

DD Transition Plan Task Force Meeting Summary

A meeting of the DD Transition Plan Task Force was held 10:00 am, September 20, 2018 at VOA in Montgomery, AL.

Members Present:

Carla Stallworth, Other Providers	Jim Dill, Alabama Council on MH Centers
Susan Ellis, People First of Alabama	Terry Pezent, The Arc of Alabama
Susan Klingel, ACE/ARC	Karen Stokes, ACE/ARC
Kevin LaPorte, Region III Community Services	Anne Riddle, The Arc of Alabama
Jo Poates, ID 310 Boards	Samantha McLeod, Alabama Medicaid
James Tucker, ADAP	Jeff Williams, ADMH/DD
Jerry Pike, Eagles' Wings	Carrie Bearden, BHAA
DeAnna Ferguson, Other Providers	
Kathy Sawyer, ADMH/DD Consultant	
Jill Russell, ADMH Advocacy	

Members Absent:

Arvy Dupuy, ID 310 Boards	Karen Willis, People First
Donna Foster, Future Living Community Services	Jamie Herren, Alabama Council on MH Centers
Katy Johnson, People First of Alabama	

Guests:

Byron White, ADMH/DD	Dr. Teresa McCall, ADMH/DD
Andy Slate, ADMH/DD	Dr. Eliza Bell, ADMH/DD
Connie Batiste, ADMH/DD	
Karen, Coffey ADMH/DD	

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 introductions of Task force and guests were made.

Review of Minutes of Last Meeting and Agenda Overview:

Ms. Sawyer asked if there were any changes or corrections to the minutes from the previous meeting; there were none.

Ms. Sawyer gave an overview of the agenda as previously distributed. An additional topic to be discussed for the meeting was added as follows:

- Brief update from Andy Slate on the rate setting and contract with Lisa Mills

Work Group Reports:

Ms. Sawyer stated in the last meeting it was discussed to end of the work of the workgroups. However, after discussion, it was decided that the workgroups needed to reconvene for completion of assignments by the October 1, 2018 deadline.

The following reports were given:

- **Education and Advocacy:** Jill Russell presented for the workgroup. She stated that working with Malissa Valdez-Herbert, ADMH public Information Office on creating the education materials has been very helpful for the workgroup. The workgroup has identified a cost to develop the educational materials and submitted a plan that identifies the targeted groups. A curriculum is being developed on how the information will be distributed. Also, the decision was made by the group to add diverse groups, such as people with language barriers, the deaf population, etc. and working to compile some ideas on how to target this population. The workgroup shared ideas of how the information would be provided to the targeted groups to inform them of the HCBS Rule.

Ms. Sawyer stated she met with Myra Jones with the DD Council and submitted to her a cost proposal for the Education and Advocacy. The DD Council approved the request of \$6500 to begin the work.

- **De-conflicting Case Management:** Karen Coffey presented for the workgroup. The workgroup met on August 24, 2018. Connie Batiste was asked to attend the meeting to explain the process for providers who are sub-contractors with a 310 agency that is a stand-alone or non-stand-alone provider. The workgroup is monitoring a pilot of this process and wanted to make sure everything is completed before sending an email to other sub-contractors explaining the process to become a provider.

The Commissioner was briefed on the increase of the 36 hours to 52 hours for case management and is committed to requesting the Legislature to secure the funds for 2020 budget.

The workgroup discussed the need to get the final letter out to the case management agencies that claim sole provider status and to make sure they still wanted to be considered in that category (the letter has been received and the workgroup will discuss on Monday). Debbie Popwell will provide a list, by

county, of other providers and compare their justifications to the list. It will also be verified and validated whether they are a sole provider or not. If they are not a sole provider, they will go back to the other providers and see if they might have the capacity to serve additional people. If not, they will submit an RFP for a case management or a provider and then see where the holes are remaining and move forward.

Ms. Coffey provided a brief overview of other projects that are being worked on as follows: 1.) A non-vendor application was borrowed from the Department of Rehabilitation Services to be used for the 310 agencies that are subcontracting for medical supplies. This contract has been approved through legal which is now on the provider's portal on the website. The contract will only be used for medical specialized equipment, specialized medical supplies and home modifications. There will be an outline provided to the providers for the non-medical application process. 2.) Firewalls and procedures are being reviewed. CMS stated that there must be a Dispute Resolution process and procedures; therefore, she has provided this information and it is now on the website for the workgroup's review. The Satisfaction of Service Form was sent to Samantha McLeod for review and to make sure it is up to date. 3.) The case management tool was sent out to the workgroup and some of the firewall procedures will have to be verified when monitoring, which is being reviewed.

- **Residential Services:** Jeff Williams presented for the workgroup. The meeting with CSDs took place regarding the residential service monitoring tool for heightened scrutiny and is now receiving comments. There were a few cited regarding the distance (being within a 1000 foot of each other), but it has been decided this will be a non-issue for now. However, moving forward any new programs that are close together and employ more institutional practices will be reviewed. After the tools are received, they will be reviewed at the CSDs' meetings for consistency regarding heightened scrutiny and then at end of the month it will be decided if the monitors need additional training.
- **Pre-Vocational and Day Services:** Kevin LaPorte presented for the workgroup. The workgroup has discussed adding the heightened scrutiny item to the daytime monitoring tool to verify the information received through self-assessments. The self-assessments were sent out in June; however, in January will send out again. A sampling has been added for each monitor to complete when moving to the day habilitation programs for monitoring the amount of service hours being spent in the facility versus outside of the facility. Jeff Williams asked the workgroup to submit a set of instructions similar to the residential services for heightened scrutiny for the day habilitation monitors. There were all concerns from the Taskforce regarding the first self-assessments being confusing and not receiving good responses from the assessments. The workgroup decided to re-issue the self-assessment tool and for agencies that

are not responding or having difficulty with the tool, the regional office will follow up with them.

Ms. Sawyer gave the Taskforce an overview on the meeting with ODAP representatives and the DD staff. She stated the meeting was very informative in terms of how to look at the pre-vocational system. It was made clear that everything done with the day services program should be geared towards employment. There were also concerns raised about the proposed staffing (1:8 ratio) which ODAP representatives indicated were not sufficient to work with supporting persons in the community. Ms. Sawyer stated that she would recommend in her report to revisit the proposed staffing ratio for day/prevocational services.

- **Person Centered Planning:** Kathy Sawyer provided the report for the workgroup. One of the concerns for this workgroup was to decide on which model for Person-Centered Planning to be recommended or mandated by the department. After discussion, the workgroup decided to look at the Community of Practice Life Course model and to do a pilot with agencies on both models. The workgroup was broken down into sub groups with one group working on the pilot protocol, which has been developed by Gerron Gadd. A draft protocol is ready to be submitted to the department for review. The four case management agencies that have been identified and agreed upon through Beth Schumacher to pilot both models are Baldwin 310, Scope 310, Morgan County 310 and Tri-County 310. A draft standardized, individualized service plan based on person-centered planning is being reviewed to submit to the department for approval along with instructions. There were some questions asked about Community of Practice and training that would be necessary for the case management agencies before the pilot would begin. A letter was sent out by the Commissioner to the Community of Practice representatives inquiring about the training sources. A response was received and follow up will be provided on coordinating the necessary trainings for the case management agencies. Another task for this workgroup is to proceed with executive directors' mandatory two training. The Commissioner sent a letter to all the executive directors but due to the change in thinking that the training should be broader and inclusive of the HCBS Rule, the curriculum had to be changed which has been completed by Connie Batiste. The revised schedule for the training should be completed by October 1st by Connie. The workgroup is recommending that the Department must commit to continue the plan of working with the providers, agencies and other entities around Person-Centered Planning.
- **Rate Setting Update:** Andy Slated stated effective October 1, 2018 the department is contracting with Dr. Lisa Mills for six months who works with several states on their waiver rates and policies. Her charge will be to review current waivers, day service and employment reimbursement rates and policies,

service definitions, billing requirements and staffing ratios. Based on her reviews and findings she will be asked to make recommendations as needed to realign the reimbursement rates and policies to promote compliance with the HCBS desired outcomes. Dr. Mills will make two on-site visits during her six-month period. Her contract will be \$14,000 but the department will be reimbursed 50 percent through the waiver amendment so cost will be about \$7,000.

Ms. Sawyer stated that in the final report that she will recommend that the department delay implementing staffing ratio of 1:8 and any other service rate adjustments until Dr. Mills review is completed.

Ms. Sawyer provided the accomplishments from each of the workgroups as follows:

Deconflicting Case Management:

- Agreed to using the term "service coordinator" rather than "case manager".
- Clarification from CMS regarding the firewalls and how they would be applied
- Identified how to use geographical areas by using county for definition
- Completed survey of case management agencies and identified which case management agencies are conflicted or de-conflicted. A list of agencies has been submitted to the taskforce identifying those agencies.
- Proposed an increase in case management hours from 36 to 52, which has been included in the 2019 budget request.
- Conducted regional information meeting with case management entities across the state.
- Identified options for de-conflicting case management from the agencies that have been surveyed and now working to identify how they plan to move forward in de-conflicting.

Ms. Sawyer stated that there are probably a couple items that were missed; however, she will meet with Karen Coffey to add those items.

Person-Centered Planning:

- Completed the QDDP on-line training models
- Commissioner issued a mandatory letter regarding Executive Directors' training
- Proposed to pilot the Person-Centered Planning model among the 4 case management agencies

Residential Services:

- CMS clarified there was no issuance or mandate regarding bed capacity or the term "saturation". The workgroup agreed to retain the 6-bed capacity that is currently in the department's standards.
- Agreed to recommend a policy for saturation which will be defined as 1,000 feet for new sites

- CSDs and staff have been trained on the new HCBS Rule, which was presented by Laquita Robinson.
- Residential monitoring tool has been revised to include procedures for monitoring, identifying settings for potential heightened scrutiny.
- Developed procedures to identify and to provide technical assistance to those settings.

Day and Pre-Vocational Services:

- Received clarification from CMS regarding the requirement of closing sheltered workshops.
- Commissioner approved and signed a Memorandum of Understanding (MOU) with the Alabama Department of Rehabilitation Services that had been delayed for a couple of years.
- Sent out self-assessments for day and pre-vocational programs, which will be sent out again.
- Day services monitoring tool was revised and included in the process for identification heighten scrutiny settings.
- Recommended the issuance of a policy that limits the number of hours of services in segregated settings and proposed increases in staffing to 1:8 for structured supported setting in communities.

Education and Advocacy

- Identified target groups to receive training information on the HCBS Rule
- Proposed a plan, methods and resources for dissemination of the HCBS information.
- Retained initial funding to begin the development for HCBS educational materials and support.

Next Steps:

In the report you will see the following recommendations as priority for next steps:

- De-conflicting case management
- Amending the ID and Living at Home Waivers
- Issuance of all policies and procedures or standards that are necessary for de-confliction of case management
- Changing the name from case management to service coordinator, changes the role of the case manager to facilitate the development of person-centered service plans
- Employment of Case Management Director (division level)
- Develop and issue needed policy and procedures and standards for all services
- Proceed with person-centered planning and mandatory training for the executive directors

- Complete the pilots of the selected of the person-centered training model
- Develop and issue policy and procedures and/or standards for the development of ISP including standardize format
- Complete monitoring of all residential settings to identify those that are subjected to heightened scrutiny.
- Develop and issue a policy and procedures and/or standards to address and/or clarify as needed the maximum bed capacity, definition of saturation and other related requirements.
- Re-issue the pre-vocational self-assessments for the non-responding providers or incomplete provider responses received, complete monitoring of all day settings to identify and assist those who are subject to heightened scrutiny. Develop needed Policy and procedures, standards regarding limitations of hours in segregated settings and establish staffing ratios and service rates for the community.
- Education and Advocacy-develop informational materials (general information) and develop and implement education schedule and plan.

Ms. Sawyer indicated that a full work report will be submitted to the Commissioner before October 1, 2018. In the report will be a recommendation to continue the workgroups and taskforce, in an advisory capacity, with divisional staff having responsibility for leadership and implementation of the work plans.

Karen Coffey gave the report on the TA workgroup. She stated that the policy was revised based on the last input received from the CSDs. She has asked the CSDs to send examples for training purposes of good and poor examples of documentation justifying the need for a service. The group will have to reconvene one more time to discuss other issues. October 1, 2018 is the targeted completion date to get this information out.

➤ **Announcements**

Life Course Framework Resource Folder is available (Karen Coffey)

➤ Next Meeting:

TBA