would be needed for supports such as grocery shopping depending on the needed hours.

There is concern that parents will under report the need as they do not have the same perspective as a clinician that has worked with the individual for years and in different environments. Parents may also under report because they are too proud, but they should focus on their worst day. It would be important to also include school staff in the assessment. Support staff may also under report or misunderstand the questions. SIS requires that people on the assessment team have known the individual for at least three months, although it does not specify the level of contact. The assessment is comparing the individual to a non-disabled person the same age.

SIS is based on interviews and assessments made by those interviewed. The matrix is based on documents (assessments, diagnostic studies, reportable incidents, behavior charts, and old IPs) written by a group of people which is then evaluated for pros, cons and potential errors. SIS may be costly for the provider who are not funded to provide the staff to attend the assessment meeting. It was noted that assessments can last up to five hours. Coordinators are not required to attend, although some do participate. Currently, some self-directed individuals do not have matrix scores, but everyone in DDA will have a SIS.

SIS is being used by providers in Montgomery County and within the state to develop IP services and a plan, not the allocation of resources. People become concerned when resource allocation is discussed. There is also concern that the assessment will be completely captured after one meeting. It was also suggested providers be notified that the SIS assessments are currently being conducted and they are required to participate as it will take a lot of staff time to devote to an interview. It was suggested that providers be notified via e-mail. Michael stated that he will address this issue with Judy. There is concern that support staff, such as job coaches, may worry that by giving negative feedback about an individual it will reflect back poorly on their performance and they may not be as honest in their assessment.

Update – Transitioning Youth – Michael Bryan, Deputy Director, Southern Maryland Regional Office (SMRO)

TY 17 (FY 18)

Total – 105

- 77 –approved to begin services.
- 3 – declined services
- 2 – waivers denied due to citizenship
- 10 –on waiver, but not in services (5 waiting on SFPs from providers)
- 12 not on waiver and no provider (5 waivers denied for various reasons)
- 1 – not on waiver, has a provider

TY 18 (FY 19) Total – 130

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It was asked if there is provider capacity to serve 25 more people. Providers are occupied with filling out applications and do not know if they are operating under the existing rates or serving under the new rates. Some individuals may be under the new employment or personal support rates. Providers may hold back on application submissions based on these uncertainties. It was noted that it was helpful last year when SMRO shared information on individuals who were having trouble being placed. Providers were able to review the list and select them if there was capacity. Michael reported that until providers can build capacity, they will not be able to serve 100% of the TYs by July 1st.

Rosemary DiPietro, Community Support Network, noted that Montgomery County is currently not expanding to accept more than 500 clients. The current Montgomery County CCS caseload is 1 to 45. The County would like to reduce the ratio to 1 to 35, but it would require additional funding to hire staff. When HHS was first being discussed as a provider for CCS, the County's Office of Management and Budget rejected the ratio of 1 to 35 and it raised it to 1 to 50.

Updates on Coordination of Community Services / Challenges – Representatives from Total Care, MMARS, Montgomery County HHS Community Support Network: Tabled due to time constraints.

Update – Autism Waiver (TY) – Montgomery County Public Schools (MCPS): Tabled due to time constraints.

Co-Chair Update: The application deadline to serve on the Work Group on Meeting the Needs of Residents with Developmental Differences closed on February 23rd. No further updates have been received.

New Business: Tabled due to time constraints.

Next Meeting: Monday, April 9th, 2018 from 4:00 p.m. to 5:30 p.m. The Committee will be meeting at the Health & Human Services Building, 401 Hungerford Drive, 1st Floor 1A Conference Room, Rockville, MD 20850

Respectfully Submitted,

Carly Clem, Administrative Specialist

Betsy Luecking, Community Outreach Manager