

DD Transition Plan Task Force Meeting Summary

A meeting of the DD Transition Plan Task Force was held 10:00 am, March 20, 2018 at the Alabama Department of Rehabilitation Services.

Members Present:

Jill Russell, ADMH Advocacy	Carla Stallworth, Other Providers
Susan Ellis, People First of Alabama	Jim Dill, Alabama Council on MH Centers
Kevin LaPorte, Region III Community Services	Jamie Herren, Alabama Council on MH Centers
Arvy Dupuy, ID 310 Boards	Terry Pezent, The Arc of Alabama
Jo Poates, ID 310 Boards	Anne Riddle, The Arc of Alabama
Karen Stokes, ACE/Arc	James Tucker, ADAP
Susan Klingel, ACE/Arc	DeAnna Ferguson, Other Providers
Don Schofield, East Central Mental Health	Jeff Williams, ADMH/DD
Kathy Sawyer, ADMH/DD Consultant	Jerry Pike, Eagles' Wings

Members Absent:

Beatrice McLean, ADMH/DD	
Donna Foster, Future Living Community Services	
Katy Johnson, People First of Alabama	

Guests:

Ozenia Paterson, Alabama Medicaid	
Samantha McLeod, Alabama Medicaid	
Laquita Robinson, Alabama Medicaid	

Recorder:

Velma McElrath	
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Welcome and Introductions:

Kathy Sawyer, Consultant with the Alabama Department of Mental Health, Division of Developmental Disabilities, called the meeting to order and introduced the new members to the task force. In addition, the members of the task force and guests from Medicaid gave introductions.

Ms. Sawyer thanked the committee for sharing the information from the last meeting with their membership; however, she stressed the importance of making sure their members know that they are representing them so there will be no confusion.

Review of Activities Since Last Meeting:

Ms. Sawyer gave an overview of the agenda regarding the topics to be discussed for the meeting as follows:

- What has happened since the last meeting,
- An update on the conference call with CMS regarding issues discussed in the last meeting that needed clarification,
- The Draft Work Plans, to date, for each of the areas discussed in the last meeting,
- A new strategy called "Work Groups". These were described as smaller work groups that will work with the DD staff in fine tuning the work plan. Task Force members were asked to sign up and provide their first and second preferences.
- Any other discussion, feedback, next steps and next meeting date.

Ms. Sawyer explained that the DD Division has been extremely busy since the last meeting.

- The Commissioner has established the Waiver Billing Technical Assistance Workgroup, which will meet today following the task force meeting (March 30, 2018) for its initial meeting. Members of the work group are Susan Klingel, DeAnna Ferguson, the Medicaid staff, Vickie Turnage, Andy Slate and Karen Coffey (Chair). The sub-group (DD staff) had some issues to arise; however, these issues have been addressed. Today, the full group will be given an update of their work and recommendations and will build on these recommendations to improve divisional policies and procedures where needed.
- There was a monthly meeting with the State Medicaid Agency relating to the State Transition Plan (STP). The purpose of the meeting was to work on various activities that needed to be completed. Ms. Sawyer reported that progress is being made and reminded the group that Laquita Robinson is the go to person responsible for Alabama's State Transition Plan for the Home and Community Based Services Rule. Ms. Robinson and the other Medicaid representatives were thanked for their participation with the task force.
- Ms. Sawyer introduced Acquanetta Knight to the committee. Ms. Knight represents the Commissioner's office and has been working in the last week or so with the DD Division. She was assigned this role since the last task force meeting.

Update: Conference Call with CMS:

Ms. Sawyer reported the call with CMS was a very good call. The participants for the call were the State Medicaid representatives, DD Division-Jeff Williams, Byron White, Karen Coffey, Connie Batitise, Teresa McCall, Commissioner Beshear and Chief of Staff, Kim Boswell. There were several people from CMS, representation from the regional office, and Michelle Beasley, Alabama's lead TA person who coordinated the call.

The five issues covered on the conference call were as follows:

- 1) The requirements by CMS that settings achieve 100% compliance with the Home and Community Based Services Rules and how Alabama will monitor for compliance. The DD staff explained that in Alabama the certification process and standards have now been modified to incorporate the requirements of the HCBS Rule. It was further explained that Alabama intended to monitor the program's performance and compliance through certification process; however, it was very unlikely for a provider to get a 100% score in a certification visit. CMS responded that the 100% requirement was indeed the requirement. Further, CMS stated that since the State can clearly identify the HCBS rule requirements in the certification standards, that when certification is conducted, any HCBS requirements found out of compliance be revisited, not just with a plan of action, but asked the State to identify ways in which they will verify compliance such as with follow up site visit. CMS had no questions regarding the certification process and incorporation of the compliance monitoring but were very adamant that 100% compliance is the expectation. Ms. Sawyer stated that in her opinion, the only decision to make is whether or not the Division has to go back and make another site visit for verification since CMS stated they wanted verification.

After some follow up discussion, it was the consensus opinion of the task force that on-site verification of compliance be done and that the DD staff decide whether to recommend or refer out to other monitoring groups in the Department i.e. Advocacy, Regional Community Services, etc. To be clear, this will be dictated by the certification visit which will be a follow up to verify compliance with of any HCBS that are not in compliance as determined by the plan of action recommended by the DD certification group.

- 2) The maximum residential beds (6) allowed under the HCBS rule. According to CMS, they have never set a maximum limit on the number of beds or size under the HCBS rule. The recommendation was to adhere to the Department's existing policies. This is a state issue not a CMS issue. Department staff explained that, under the current waiver and Administrative Code Procedures established in 2003, there is a maximum of 6 beds. The larger programs, with more than 6 beds, were grandfathered in and have been able to maintain their certified bed capacity once people moved out and likewise, have been allowed to back fill to the certification limit. However, it was clarified that any new provider or program must be in compliance with existing policy (6 beds).

Ms. Sawyer recommended to the Task Force that this same policy continue, which she stated she would also recommend to the Division and the Commissioner as well. She further explained her understanding was that the goal of CMS was to focus on the individuals, not the settings, to ensure those who participate in the waiver are integrated and included in the community.

Discussion ensued as to the number of large programs in the state, which Ms. Sawyer indicated would be provided at the next meeting. There was also concerns expressed about ensuring there are resources and staffing levels sufficient to promote integration (for both residential and day settings). Ms. Sawyer shared that she had already made the Commissioner aware that the transition would require additional funding and that is why projected costs are included in the work plans. Question was also raised about respecting the individuals "choice" to be in segregated settings and not be in the community. Ms. Sawyer stated it must be made clear to the families, providers and others who chose not to adhere to the rule requirements, that they are choosing not to participate in the waiver and that they have the choice not to receive or provide waiver services. The group acknowledged that there is a need to educate and expose individuals and their families to community options.

- 3) Question regarding saturation was posed to CMS and they stated that saturation was not their requirement. It was explained that saturation has been used when there was a request or applications for certification of a setting that would be next door or near another segregated setting. Segregated settings were described as one serving people only with IDD and when there is an application for another home about 2 blocks away by the same operator, that is considered colocation which is prohibited by the rule. It was discussed that the challenge for the Department will be to define and identify current residential settings that may not meet the CMS requirements for residential settings and will likely be subjected to heightened scrutiny. It was also recommended the Department define saturation if it is continued to be used.
- 4) Compliance requirements regarding Sheltered Workshop settings was also posed to CMS. CMS stressed again that the issue is the setting being segregated but the focus should be on people in the setting. Specific requirements about the setting being segregated which means everybody that participates in these programs are people with Intellectual Disabilities, there are no people from the general at large community, makes the setting a segregated setting, which is not compliance the rule. The challenge for the State is how do you integrate people in these the settings out into the community for pre-vocational services. It was explained this would also be the case for Day Habilitation Programs, for which the workgroup will be charged to develop and make policy recommendations that would guide the Department in that area.
- 5) Case Management De-confliction was brought up; however, CMS made it clear this was not an HCBS issue and indicated they would refer the state to other resources. It was suggested that Alice Holden could work with the State on this as well. The challenge for the State is to define the language of the narrow exception (firewall) of the geographic area currently found in the waiver.

Ms. Sawyer stated that Laquita Robinson, Medicaid, has been asked to confirm in writing the state's understanding of the issues raised in the CMS call. It was reported Jeff Williams, ADMH, will also work with Ms. Robinson on this project.

Overview of DD Draft Work Plans:

Ms. Sawyer distributed the Draft DD Work Plans and explained that she had been working with the DD staff on the drafts since day one. Each plan was described including the action steps, lead staff, projected costs and timeframes. Ms. Sawyer stated the need to establish small work groups to work with DD staff in refining the work plans, to build clear and better timelines and to make sure important action steps are not omitted.

There was some discussion regarding de-conflicting case management. It was asked whether or not this should be an individual case by case basis. Ms. Sawyer indicated while that would ultimately be the desire, it would be extremely difficult to develop a state system based on an individual case by case basis; however, she indicated this should be addressed by the Case Management Work Group. Another discussion ensued about using person-centered language by changing Case Managers to Service Brokers or Service Coordinators. It was explained that case management is demeaning to the person receiving the services because people/ family members are not cases to be managed. Ms. Sawyer stated that a couple of states are using Service Coordinators and that an effort could be made to make this change as part of the transition. Although it was discussed that case management was used by Medicaid for billing, it was the consensus of the task force to pursue the change from Case Manager to Service Coordinator. There was other discussion that plans for person centered training needed to include broader goals of providing ongoing technical assistance and consultation to providers. It was recommended concepts and tools of Community of Practice be incorporated, which Ms. Sawyer indicated she would include in the charge to the work group.

A signup sheet for the work groups was passed around and task force members were asked to indicate their 1st and 2nd choice of work group assignment.

Next meeting date:

Wednesday, April 25th at 10:00 am.