**Montgomery County Commission on People with Disabilities**  
**Developmental Disabilities Advisory Committee**  
**Meeting Summary – December 13, 2021**

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

**Attendees:** Betty Bahadori; Larry Bram; Crystel Britto; Odile Brunetto; Eric Cole; Onesta Duke; Simone Geness; Lisa Hazell; Kim Khan; Lisa Lorraine; Jenn Lynn; Laurie Lyons; Kim Mayo; Karen Morgret; Sara O’Neil; Becky Rosenberg; Megan Rusciano; Beth Shuman; Raychon Stroman  
**Staff:** Betsy Luecking; Carly Clem

**Approval of the November 2021 Meeting Summary Minutes**  
A motion was made to approve the November 2021 Meeting Summary Minutes. The motion was seconded. A vote was taken and the November 2021 Meeting Summary Minutes were unanimously approved as written. Approved minutes are available online at [www.montgomerycountymd.gov/ddac](http://www.montgomerycountymd.gov/ddac).

**Supported Decision-Making – Megan Rusciano, Esq., Disability Rights Maryland**

**Website:** [https://disabilityrightsmd.org/](https://disabilityrightsmd.org/)

Disability Rights Maryland (DRM), a non-profit 501(c)(3) organization, is Maryland’s designated Protection & Advocacy agency (formerly known as “Maryland Disability Law Center”).

- DRM is federally mandated to advance the civil rights of people with disabilities.
- Provide free legal services to Marylanders of any age with all types of disabilities (developmental, intellectual, psychiatric, physical, sensory, learning, traumatic brain injury), who live in facilities, in the community or who are homeless.
- DRM’s Advocacy Service Plan includes Mental Health; Developmental Disabilities; Education; Nursing Facilities; Traumatic Brain Injury; Assistive Technology; Civil Rights & Community Inclusion; Voting Rights; Medicaid; Advocacy for Social Security Beneficiaries; and Public Policy.

**Supported Decision-Making Presentation:** [https://montgomerycountymd.gov/HHS-Program/Resources/Files/A%26D%20Docs/DDAC/DRM12_13_21MCDDACSDMPresentation.pdf](https://montgomerycountymd.gov/HHS-Program/Resources/Files/A%26D%20Docs/DDAC/DRM12_13_21MCDDACSDMPresentation.pdf)

The floor was opened to questions.

Larry Bram asked if state legislation has been drafted and if there are any sponsors for it in the Senate.

- Senator Jeff Waldstreicher is a sponsor.
- Legislation is currently being edited.

Betty Bahadori asked if supported decision-making will be an informal process or will it be documented.

- Heard from many self-advocates that supported decision-making should be an informal process.
- Intended to be an informal process - the individual should have a choice whether to sign an agreement or not.
- A written document can define parameters and help people know their roles.

Lisa Lorraine asked about the process in terms of aging parents and if individuals end up in guardianship.

- The idea is to engage a person’s circle of support – direct support professionals, coordinators of community service (CCS) – and having that support prevents the need for guardianship in many circumstances.
- View it as moving from parents to other types of supports (contemporary advocates) across a person’s lifetime.
- Supported decision-making can be used in conjunction with other tools including surrogate decision-making.
  - For example, if an individual cannot understand a complex medical decision.

Betsy Luecking said adult protective services (APS) and guardianship came into play for some individuals with I/DD. What happens if the individual does not want a guardian – who makes that decision?
- Guardianship is a tool in the toolbox.
- Courts can make that decision – guardianship petitions are an expensive judicial process.
- Supported decision-making is an alternative.
- In Maryland parents retain education rights until age 21 if their child has an IEP.
- DDA services can provide a lot of support and structure for an individual.
- Surrogate decision-making is an option if the person cannot understand decision-making.
- For medical issues, if the person is age 18 or older they can sign a HIPAA form giving parents the authority to participate in doctor’s appointments.
- Need to educate APS and guardianship workers.
  - DRM has been in dialogue with Maryland Department of Human Services (DHS) and public guardianship program - they have been interested and engaged.
- Family dynamics can be difficult and guardianship might be the right tool but less restrictive alternatives should be looked into first.
  - Under Maryland law, prior to guardianship you need to prove that there are no available less restrictive options including power of attorney, surrogate decision-making, advanced medical directors, and ABLE accounts.
- If there are concerns over neglect, providing access to Medicaid services and in-home personal care can address those concerns.
- Supportive decision-making offers the individual the ability to continue making their own decisions.

Betty asked if hospitals are familiar with supportive decision-making.
- DRM has approached the hospital association about making presentations.
- While they may not understand it fully, they will be aware of it.
- Worked with hospitals last year to ensure that disability support persons could be present in healthcare settings to enable persons with disabilities equal access to healthcare, especially during COVID.
- DHS and Maryland Department of Disabilities (MDOD) issued a joint statement that reasonable accommodations must be made for visitation policies at healthcare facilities.
- Supportive decision-making is the same principle – allowing the person equal access to healthcare and helping them understand what is happening so they can make their own decision.

Update from DDA - Onesta Duke, Regional Director, Developmental Disabilities Administration (DDA), Maryland Department of Health (MDH), Southern Maryland Regional Office (SMRO)
Due to technical issues, Onesta is not able to provide an update on transitioning youth (TY) or waiting list numbers at this time.
- Betsy received feedback from some CCS agencies that they prefer all data would be shared by DDA as they have extensive data
- Committee will continue to collect data from those CCS agencies that choose to share it but DDA should be the one to report it during the meetings.
- Going forward CCS agencies will focus their discussions on challenges and issues.

DDA will be meeting with providers tomorrow to share updated guidance on Appendix K flexibility.
- On November 17, 2021 DDA issued guidance indicating that all FY20 and FY 21 TYs that are eligible to access services must enroll in a DDA waiver by June 30, 2022. View memo.
  - A letter regarding this extension was sent to all eligible TYs including those on the Autism Waiver, to their families, support planners, CCSs and Autism Waiver coordinators.

General Discussion
Karen Morgret said providers have concerns about Appendix K ending as well as having staffing available to continue to provide quality services.
- An updated memo regarding DDA’s latest guidance pertaining to Appendix K and the unwinding of flexibilities was sent out December 6. [View memo]
- DDA has received questions and concerns from some providers specific to flexibilities that are scheduled to end as of December 31, 2021.
  o These questions and concerns are being taken into consideration.
- Emphasis on some of the flexibilities that were incorporated into Amendment #3 including:
  o Providers having the ability to utilize virtual supports.
  o Adding shared dedicated support hours into their program service plan.
  o Providing provider supports in acute hospitals.
  o Many providers are utilizing some of these opportunities and have updated their program service plans to reflect their interest in continuing to provide virtual supports to address staffing concerns.
- DDA has issued a memo stating that DDA shall end Appendix K related Residential Day Time Shared Service Hours Authorization within PCIS2 effective March 31, 2022 instead of December 31, 2021.
  o The extension was granted based on provider concerns.
- DDA is considering extending the end date for billing one hours of supports for whole day habilitation.
  o Proposal has been made and DDA is waiting on final determination.

Sara O’Neil, MMARS, said for a provider perspective many clients have stated they want to remain virtual versus going back to in person as they have gotten used to the routine.
- Extending service end dates will help providers determine a better service model versus sending clients back to in person programs they may not utilize as much.
- Karen agreed that even though some clients were ready for in person services months ago they have decided to go back to virtual supports due to the new COVID variants.
  o TLC is trying to be creative with the supports provided and appreciates DDA being flexible in order to help mitigate those challenges.
  o TLC is offering in person as well as remote services.
  o Some clients in supported employment who had been interested in finding employment are now holding off due to the COVID variants.
  o TLC has had to be creative in designing activity schedules due to places having altered schedules.
  o Developed an online list of ideas for activities and places for people to go.
  o Continue to have staffing issues - Not receiving quality applicants.
- Onesta said there are a number of factors that are being taken into consideration by headquarters when determining extensions and the Appendix K unwinding process.
  o Factors include positivity rates and provider concerns and challenges.
- MMARS has received applications from teachers that want to apply for CCS positions but unfortunately they do not have the degree required by COMAR so they’re having to turn down otherwise qualified applicants.
  o Hiring issues are across the board for all CCS agencies.

DDA has stated that virtual supports cannot comprise the entirety of services and should complement in-person services.
- It should be a hybrid approach with as many in-person services that can be tolerated by the person’s needs.
- DDA is working with providers on this hybrid approach and understands there are provider staffing constraints.

Laurie Lyons, Service Coordination, Inc., said for CCS agencies it is has been a balance between virtual and in-person services as well as respecting an individual’s preferences as well as health and safety.
- DDA guidance is that in-person visits are required to resume January 1, 2022.
- Significant number of individuals and staff who are not comfortable yet with in-person visits.
  o Having conversations with DDA headquarters about this issue.
  o Documenting verbal consent to ensure they are in compliance and are authorized to use extensions under certain circumstances.
  o Staffing issues continue – not receiving many applicants for open positions.
  o Maximizing time and resources to support individuals during these hiring challenges.
Larry reported Easterseals has given a 4% salary increase to all direct support workers in addition to their normal annual increase in order to retain employees and to combat inflation.

- TLC has been increasing salaries as well to compete with other job opportunities such as McDonald’s which pay $15/hour.
- Sara noted that Montgomery County Government has a higher salary to offer CCSs.
- Pros and cons for both private and public sector.

DC has passed legislation that will raise the starting pay for a Child Development Associate (CDA) teacher to $19.79 per hour.

- DC passed a $75 million annual tax increase on higher income earners to pay for the raise.
- Montgomery County and surrounding DC suburbs will need to step up or risk losing childcare providers.

Raychon Stroman, Resource Connections, noted in general there has been a request for non-traditional work hours.

- Applicants and staff want to have more flexibility in their schedules versus a standard 9-to-5 work setting.
  - Sara agreed and said MMARS is determining how to navigate it now that many services are provided virtually.
- Met with staff to discuss how to rework the standard way of doing things in order to meet client needs in a quality way even given staffing concerns.
  - Viewing it as an opportunity.

Larry said it is also complicated for direct support professionals who cannot be virtual.

- Easterseals has had several COVID breakthroughs in staff that have been vaccinated.

Betty asked if CCS agencies think they can get a quality quarterly visit if it is virtual only.

- She was given the option to have her son’s quarterly meetings in-person, virtual, or hybrid.
- Sara said due to staffing constraints she has taken on a small caseload and due to her demands with quality assurance she needs meetings to be virtual.
  - There are benefits to have a virtual meeting versus a phone call.
  - A well trained CCS should be able to conduct a quality virtual meeting.
- Raychon said it is a case-by-case situation.
  - For individuals who want virtual it may make sense for where they live and the support they receive.
  - There are certain environments where an in-person visit needs to occur as there may be things that cannot be seen or noticed in a virtual meeting.

Coordination of Community Services (CCS) Updates
Crystel Britto, Montgomery County Department of Health and Human Services, Community Support Network, said the County has two CCS positions currently open with an applicant due date of December 15. Interested individuals can apply at https://www.montgomerycountymd.gov/HR/Recruitment/MCGCareers.html.

Respectfully Submitted,
Carly Clem, Administrative Specialist
Betsy Luecking, Community Outreach Manager

Next Meeting
Monday, January 10, 2022 from 4pm to 5:30pm – via Zoom
Instructions to attend will be included on the meeting agenda.