



**Montgomery County Commission on People with Disabilities  
Developmental Disabilities Advisory Committee  
Meeting Summary – November 19<sup>th</sup>, 2019**

**Larry Bram, Co-Chair • Karen Morgret, Co-Chair**

**Welcome, Introductions and Review of October Minutes**

Minutes were approved as written. Minutes from past meetings can be found online at:

[www.montgomerycountymd.gov/HHS-Program/ADS/CPWD/CPWDIndex.html](http://www.montgomerycountymd.gov/HHS-Program/ADS/CPWD/CPWDIndex.html), under the tab Developmental Disability Advisory Committee.

**Follow-Up on Montgomery County Transition Pilot Proposal – Claire Funkhouser**

Claire presented the Transition Pilot Proposal before the Commission on People with Disabilities (CPWD) at their meeting last Wednesday, November 13<sup>th</sup>. Overall the Commission was very supportive and voted to support the pilot proposal. Betsy has sent the proposal to the Office of Intergovernmental Relations (OIR) for review. With their approval, the proposal will be sent to Bernie Simons, Deputy Director, DDA, from Seth Morgan, Chair, CPWD, on Commission letterhead.

One Commissioner did ask if this Committee is working on issues and services for older adults with disabilities. This question does touch on DORS and their waiting list for services which is something this Committee should be working on as well. Betsy Luecking, Staff, said she and Kim Mayo, Administrator, Community Support Network, are working on this issue with Health and Human Services (HHS). Claire suggested that this Committee consider adding self-advocates as members to get their perspective on issues. Susan suggested having direct service professionals be included, too.

Betsy added that HHS has a commitment to provide staff support to this Committee at least until the DDA transformation is complete. After that, HHS will need to reassess the composition of this Committee or decide on a new direction. HHS may want to establish a separate Commission on Developmental Disabilities to work on these issues. Excerpt from Commission By-Laws

**Article VI**

**Committees**

**Section 1. Standing Committees** The Commission shall have the following Committees:

- (a) Steering Committee There shall be a Steering Committee that shall be responsible for planning and directing the activities of the Commission and for overseeing the activities of the committees.
  - (1) The Steering Committee shall consist of:
    - (a) The Chairperson and Vice-Chairperson, who shall serve respectively, as the Chairperson and Vice-Chairperson of the Steering Committee;
    - (b) The Chairpersons, Vice-Chairpersons and/or Co-Chairpersons of each of the several Committees;
    - (c) Professional staff to the Commission; and
    - (d) Additional members as designated by the Chairperson.
  - (2) The Steering Committee shall meet monthly, or as otherwise scheduled by the Chairperson.

- (b) Other Committees The Commission may establish, or the Chairperson may appoint, other committees.

**Section 2. Committee Appointments** Each member of the Commission is expected to participate in one of the various Committees.

- (a) Committee Members Assignment to all Committees shall be made by the Chairperson, with due consideration for the stated preferences of Commission members.
- (1) All members of the Commission shall be eligible for appointment as members of the Committees.
  - (2) Interested members of the public may also serve on Committees through appointment by the Commission's Chairperson; but they shall not serve as Chairperson or Vice-Chairperson of a Committee.
- (b) Committee Chairperson Every Committee shall have a Chairperson, or Co-Chairpersons, or Vice-Chair who shall be appointed by the Chairperson of the Commission. Only voting members of the Commission shall be appointed as Chairperson.
- (c) Committee Terms. The terms of all Chairpersons, Co-Chairpersons, Vice-Chairpersons and members of Committees shall extend from October 1 through September 30.

### **Panel Presentation from Coordination of Community Services – Optimal Healthcare, Inc., Total Care Inc., and Resource Connections**

#### **Optimal Health Care Inc. – Carli Rice, Information and Referral Specialist ([www.ohc-inc.com](http://www.ohc-inc.com))**

Aside from providing Coordination of Community Services (CCS), Optimal Health also provides home health care and private duty nursing among many other services. They provide case management services for individuals on the waiting list whether it is current request, crisis prevention or crisis resolution. They work with transitioning youth and complete service waiver packets including Community Pathways and Community Supports Waiver. Staff work with families to provide support during the transition process and assist with facility tours. Optimal Health started in the Western region of Maryland six years ago and has slowly grown into other regions. Optimal Health serves all of Maryland and currently serves approximately 100 to 150 clients in Montgomery County. They are a smaller agency and serve approximately 1,600 clients total. There are no current plans to open an office in Montgomery County at this point however with the growth that will change. There are offices in Hagerstown, Cumberland, Elkridge, Frederick, McHenry, and Easton. All Montgomery County CCSs work from their homes and reside in Montgomery County. There are three Montgomery County CCSs with plans to hire more. Their currently caseloads are about 50 cases, but the goal is for each caseload to be between 40 and 45. Caseloads are weighted based on the waiting list and are spread out to CCSs. There has been some turnover, but that is true with every agency. The supervisors assist to support the families when they lose their CCS.

Betsy attended the Maryland Alliance meeting today and the Eastern Shore Center for Independent Living (ESCIL) that provides CCS as well as employment services instead of DORS. The Eastern Shore counties do not provide a developmental disability supplement within their budget. It was noted that on the Eastern Shore the individual county Health Departments typically take over for services.

In terms of employment services changing over to career exploration, most agency providers are licensed to provide that service. Some agencies require the individual to already have employment, but some will assist that individual in finding a job. At Maryland Alliance, the problem of DORS was discussed of them serving only Category 1s. Betsy noted that some individuals who are Deaf are considered Category 2 or 3 but are not necessarily referred to DORS and so they do not receive employment services. This has occurred at the Maryland School for the Deaf. ESCIL has more services available in one place. Carli said it is the same way Western Maryland operates. The Eastern Shore still has Holly Center which is a residential facility for people with developmental disabilities so not as many individuals are in the community. Compared to the rest of the state, Montgomery County must seem like a separate entity. Montgomery County receives 25% of DDA's budget.

Montgomery County Public Schools (MCPS) is a good system and many people who have children with disabilities move to this county because of the school system.

**Total Care Services, Inc. – Kiarra Bragg, Program Supervisor ([www.totalcare1.org](http://www.totalcare1.org))**

Handout:

<https://montgomerycountymd.gov/HHS-Program/Resources/Files/A&D%20Docs/DDAC/TotalCareServicesHandout.pdf>

Total Care provides CCS services to 1,438 people in the Central and Southern Maryland regions. They serve more individuals in Montgomery County than any other county. There are approximately 60 cases within Montgomery County. Caseloads are divided between CCS based on the waiver. Coordinators are hired in the areas that they live in to better serve the community. Total Health has 85 individuals in CCS. The majority of individuals within CCS are in service. Caseloads are maintained below 30. CCSs are assigned clients that live close to them as most CCSs work from home.

They have 28 transitioning youth students coming out of Montgomery County. Kiarra has met with Margie Parrott, Transition Services Unit, MCPS, to get the list of students and ask for assistance for the TSTs. She said the biggest obstacle is getting information from parents, such as the IEP, psychological evaluations, and behavioral plans, in order to get the Matrix scores. Without the Matrix score, the agency cannot develop the plan. Even though it can take no more than 10 days to receive the score from DDA, it can take a long to get all the paperwork to submit it to DDA. The biggest struggle across the board is meeting proposed timelines.

There have been a lot of internal changes with DDA so Total Care is changing how they assist TYs. Three TYs have already been placed and by the time they graduate they will have residential and meaningful day services. There are also a few DSS students they will try to get placed.

Claire said part of the Transition Pilot Program addresses the need to provide information to the parents and for parents to understand how important it is to start the transition process early.

It was asked how Total Care processes choice letters. Parents will either send them a letter or give verbal authorization. Staff help the parents to decide which providers have the service that fit's that students need. There is an issue that DDA does not notify agencies when a provider agrees or denies the request, and agencies do not know when to submit second or third choices.

Agencies also are receiving requests for services that do not go into effect until July 1, 2020 and are having difficulty including them in the person-centered plans (PCP). DDA has required all agencies to use the updated definitions and service. All employment services have to be separated and listed. It is not clear if the providers listed in the plan will be able to provide the new service or have the capacity because the rates do not exist yet so they cannot plan their budget. No guidance has been given from DDA. Total Care has written some service funding plans (SFP) for DSS students, but they do not have any SFPs for TYs who are supposed to receive services starting July 1<sup>st</sup> as they need the Matrix scores.

Based on this discussion, Susan Ingram will write a list of questions to be submitted to whoever took over Judy Pattik's role with the DDA Southern Maryland Regional Office. It was suggested that CCS agencies also include a list of questions. Susan will also request an update on TY numbers. There is real concern TYs will not receive services by July 1<sup>st</sup> and someone will get hurt because they are left alone.

Rosemary DiPietro, CSN, said the SFP goes into the PCIS2 (Provider Consumer Information System) which also has to match the PCP. She said once a new service comes out, there is a rush to complete a modified service funding plan based on that new service. Before DDA would make an administrative change from one service to another service which was faster and efficient but making the changes person by person has been extremely slow. Another issue is unbundling services into separate services and justifying it with a lot of documentation. CCSs are essentially writing a new SFP for each person and the new services do not translate into the old system. It is hard to make a package of services that do not exist yet but must be included in the PCP. Providers want to see all the different pieces detailed in the plan.

Currently, Personal Supports does not include transportation and it must be requested as a stand-alone service within the plan. The new definition of Personal Supports includes transportation. Agencies do not know when to stop asking for separate transportation services. One provider has heard that individual transportation service has

been turned down in the Western Region because it should be included in the new definition of Personal Supports. Rosemary said under the new service there are Personal Supports and Enhanced Personal Supports yet there is no way to request Enhanced Personal Supports under the old definition. All PCPs will have to be modified in order to be accurate.

CCSs need information such as social security numbers, services received, and budget amounts, but it is not available within the new LTSS system. Agencies were told it would only be available in PSCI2 for incident reports.

It was asked of Total Care if they are seeing more individuals going into self-directed services because agencies are not offering services or if the parent wants self-directed. Most of the time it is because the individual wants to manage their own budget. They do not view it as a lack of providers. Kiarra also said she has a few students. That have difficult behaviors and providers do not have the one-on-one staffing to support that client, or if medical day care is the only option and the parent does not want them in a setting with older adults. For people with several behavioral issues, self-directed services are not their first choice. There is also the factor that people with self-directed services do not want to lose their window for TY.

It was asked if parents have been advised by their CCS to reduce the Health Risk Screening Tool (HRST) score because if it is too high a provider will not take them. Total Care does not advise this but can see how that could happen. Larry Bram said he was told to give details about his child's needs and wants for the PCP, and to talk about the child's worst day. Total Care looks at what the person needs and what supports will give them their best life. Providers are definitely nervous about agencies having the staff to provide one-on-one services. It was noted that HRST should be a screening tool and not an evaluation or assessment.

HRST is required by DDA in order to meet certain CMS health and safety requirements. The new working in the policy is that the HRST should be completed by the person who knows them best whether it is the agency, the CCS, or nursing staff. It can be an issue if the agency does not want to pay their staff to complete it and then the CCS must handle it. The provider should be the one to complete the HRST as they have all the data. Parents should be involved in this process because when the individual doesn't engage in certain behaviors with the provider, those behaviors may be apparent when at home when the individual does not have the same level of supervision. Susan Hartung said her son's HRST was only a 2 and he had extreme medical expenses. Sometimes the CCS does not have access to information regarding the individual's medications that could be factored into the HRST score.

Community Support Services offered an informational session a few weeks ago that went over the new definitions for day habilitation and HRST. There are plans to hold an informational session on residential this upcoming summer.

#### **Resource Connections** ([www.resconnect.org](http://www.resconnect.org))

They were not able to attend due to a conflict, but a handout was shared:

<https://montgomerycountymd.gov/HHS-Program/Resources/Files/A&D%20Docs/DDAC/ResourceConnectionsHandout.pdf>

#### **Updates on DDA Transformation**

Karen shared the DDA transformation newsletter DDA e-mailed out on October 30<sup>th</sup>. Electronic Visit Verification (EVV) will start July 1<sup>st</sup>, 2020. DDA is required to implement EVV for all Personal Supports services. EVV helps the DDA ensure that the right services are delivered to the right person at the right time. Direct Support Professionals and self-directed workers can also check on their Personal Supports services. There are still a lot of details that need to be worked out.

DDA is preparing for the LTSS pilot that was start on December 1, 2019 and run through June 30, 2020. At this point, there are at least 50 pilot participants identified throughout the state and from various CCS agencies. Optimal Health said six of their clients are part of the pilot. HHS does not have any clients in the pilot. One agency in the Eastern Shore is part of the pilot and they are having issues using LTSS. The CCS agencies will create and enter service plans for all pilot participants into LTSS. DDA is having a pilot to test the software and correct any flaws prior to the July 1, 2020 launch. It has nothing to do with the definitions or the process issues around the

transformation. There has been pushback that the pilot of 50 participants is quite small compared to the entire DDA client base of 25,000 people. DDA expects to provide training in May or June 2020.

Susan Ingram said the contract for FEI for LTSS ends June 30<sup>th</sup>, 2020. There has been a discussion within DDA to not renew that contract so there may be a new contractor July 1<sup>st</sup>, 2020. There is also talk that the launch on July 1<sup>st</sup>, 2020 will not happen. If it does go live on July 1<sup>st</sup> and there were problems, 50% of providers would go under within three months because they do not have the funding reserves. This would become a County problem as well as a statewide problem. Bernie understands the concerns but is committed to making July 1<sup>st</sup> work.

DDA has discussed submitting Amendment 3 in March. The rates in Amendment 2 are placeholders which is part of the problem for providers who are planning their budget year without rates. Also, each service has a different structure so it is providers have to figure out the fiscal impact on their agency and statewide.

Karen shared a PowerPoint handout from the Maryland Rehabilitation Conference: Supporting Transitioning Youth on a Trajectory Toward their Good Life and Employment presented by Patricia Sastoque, Director of Programs, DDA, and Staci Jones, Statewide Career and Employment Services Coordinator, DDA, on November 7, 2019. The presentation included the new menu of services for employment that will begin on July 1, 2020. Larry noted that DDA has adopted the language of the Life Course Framework throughout the PowerPoint.

There are 50 to 60 Focus Area Exploration (FAE) questions that cover employment, communication, lifelong learning, community involvement, day to day life, finance, home and housing, health and wellness, and relationships. The questions should be asked with each quarter visit. FAE is part of the Life Course Framework. Larry said during his daughter's interview only the last 10 minutes of the total 90-minute meeting were dedicated to FAE. The CCS is supposed to be able answers those questions because they know their person so well. Rosemary said she was at a Medicaid hearing last week and the attorney argued that the PCP put in for evidence was not within the scope of the hearing, but the judge said the PCP gave them an understanding of who the person is which was helpful because the individual could not talk. It was asked if the FAE questions are written into a summary. The FAE questions are populated at the end of the PCP. On the LTSS side, each section includes the population of answers.

At this time, a replacement for the SMRO Regional Director has not been announced. **EDIT:** On Wednesday, November 20<sup>th</sup>, Maryland Department of Health released an announcement stating Nicholas Burton would be joining the DDA as the SMRO Regional Director.

The Committee discussed potential topics for upcoming meetings. It was suggested that the DDA present an update. It was also suggested that Cami Fawzy give an update on employment. Betsy noted that County Executive Marc Elrich will be appointing a task force comprised of government agencies to address issues of employment for people of all ages with all types of disabilities. The Committee should also address the topics of housing and transportation. Karen asked that any other topic suggestions be e-mailed to her. Betsy announced the County Council is having a meeting tomorrow, November 19<sup>th</sup> at 1:30 p.m. in the Council Office Building 3<sup>rd</sup> Floor Hearing Room to receive an update on the County's Vision Zero Program implementation. Vision Zero is a wide-ranging program of engineering, education, and enforcement initiatives to significantly reduce and even eliminate fatal and severe injury accidents to pedestrians, bicyclists, and motor vehicle users by 2030. The meeting will discuss the concept of bike lanes, floating bus stops, and enforcements. Betsy stated that individuals who are blind are concerned about pedestrian safety because bicyclists do not necessarily stop for pedestrians. It has also become difficult to access bus stops when you have to cross a bike lane. CPWD has asked for bike lanes to be located down the middle of the road when feasible. At Maryland Alliance, Baltimore County stated they refused to install bicycle lanes. E-scooters are another issue for pedestrians, especially those with disabilities, as the e-scooters can cause access issues along sidewalks when they are left in the middle of the sidewalk.

Larry Bram said with the addition of bike lanes and the removal of traffic lanes near the Easterseals office in downtown Silver Spring, MetroAccess has been letting riders off in the middle of the street because the vehicle cannot reach the curb. MetroAccess is supposed to be a curb-to-curb service. Betsy said she has met with the Montgomery County Bicycle Advisory Group (MCBAG) and one member was very sympathetic towards Charlie

Crawfords wife, who is blind, and who talked about being scared to death to walk or travel within the community, and she may not be able to use public transportation anymore to get to work.

Betsy announced that John Whittle will be confirmed to be a member of CPWD by the County Council on Tuesday, November 26<sup>th</sup>.

Susan Ingram, Community Support Services, will be moving from her position as Executive Director to President as a part-time commitment over a year to work on the DDA transformation.

**Other Updates:** Tabled due to time.

**Respectfully Submitted,**

Carly Clem, Administrative Specialist

Betsy Luecking, Community Outreach Manager

**Next Meeting**

December 9<sup>th</sup>, 2019 from 4:00 p.m. to 5:30 p.m.

Health & Human Services, 401 Hungerford Drive, 1<sup>st</sup> Floor 1A Conference Room, Rockville, MD 20850