Montgomery County Commission on People with Disabilities
Developmental Disabilities Advisory Committee
Meeting Summary – February 14, 2022

Larry Bram, Co-Chair ● Karen Morgret, Co-Chair

Attendees: Betty Bahadori; Larry Bram; Odile Brunetto; Rosemary DiPietro; Onesta Duke; Simone Geness; Susan Hartung; Carmen Izurieta; Julia Jensen; Lisa Lorraine; Laurie Lyons; Kim Mayo; Linda McMillan; Karen Morgret; Sara O’Neil; Margie Parrott; Patricia Sastoque; Beth Shuman; Susan Smith; Jamila Michael-Sobratti; Jeneva Stone; Raychon Stroman

Staff: Betsy Luecking; Carly Clem

Approval of the January 2022 Meeting Summary Minutes
A motion was made to approve the January 2022 Meeting Summary Minutes. The motion was seconded. A vote was taken and the January 2022 Meeting Summary Minutes were unanimously approved as written. Approved minutes are available online at www.montgomerycountymd.gov/ddac.

Dialogue with DDA and Update on Expansion of Providers to LTSS – Patricia Sastoque, Director of Programs Developmental Disabilities Administration (DDA), Maryland Department of Health (MDH) and Onesta Duke, Regional Director, Southern Maryland Regional Office (SMRO)

Last month, Patricia and Onesta met with Odile Brunetto, Kim Mayo and Betsy Luecking to discuss various issues including CCS staff training; reaching out to underserved populations; CCS salaries; how to file grievances and complaints regarding a CCS worker or agency; CCS responsibilities regarding Appendix K flexibilities; Transitioning Youth; DDA regulations written in plain language; and proposal for moving forward with DDAC meetings.

Minutes from that meeting: https://montgomerycountymd.gov/HHS-Program/Resources/Files/A%26D%20Docs/DDAC/DDAHHSJan2022MtgMins.pdf

Patricia shared a few highlights from that meeting.

CCS Staff Training
• In 2019, DDA shared core development training [links, modules, quizzes] with CCS agencies.
• Core development trainings include fundamental rights; communication; person-centered plans (PCP); and facilitation.
• Worked with the Columbus Association to expand and enhance trainings to be very DDA specific.
• Subject matter experts also provide additional training.
• CCS agencies must track when a CCS completes a training, CCSs must take a test.
• CCS rates include 12 days of training – training requirements are added in the base rates.
• DDA does want to work towards having certification of staff and agencies as it will enhance professional development.

Grievance and Complaint Process
• Agencies are required to have a clear process for individuals and families to file grievances or complaints.
• Process/resolution should start with the CCS supervisor however if the family or participant is unhappy with the outcome or has concerns they can reach out to the regional office.
• The County does not have enforcement or control over CCS agencies. DDA funds the CCS agencies and does have the responsibility to ensure compliance.
CCS Responsibilities Regarding Appendix K Flexibilities

- It is the expectation that all CCS agencies and CCSs be able to explain all of the services and supports that DDA offers.
- DDA offers technical assistance and guidance with explaining those services and CCSs can reach out to their regional office.

DDA Meetings Moving Forward

- DDA will begin meeting with each CCS agency executive director one-on-one on a monthly basis to focus on data driven outcomes, identify areas of improvement, review performance outcomes, and discuss strategies, issues and resolutions.
  - Current meetings with CCSs do not allow for individual data sharing.
  - There has been reluctance from some CCS agencies to share data during DDAC meetings.
  - Data shared during DDAC meetings is not the same across all agencies.
- Data reviewed will include how PCPs are submitted; current to expired PCPs; how many PCPs will autoextend.
- Also will review the reporting and monitoring of each CCSs provision of services included in the PCP.
- Regional offices will continue to hold weekly meetings with individual CCS agencies as well as standard monthly meetings to provide updates.
- Meetings will determine systemic issues including:
  - Retention and recruitment of quality staff – higher turnover within some agencies.
    - Newer CCS require training, coaching and mentoring.
  - Understanding service delivery, service definitions, and how to support that in a PCP.
  - Understanding meaningful day services.
  - Transitioning Youth, Autism Waiver and eligibility process of DDA and Eligibility Determination Division (EDD).
- Important to make CCS agencies feel supported and help them with issues.
- Consultants hired last year to review case management system and PCP system.
  - Consultants: National Association of State Directors of Developmental Disabilities Services (NASDDDS) and University of Kansas City Missouri [developed Charting the LifeCourse]
  - Received report with list of systemic issues – both COVID-related and process-related.
  - DDA developing plan from these reports that will be shared with the community.
    - Report identifies critical areas that need to be addressed – turnover and burn out rate in case management; difficulty recruiting and retaining staff; complex system – staff require coaching and mentoring support; caseloads and ratios.
    - Patricia would like to present to the recommendations to this Committee and discuss how to implement those recommendations.
- Partnership moving forward with DDA and CCSs.

LTSS Maryland Expansion

- Website has LTSS DDA Module Playbook, Provider Go-Live Readiness Checklist, and CCS Support Go-Live Checklist: https://health.maryland.gov/dda/Pages/LTSS%20Maryland.aspx
- DDA met with CCSs to hear recommendations for LTSS Maryland.
- Recommendations will be incorporated to improve the system.
- Deputy Secretary Bernie Simons held a webinar that gave an overview of the system and discussed next steps.
- In January DDA issued a pilot interest survey to gauge interest from providers in piloting the LTSS Maryland module.
- Surveys identified interests and indicators of readiness, technical support and assistance.
- Regional directors are currently reaching out to providers who expressed an interest in piloting LTSS Maryland, holding discussions around their responses, and gathering more information to gauge their readiness to transition into LTSS Maryland.
- Piloting expansion guidelines will be offered in two phases to provide flexibility, supports, and success transitions.
- Phase one is between April and June [springtime]; Phase two is between July and September [summertime].
Currently working with providers in the springtime phase and connecting with providers for the summertime phase.

- DDA learned a lot from early LTSS Maryland adopters – business models; operations; what providers need to have ready within their organizations for a successful transition from a prospective payment to a fee-for-service; feedback on playbooks and modules
- DDA working with regional offices to support providers during the transition.
  - Offering focused trainings to support providers and CCS agencies in conjunction with LTSS Maryland playbook.
  - Trainings will incorporate a readiness checklist for providers and CCS agencies: guide them through the process; inform them of what is needed to prepare for and complete a successful transition.
- Providers and CCS agencies should notify Onesta or Patricia of systemic issues or concerns.
  - DDA is trying to be proactive rather than reactive.

Outreach to Underserved Populations
- Southern Maryland Regional Office has a contract with Jubilee MD for a pilot program to provide outreach to underserved populations.
- DDA does not reach out specifically to underserved populations.
- DDA works with individuals who are eligible for DDA services, who are enrolled in the waivers or are on the waiting list and assign those individuals a CCS.
- CCS agencies can refer individuals to DDA eligibility departments to obtain further assistance or resources.
- Outreach to underserved populations is outside of the targeted case management scope.
- Referrals
  - Applications are available in Spanish online. Individuals or families can contact the DDA eligibility office or the regional coordinator to request assisting in accessing applications in other languages.
  - Interpreter service requests can also be made at the regional level.
  - MCPS does have families who have future needs or who are on the waiver whose primary language is not English making it difficult for them to understand phone calls from CCSs.
    - CCSs should be reaching out to the regional office to request interpreter services.

Materials Written in Plain Language
- DDA writes federal regulations that have to be approved by the federal government.
- DDA is committed to ensuring participants and their families and CCSs understand all the policies and procedures so they can navigate services.
- DDA is working with families and self advocates to review and visits all policies and guidance in order to write it in a way that is people first language and so that it is easier to read and understand.
- At-a-glance documents help as those are only one page.
- DDA hired a contractor to meet with families, participants and providers to help create a guide for DDA services from beginning to end written in an easy to understand format.
- Betsy was contacted by DDA’s contractor to review a document they had been working on.
  - Betsy shared with contractor a document developed by Susan Hartung and other parents back in 2015 titled “Ten Top Things that Families of Individuals with Developmental Disabilities Need to Know”.
    - Document is written in plain language and is easy to understand.
    - Patricia will follow up with contractor to ensure the document is incorporated into their guide.

Discussion – Medically Complex Individuals
- Jeneva raised the issue of transition of medically complex students from high school to adult services.
  - She has been communicating recently with Onesta regarding these issues.
- Subgroup of individuals who require skills nursing services that are outside of the purview.
- Need a better pathway for parents and youth who are medically complex to get through transition.
  - Currently those individuals can do self-directed services or go into medical day.
  - Not everyone has the bandwidth for self-directed services or their child may not thrive in medical day.
- CCSs and providers need to have a better understanding that REM nurses can accompany medically complex individuals to program sites.
  - Four providers currently offer skilled nursing supports – limited, unique and require a lot of support.
- CMS will allow DDA to select skilled nursing services in the Community Pathways Waiver but DDA opted out.
From her experience/perspective there is no coordination of services between REM and DDA.
Patricia said she has heard from families the complexity of having three different case managers in REM, CFC and DDA.
Issue of not being able to get certain services if you are enrolled in REM or CFC.
There are children who are transitioning who need more skilled supports than are offered with current waiver.
Deputy Secretary Simons wants to streamline the process and experience for families and people in service.
DDA manages the waivers on behalf of Medicaid and take their lead from Medicaid.
  o Medicaid manages REM, CFC and DDA.
DDA does not want to become a skilled nursing service model as there are other programs within the system that offer some of those services but understand the population has a need.
  o Can be complicated for an individual to access those needed services.
It would help to identify individuals before they come to DDA so that DDA can meet with Medicaid to determine how they can be served and how to plan for those services.
  o Simone Geness, MCPS, reported one-third of TY students that exit each year are medically fragile – although all may not access REM or have unique needs.
  o Transition Support Teachers have indicated it is difficult for those families to receive services and have to opt for self-directed services.
  o Concerns that families may not have the ability to provide needed services through self-direction due to the administrative overhead of hiring and monitoring staff and payroll.
  o Concerns if a provider does not show up and how the family will manage.
  o More students transitioning out of the school system are having to wait longer to access services even if they are in the waiver.
  o Patricia will elevate these concerns and discuss them during the upcoming state transition coordinator meetings that are held once a month and attended by Behavioral Health, Maryland Department of Disability, DORS and DDA.
Everyone should be able to live and thrive in their community.
Patricia encouraged Jeneva to continue advocating on this issue.
  o Jeneva’s concerns were shared during coordination meeting with CFC, REM and DDA.
  o Need to have a broad discussion on how to potentially make changes.

Discussion - Transportation Issues
Another component that makes it difficult for medically complex and fragile individuals to attend programs is the lack of available transportation.
MetroAccess does not provide services to medically fragile individuals unless they have an attendant with them.
Some individuals require ambulatory services which can be very expensive, not included in their budget.
Transportation is provided at the school level but goes away once they exit the school system.
Barrier to accessing services and supports.

DDAC Meetings Moving Forward
In 2015, Betsy volunteered to staff the Developmental Disability Advisory Committee (DDAC) to work on having Montgomery County resume some CCS services.
There are new pressures on agencies given the pandemic.
Executive directors from CCS agencies are paid to attend meetings such as this under the administrative rate. CCSs do not get paid as their rates are tied to specific individuals.
Suggested that DDAC meet quarterly moving forward.
Suggested that DDAC continue to meet monthly and invite Patricia and Onesta to provide updates.
  o Particularly with the transition to LTSS Maryland, changes to Meaningful Day Services, Appendix K.
  o Patricia and Onesta agreed to continue to attend these meetings and provide updates discuss what the data is showing.

Discussion – Self-Directed Services
Concerns about self-directed services and what happens when parents can no longer assist or manage those services - who will serve this population?
As services grow and as more people are choosing self-direction, DDA is looking at streamlining or enhancing roles of support brokers, CCSs and the fiscal management of the agency – members of the team who have been delegated to take on different responsibilities.
  o Suggested that parents learn about the role of support brokers prior to their child transitioning out of the school system.

Simone reported DDA representatives do speak with MCPS Transition Support Teachers (TST) about support brokers.
  o TSTs are working to provide more information about self-directed services.
  o MCPS holds annual parent meetings as well as the annual TY fair for students who are preparing to exit within 18 months.

Rosemary suggested incorporating specialists in self-direction to explain to families what the responsibilities are and how to navigate and manage self-directed services.
  o Families are dependent on hearing from DDA about how to get those services started.

Patricia reported DDA is working with and received feedback from the Self-Directed Advocacy Network of Maryland.
  o DDA is also working with a national association for self-direction that has put together training modules for support brokers and CCSs.
  o DDA is working with those two entities to develop a draining.
  o Mary Ann Kane Breschi is developing a family-oriented training for families about self-direction.

Simone asked for trainings and information to be shared with MCPS and TSTs.

General DDA Updates and Initiatives
- DDA training on person-centered plans and flexibilities specific for case managers and providers to be held on February 24.
  - Training will include lessons learned and advice from early LTSS Maryland adopters.
  - Second training will focus on what the system looks like to the provider and to the CCS so they can better understand the transition to a fee-for-service model.
- DDA is working on several new initiatives:
  o Housing opportunities
    ▪ Working with Maryland Inclusive Housing to identify housing opportunities.
    ▪ Working with the Maryland Department of Housing and Community Development and MDOD to establish funding and supports for a rent subsidy program.
  o Maryland Technology First initiative establishes a system of support for people with intellectual and developmental disabilities to access assistive technology.
    ▪ Governor Hogan will be declaring Maryland as a Technology First state.
    ▪ Working with multiple state agencies and other entities to make Maryland Technology First.
  o Continuing Employment First efforts.
    ▪ Working with TYs to help them understand their options, how they can still work and not lose any of their benefits.
    ▪ Maryland has been more fortunate than other states during the pandemic – higher percentage of participants still employed.
    ▪ Working with provider community to help them rebound and reopen their business.
    ▪ Employment services changing under the fee-for-service model – help providers understand the choices and flexibility.
    ▪ The person should drive the services, not the provider.
    ▪ Continues to be some fear and trepidation for individuals to seek or enter into employment due to the pandemic.
      - Karen asked if DDA could provide support to providers and CCSs who have families that are struggling with reentering the workforce.
  o Expanding Self-Direction.
  o Waiver renewals occur every five years.
    ▪ Next renewal will be spring of 2023.
    ▪ DDA will be working on a review over the next year.
    ▪ Any new provider should be in compliance with the community settings rule.
    ▪ Existing providers must be in full compliance by March 17, 2023.
- CMS has educational webinars on community settings rule.
- Over 2400 residential sites and 300 meaningful day sites.
- Relying on providers to update their policies and procedures to have an integrated community, innovated schedules, choices and preferences, and an inclusive environment with the opportunity to engage with persons with disabilities and persons without disabilities.

Maryland General Assembly Senate Bill 0636 – Maryland Department of Health – Waiver Programs – Waiver Reduction (End the Wait Act)
- Requiring the Maryland Department of Health to develop a plan to reduce the waitlist for certain waiver programs by 50% beginning in fiscal year 2024.
- Sponsored by Senators Zucker, Guzzone, Griffith, Feldman, Kelley, and Waldstreicher
- Betsy Luecking was asked to comment on this bill on behalf of Montgomery County Department of Health and Human Services.
- If individuals were taken off the waiting list there still need to be services available, providers and staff.
- Costs associated with not passing this legislation – individuals going into adult protective services or becoming homeless.
- DDA is working on the fiscal impact of this bill for legislative services.
- Betsy would like more information about the fiscal impact as it will impact the County as well due to the developmental disability supplement.

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

Next Meeting
Monday, March 14, 2022
4pm to 5:30pm – via Zoom
Instructions to attend will be included on the meeting agenda.