Montgomery County Commission on People with Disabilities
Developmental Disabilities Advisory Committee
Meeting Summary – June 13, 2022

Karen Morgret, Chair

Attendees
Parents: Jeneva Stone; Betty Bahadori
DDA Providers: Lisa Lorraine; Susan Ingram
CCS Staff: Rosemary DiPietro; Laurie Lyons; Virginia Thorogood
HHS Staff: Odile Brunetto; Kim Mayo
DDA: Onesta Duke; Patricia Sastoque
County Council: Beth Shuman
Commission Members: Karen Morgret
MCPS: Margie Parrott; Simone Geness
Commission Staff: Betsy Luecking; Carly Clem

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

Rosemary DiPietro, Montgomery County Department of Health and Human Services (MCDHHS), Community Support Network (CSN), asked if the following statement made in the May 2022 Meeting Summary Minutes was accurate: “DDA does not have the authority to add skilled nursing services under the waiver.” Betsy Luecking, Staff, said the issue needs to be worked out between DDA and Medicaid and Medicare. DDA does have the ability to seek skilled nursing care service from Medicaid. There are only a few states that have done this. Skilled nursing can be obtained via Rare and Expensive Medical Service (REM) https://health.maryland.gov/mmcp/longtermcare/Pages/REM-Program.aspxPages

Introduction – Karen Morgret
Karen reported that this Committee is under the Commission on People with Disabilities.

- This Committee was originally convened by CPWD to advocate for DDA to allow coordination of community care to be returned to the County, which did take place in 2016 returning up to 500 persons for this service.
- Committee continued to meet as the DDA was undergoing its transformation and meetings were used for updates and to share information and best practices.
- This Committee must follow certain guidelines established by the County and the Commission:
  - A discussion on individual case plans are not allowed at a BCC meeting. This is a breach of confidentiality as these are open meetings and subject to be in the minutes. Policy discussions are permitted.
  - Concerns about service or supports should be shared directly with the CCS agency and if not resolved with Onesta Duke. We recommend if you are sharing a concern about a service access with the committee, please leave out the name of the provider or CCS.
  - When not speaking it is best to mute yourself when on a zoom meeting.
  - All questions must be civil and respectful.
  - Questions should be brief and limited to one minute.
  - Comments should be brief and limited to two minutes.
  - If there are questions and an issue is complex or multifaceted enough to warrant a more detailed discussion than possible during Q&A portion of the meeting, the presenter should be asked if they are willing to continue the discussion with a member at some point after the meeting.
  - At their own discretion, the meeting Chair may, at any point, cut off - including mute anyone - not complying with these guidelines.
Please remember that all DDAC meetings are documented in the publicly available minutes of those meetings on the County website. As such, detailed individual case studies should not be shared at DDAC meetings but rather discussed with appropriate case workers privately.

Topics at all DDAC meetings should be discussed generically in interest of privacy.

What should you do if you are concerned or dissatisfied with supports by the CCS, Provider others?

- The County does not have enforcement or control over CCS agencies for programs and services or eligibility. DDA funds the CCS agencies and does have the responsibility to ensure compliance.
- Brainstorming or problem solving for individual cases should be done with the Provider, Supervisor, CCS, CCS Supervisor and if needed DDA regional office.
- Agencies are required to have a clear process for individuals and families to file grievances or complaints.
- If a provider is not in compliance, they will need to submit a plan of action to DDA on how to address their non-compliance – plans must be submitted to Medicaid.
- If a provider refuses to become compliant, then DDA will work with those participants to transition them to another provider.

DDA Updates – Onesta Duke, Regional Director, Southern Maryland Regional Office (SMRO), DDA

Onesta reported on Montgomery County’s waiting list. As this current time, there are:

- 946 on the waiting list
  - 8 are in crisis resolution – these individuals are currently working with an assigned CCS in order to enroll in the waiver and to access services
    - Number has gone down by 1 since last meeting.
  - 46 are in crisis prevention
  - 892 are in current request

TY19 / FY20 – 151 total

- 127 placed
- 24 not placed
  - 11 declined services
  - 1 denied waiver enrollment
  - 2 waivers pending
  - 8 waivers approved
  - 2 waiver enrollment packets are being processed by CCS agencies
  * CCS agencies have until June 30 to submit waiver enrollment packages.

TY20/FY21 – 165 total

- 107 placed
- 58 not placed
  - 12 declined services
  - 1 waiver enrollment denied
  - 8 waivers pending
  - 26 waivers approved
  - 9 waiver enrollment packets are being processed by CCS agencies

TY21 / FY22 – 190 TYs

- 70 placed
- 120 not placed
- 6 declined services
- 2 waivers denied
- 17 waivers currently pending with the Maryland Eligibility Determination Division (EDD)
  - DDA Headquarters is working closely with EDD to resolve submitted waiver packets and DDA anticipates that EDD will be able to make those determinations prior to July 1.
  - The Maryland Department of Health (MDH) had an IT security incident which affected EDD and has delayed determinations across the board.
  - EDD is working to prioritize TYs.
• It is unknown if TYs will be able to start services July 1 if they are not enrolled in the waiver.
• 67 waivers approved
• 28 waiver enrollment packets are being processed by CCS agencies

TY22 / FY23 – 166 TYs
• DDA is still gathering data for FY23 and should have more information at the next meeting.
• The number is expected to increase slightly as more individuals are determined eligible.

Providers, CCSs, and families should continue to plan for the transition or termination of Appendix K flexibilities which are set to end on June 30, 2022.
• **Please note: On June 16, 2022,** MDH confirmed that all Appendix K flexibilities, scheduled to end on June 30, 2022, will extend through September 30, 2022.
• Specific to meaningful day service billing in PCIS2, MDH will propose new emergency regulations effective from July 1, 2022 through September 30, 2022, which will maintain the currently approved provider required billing minimum of three (3) hours of billing per day.
• Some flexibilities available under Appendix K have already transitioned into the approved Waiver Amendment #3 and providers have access to those flexibilities.
• Many providers have updated their program services plans to incorporate these transitioned flexibilities including virtual supports, shared dedicated support hours, and services in acute care hospitals.
  o Onesta reported that virtual supports cannot comprise the entirety of the service.
  o Many providers are incorporating virtual supports into a hybrid model with in-person supports and DDA anticipates that virtual supports will continue.
  o The individual will determine how they want to receive their services and virtual supports will be offered on a case-by-case basis.
  o Virtual supports can be provided in meaningful day services such as CDS, day habilitation, employment, personal supports and in some cases behavioral supports.
  o Onesta anticipates DDA will have to determine how to ensure virtual support services are being implemented accordingly.
  o CCS agencies will continue with their quarterly monitoring visits.
  o DDA’s Quality Enhancement (QE) team can also participating to ensure person-centered plan (PCP) goals are being implemented accordingly.
• DDA is meeting with providers tomorrow and will discuss Appendix K flexibilities that are available in Waiver Amendment #3.

DDA’s webinars and training:
[https://health.maryland.gov/dda/Pages/training.aspx](https://health.maryland.gov/dda/Pages/training.aspx)
• Trainings are primarily free and are open to all stakeholders including people with disabilities, their families, support staff, advocates, provider agency staff, and DDA Staff.
• Calendar features trainings for support broker certification, nursing services, and Deputy Secretary Bernie Simon’s monthly webinars.
• DDA’s YouTube channel features past webinars: [https://www.youtube.com/user/MarylandDDA/videos](https://www.youtube.com/user/MarylandDDA/videos).
• Jeneva Stone, Parent, suggested DDA provide information for families on supported decision-making.
  o Onesta agreed it would be a great potential topic.

Sign up to receive notifications about upcoming trainings by joining the mailing list on DDA’s latest updates website: [https://health.maryland.gov/dda/Pages/new%20updates.aspx](https://health.maryland.gov/dda/Pages/new%20updates.aspx)
• Website also provides a synopsis of all communications that have been sent out within a particular month.

Updated on regulation state planning serving individuals with medically complex needs.
• Patricia Sastoque, DDA, has had a conversation with Marlana Hutchinson, Acting Director, Office of Long-Term Support Services, MDH as well as with Secretary Carol Beatty, Maryland Department of Disabilities (MDOD).
• Waiting on next steps – broader issue that includes a number of other Medicaid agencies.
• Secretary Beatty is taking the lead and has two staff [Jennifer Eastman and Jay Cambridge] that will be in charge of putting these meeting togethers to start these discussions.
• Critical issues, concerns and information shared at these meetings have been elevated to Medicaid and will be addressed as these meetings.
• Secretary Beatty wants to open up these meetings to stakeholders but initial meetings need to be held first.
• Onesta will continue to provide updates to this Committee.

CMS Community Settings Rule for Home and Community-Based Settings (HCBS)
• All states must be in full compliance with the community settings rule by March 17, 2023.
• DDA is working with Medicaid to generate letters that will be sent to providers letting them know if they are or are not in compliance.
• Letters will be coming directly from Medicaid to the executive director of the provider.
  o Non-compliance letters will be sent first and will detail specific areas and issues of non-compliance as well as examples of how to become in compliance.
  o Still determining if letters will be sent to those providers in compliance.
• DDA has a total of 240 providers throughout the state of Maryland.
  o 58 providers will be receiving letters stating they are not in compliance (24% of total providers).
  o Within the 58 providers, there are a total of 114 sites not in compliance.
• DDA will be providing an opportunity for those providers to work correct issues and work with DDA staff to receive support and technical assistance in helping them come into compliance.
• Compliance is being determined through a community settings rule questionnaire that CCSs are required to complete 30 days prior to the annual PCP review.
  o Most recent questionnaire is being used to make determinations.
  o As some CSS interviews were conducted virtually, DDA is having someone from Provider Services and QE to conduct in-person site visits for verification.
  o These questionnaires are completed annually – providers must continue to follow requirements.
  o Providers found in the future to not be in compliance will be notified immediately.
• Residential and day services were both completed using this process.
• Determinations are based on the observations of the CCSs and the individual’s experiences – an individual may be asked to verify or provide more information.
• As of today, no provider has expressed that they will not be able to be in compliance by March 17, 2023.
• Federal government is available to provide assistance to states who have providers that are not in compliance due to the public health emergency.
• DDA will be hosting a webinar within the next 30 days to show providers how to access the completed community settings rule questionnaire within the provider portal in LTSSMaryland.
• Providers can go into LTSSMaryland, select an individual to review their questionnaire, and it will show whether or not a particular site is in compliance.
• Patricia offered to meet with any providers as well to offer assistance.
• DDA is using a crosswalk of information for individuals who may live in the same residential unit but have different case managers in order to determine if the site is in compliance.
• Examples of non-compliance: services or building is on the grounds of or is adjacent to an institution; reverse integration where a licensed program is open to the public but really only serves individuals with disabilities; provider does not have clear policies and procedures on abuse, neglect or appropriate supports for health needs; or an individual has restricted rights and are not allowed visitors at any given time, a key to their home, or the ability to go out into the community due to the providers schedule.
  o Patricia noted that staff shortages can cause issues with schedules.

Update on 2018 County Council Report – Susan Hartung

Susan was not able to attend the meeting. The presentation has been tabled until the next meeting.

**Breaking Barriers – Lisa Lorraine, Community Navigator**

Website: [www.jubileemd.org/services-and-programs/breaking-barriers/](http://www.jubileemd.org/services-and-programs/breaking-barriers/)

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

Video – Victoria, mom of a 21-year-old son who graduated from MCPS and is transitioning into DDA services

Please review presentation slides.

- Lisa met with Patricia and Onesta several weeks ago to discuss how DDA can provide more resources and service descriptions in plain language.
- There are systemic issues throughout the education system and with medical providers that are also preventing individuals from accessing services - need for one-on-one attention.
- Caseloads could be lower in agencies for those working with individuals who have language barriers.
- Lisa is beginning to have conversations to determine what could lead to effective changes.
- She also created a resource to share with families what benefits could impact immigration status for both the parent or the individual – often the child may be a citizen and the parent is not.
  - DORS is able to serve some individuals that DDA cannot if the individual has a work permit.
  - Respite coordination is also available to Montgomery County residents regardless of immigration status if they have the right ID requirements.
  - Maryland Children’s Health Program is available for children who have special disability related medical needs and who are not eligible for Medicaid.
- Lisa has been invited by MCPS to provide a training to Transition Support Teachers in December.
- She receives referrals from community-based organizations, most specifically social service providers.
- She has met with staff at various agencies to provide trainings and let me know she is available to assist individuals with accessing disability services.
  - Offered to assist CCS agencies.
- Stigma around emotional disabilities for certain cultures has not been an issue – Lisa is only helping to connect individuals to services, not diagnose individuals.
- Patricia noted that Lisa has done a fantastic job advocating with providers, agencies, DDA and Disability Rights Maryland as well as working with Onesta to have eligibility letters translated into different languages.

**Monthly Discussion Group: Let’s Talk (in Spanish) – July 7, 2022 at 7 pm** Share your hopes for adult life and receive advice and guidance for the next steps. Join us for this monthly discussion group in SPANISH with Jubilee’s Community Navigator to talk about resources and supports available for people with an intellectual or developmental disability in Maryland. First Thursday of every month at 7 PM – we meet in Spanish. Register to receive the Zoom link: [https://tinyurl.com/jubileerompiendobarreras or call 240-531-3478](https://tinyurl.com/jubileerompiendobarreras or call 240-531-3478).

To refer a person to Breaking Barriers: please send the person’s name and contact info (and preferred language) to Lisa Lorraine at llorraine@jubileemd.org or by text message to 240-531-3478.

To apply for the part-time Breaking Barriers Outreach Specialist position (we are seeking bilingual Spanish-English candidates): please visit the “Work at Jubilee” page, [https://www.jubileemd.org/work-at-jubilee/](https://www.jubileemd.org/work-at-jubilee/), and scroll down to find the job description and link to apply.

**Future Meeting Planning**

This Committee will not meet in July or August. The next Committee meeting will be held September 12. Karen noted that the DDAC meetings would move to quarterly after the September meeting. Karen said it was decided within the Committee in order to be respectful of everyone’s time and commitments.

**Other Updates and Announcements**
Rosemary reported the Office of Management and Budget has approved CSN’s request to hire a second Program Manager. This role will provide much needed administrative support.

Betsy reported MCDHHS has been approved to hire six new staff within Adult Protective Services (APS) to help with the increasing caseloads.

Beth Shuman, Senior Legislative Aide, County Council President Gabe Albornoz, reported the MoCo Better Beginnings program (an early intervention screening initiative) is moving forward.

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

Next Meeting
Monday, September 12, 2022
4pm to 5:30pm – via Zoom
Instructions to attend will be included on the meeting agenda.