TRANSCRIPT
PROVIDER FORUM: COVID-19
June 19, 2020, ▪ 12:00 NOON via WebEx

1
00:00:07.044 --> 00:00:11.605 **KIRK DOBSON**
Hello everyone and welcome to the Provider Leadership Meetings for the month of June.

2
00:00:11.605 --> 00:00:23.454
2020, This is the first provider meeting that we have had for this year due to some of the corona virus issues that we're facing as well as just trying to work through other meetings

3
00:00:23.454 --> 00:00:26.214
that were on the schedule. On the schedule during today's meeting,

4
00:00:26.214 --> 00:00:29.785
we will be having some of the presentations on various topics,

5
00:00:29.815 --> 00:00:33.414
ranging from proper usage with a Medicaid,

6
00:00:33.414 --> 00:00:35.274
spend-down this program,

7
00:00:35.274 --> 00:00:43.435
integrity challenges as well as conversations around reopen in different aspects of the DDS system during this presentation.

8
00:00:43.435 --> 00:00:49.134
Just a few admin points. On your screen, your WebEx screen on the bottom

9
00:00:49.439 --> 00:01:02.365
right of the participant screen there's a little hand button hand icon. Using that icon you can raise your hands if you have questions or if you would like to speak. Unfortunately, due to the amount of people on the call

10
00:01:02.604 --> 00:01:12.474
we are not able to unmute all the lines. So I will unmute you if you raise your hand. And we can, therefore, have a discussion. All the presentations here are meant to be more of a discussion.

11
00:01:12.474 --> 00:01:24.894

So, if you do, have a question, feel free to raise your hand, while the presentations are being carried out. I do ask that you just wait till the end to ask any questions but we do encourage full dialogue between all participants as we go forward.

12
00:01:26.245 --> 00:01:39.534
If anyone has any questions before we begin, please type it in the box now or raise your hand. I'll be happy to take them. If not then I'm going to turn over to her Hakima, Mohammed, the Operations Manager here at DDS to begin the presentation.

13
00:01:39.894 --> 00:01:42.504
So, I'll give a minute if anyone has any questions.

14
00:01:56.694 --> 00:02:04.734
Okay, fantastic. Hakima I'm going to add you now to begin the presentation. We'll be talking about Medicaid spend-downs.

15
00:02:05.844 --> 00:02:15.745
Please just let her go through the presentation and then she'll answer any questions, or we'll take any questions after that. Hakima are you with us? **HAKIMA MOHAMMED** Thank you.

16
00:02:18.564 --> 00:02:29.784
Kirk, if you could put the presentation on the screen, and I'll just say next slide, but if we could go to the medical, spend-down portion of automation, that would be appreciated.

17
00:02:33.444 --> 00:02:35.78 **KIRK DOBSON**
Yep, just bear with me one second. Okay.

18
00:02:48.504 --> 00:03:03.264
The only presentation I have is the provider leadership department DSLDB presentation. Is there another one? No one if you go to the third page on the slide spend-down portion, thank you.

19
00:03:03.264 --> 00:03:17.155
It came up. I'm sharing it now. Okay, wonderful. Thank you. Just let me know what. Okay, you're ready to go. Excellent. Thank you. So, I wanted to take a moment and just share with the provider

20
00:03:18.205 --> 00:03:22.164

Community the process for a Medicaid spend-down. Medicaid

21
00:03:22.164 --> 00:03:28.525
spend-down applies when person becomes over resourced in assets,

22
00:03:29.965 --> 00:03:36.414
which according to the case standards is any assets that are total beyond $4,000.00,

23
00:03:37.525 --> 00:03:38.965
excess income,

24
00:03:39.235 --> 00:03:43.194
which means the person is making too much income,

25
00:03:43.555 --> 00:03:54.594
However, there's still a medical need and so if we can prove that medical need then get Medicaid coverage reinstated. Next slide.

26
00:04:02.335 --> 00:04:04.224
So, when ESA

27
00:04:05.094 --> 00:04:18.084
The Department of Economic Security under the DHCF evaluates a person's income it's based upon three hundred percent of the maximum

28
00:04:19.795 --> 00:04:20.454
SSI income.

29
00:04:20.939 --> 00:04:23.425
It's the previous slide. Thank you.

30
00:04:24.235 --> 00:04:24.774
So,

31
00:04:24.805 --> 00:04:28.285
if that person exceeds the income threshold,

32
00:04:29.485 --> 00:04:44.365

DDS will receive is an official medical spend-down for the person and the medical spend-down documentation will describe the amount of the liability that must be met before Medicaid can

33
00:04:44.365 --> 00:04:46.225
be reinstated.

34
00:04:46.824 --> 00:04:51.745
And so we will communicate when we receive that documentation with providers,

35
00:04:52.074 --> 00:04:53.394
the service coordinator,

36
00:04:53.394 --> 00:05:04.735
and the person what the amount of the liability that must be met. The person will have six months to meet that liability.

37
00:05:05.814 --> 00:05:17.665
If they meet the liability by spending out of pocket to pay for medical items before the six month period last,

38
00:05:17.935 --> 00:05:23.694
it can be reinstated at the point in which the liability obligation was met.

39
00:05:24.834 --> 00:05:30.925
So, the way that process work is the first day of the application month,

40
00:05:31.824 --> 00:05:43.795
you'll get the six month period that is called the compliance period and that's when you have to meet the medical spend-down. The person's Medicaid status will stay in suspense.

41
00:05:44.485 --> 00:05:49.105
And what that means is they are not terminating you from the Medicaid program,

42
00:05:49.464 --> 00:05:59.935
However, you are not in an active status is where your Medicaid card would work, or you can receive benefits that will be paid by Medicaid.

43
00:06:00.925 --> 00:06:10.584

Our goal is to try to satisfy the liability as quickly as possible and not wait the entire six months spend-down period.

44
00:06:11.064 --> 00:06:22.675
In other words, if you can meet the obligation within the first month or first week, even and provide documentation that just demonstrate that medical need

45
00:06:22.675 --> 00:06:27.175
and the amount, we will submit that for their review,

46
00:06:27.834 --> 00:06:29.125
so the next slide,

47
00:06:29.125 --> 00:06:31.014
which I'm not ready to go to just yet out,

48
00:06:31.045 --> 00:06:32.754
I'll illustrate a case study,

49
00:06:33.084 --> 00:06:38.845
that may make this a little bit more easier to understand and follow along.

50
00:06:39.269 --> 00:06:39.540
But,

51
00:06:39.535 --> 00:06:40.165
basically,

52
00:06:40.165 --> 00:06:49.949
you want to provide us documentation for any unpaid medical bills that the person may have, be it prescription drugs position,

53
00:06:49.975 --> 00:06:50.634
visits,

54
00:06:51.024 --> 00:06:51.894
health insurance,

55
00:06:51.894 --> 00:06:52.735

premium,

56
00:06:53.514 --> 00:06:57.235
any medical items that have been incurred by the provider.

57
00:06:57.774 --> 00:07:10.014
the person, or that DDS may have paid when the person did not have active medical coverage are, all items that we can submit to for their review.

58
00:07:12.295 --> 00:07:19.855
So these include both paid and unpaid bills. So, for example, if the provider providing services, the Medicaid is inactive

59
00:07:19.884 --> 00:07:31.884
Obviously, you incurring a cost, so if you can send us an invoice of what that cost is, as soon as the Medicaid coverage became inactive, we can submit that.

60
00:07:32.394 --> 00:07:40.375
And that could be evidence of continued medical need that goes beyond the person's income and their ability to pay.

61
00:07:42.925 --> 00:07:56.814
Next slide please, Thank you. So, in this example, I want to share to try to make it a little bit more realistic.

62
00:07:56.845 --> 00:08:02.904
And again, this is just an example, because everyone's obligation will be different.

And ESA makes that determination, sometimes is two thousand, sometimes three thousand, sometimes it's five or more.

64
00:08:12.235 --> 00:08:13.495

63
00:08:02.904 --> 00:08:11.845
But in this scenario,

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00:08:13.495 --> 00:08:18.930
we're just going to use a simple example of $2,000 ESA,

66
00:08:19.314 --> 00:08:28.944
authorizes and approved medical spend-down and says the person must have qualified medical expenses of two thousand dollars.

67
00:08:30.714 --> 00:08:34.644
And they can incur this over the course of six months.

68
00:08:35.100 --> 00:08:46.735
So we can satisfy this prior to the six months, on the sixth month, or anytime thereof and still have that information reviewed.

69
00:08:47.455 --> 00:09:00.715
So, if the person submit and I know many of you are familiar with Ms. Hall, the medical receipts, the provider invoice or anything that remains unpaid in the first month,

70
00:09:01.465 --> 00:09:07.164
Then ESA will look at that. But they will back date to the first day of the month.

71
00:09:08.845 --> 00:09:22.404
So that if it is approved, the two thousand dollars is met, coverage will begin the first day of that month that you summit the documentation and therefore it will be no lapse in coverage.

72
00:09:23.245 --> 00:09:24.715
Can you go to the next slide? Please.

73
00:09:29.004 --> 00:09:31.735
Thank you. This is a few examples.

74
00:09:33.054 --> 00:09:39.024
ESA determine that the person needs to meet two thousand dollar medical liability.

75
00:09:40.404 --> 00:09:54.745
They give the period of time, six months from January, 1, 2020, that actually should say June 30, 2020 Yes, That is the period of spend-down, six months.

76
00:09:55.200 --> 00:10:07.825

So, if, for example, in that first week, you're providing care, you've incurred two thousand dollars of expenses for, which you cannot bill, then you would prepare an invoice to the person.

77
00:10:08.065 --> 00:10:11.934
You would provide us with a copy and we can submit that to ESA.

78
00:10:13.375 --> 00:10:28.164
So, if you submit that to January twentieth, and we upload ESA reviews it, they decide and deem that it is a legitimate expenditure. They're now going to approve the person's Medicaid. The person's Medicaid

79
00:10:28.164 --> 00:10:39.414
Although, it's closed or went into inactive status December 31, 2019 ESA will back date that to January 1, because we submitted it on the twentieth.

80
00:10:39.865 --> 00:10:52.615
And that would be if we submitted it on the fifth, the seventh, the tenth, the twentieth, the thirtieth, even the thirty first of the month, the fact that we submitted something in that month, it will be backdated to the first of the month.

81
00:10:52.975 --> 00:10:58.674
And there'll be no lapse than coverage. This is the most ideal situation and circumstance

82
00:10:59.125 --> 00:11:12.024
that we would like to see for medical spend-down, because it keeps your exposure limited as well as ours as well as getting the person reinstated as quickly as possible.

83
00:11:12.504 --> 00:11:25.164
In the second scenario. It's the same two thousand dollar obligation that needs to be met. However, you don't have enough receipts that make up the $2,000. You may have one physician visit

84
00:11:25.164 --> 00:11:38.664
that's a few hundred dollars a co-pay here prescription here, but it doesn't quite add up to the two thousand dollars. So, you should track those items and keep those receipts until such time as you get to $2,000.

85
00:11:39.174 --> 00:11:48.654

As soon as you get to $2,000, you send that receipt over to Ms. Hall and let's say it happens to be in February, anytime of February.

86
00:11:48.654 --> 00:11:59.784
So, they'll only be one lapse of coverage for Medicaid, which would be in January, because the same principle in process would apply. We would submit those receipts in February,

87
00:12:00.085 --> 00:12:14.934
If ESA says it has met the obligation and the standards and the receipts provided are adequate, coverage will go into effect February 1st. And that same philosophy applies

88
00:12:14.934 --> 00:12:27.745
whether you do it in March, April May June. You would get coverage beginning the first day of the month in which the obligation was satisfied. In the third example.

89
00:12:28.465 --> 00:12:37.615
You've waited the entire six months to achieve that two thousand dollars spend-down. We submitted in June.

90
00:12:38.245 --> 00:12:44.335
You would only be eligible for June, or the person's coverage would only be eligible for June 1st.

91
00:12:44.335 --> 00:12:55.465
So, you'd have an extensive five months lapse of coverage, whereas in the other examples, we're limiting the amount of time to not have coverage.

92
00:12:55.855 --> 00:13:05.274
If you submit receipts in July, July 1st, and after the Medicaid is inactive, it is completely a new application.

93
00:13:05.485 --> 00:13:19.345
There is no ability for us to go back and recapture any of those medical claims during that six month period, because we have gone beyond the allowable amount of time to achieve the spend-down.

94
00:13:19.345 --> 00:13:25.345
Next slide. Please.

95
00:13:27.835 --> 00:13:37.375
So, what are the provider responsibilities in terms of ensuring that person's benefits remain intact?

96
00:13:38.394 --> 00:13:39.024
Obviously,

97
00:13:39.024 --> 00:13:53.605
our primary goal is to avoid lapse Medicaid coverage and providers have joint responsibility to help maintain Medicaid eligibility for the persons that we support and the way that you can do

98
00:13:53.875 --> 00:13:54.684
this one,

99
00:13:54.955 --> 00:13:57.054
being aware of all the persons,

100
00:13:57.054 --> 00:13:59.875
you support Medicaid renewal date.

101
00:14:00.625 --> 00:14:15.024
You should kind of keep track of this in whatever manner that you do of everyone's renewal date. So that ninety days in advance, you're kind of looking at your list and you're ensuring that you're submitting the proper documentation.

102
00:14:15.414 --> 00:14:27.024
Paystubs, If the person is working. If the person is not working, uploading an MCIS, just a basic one page word document. This says the person is no longer employed.

103
00:14:27.654 --> 00:14:39.054
As of this effective date, oftentimes, we're looking for paystubs that may not exist because the person is no longer working. And we just don't know that information and that delays the process.

104
00:14:40.105 --> 00:14:50.575
You want to make sure that you're monitoring the person's bank account for assets to make sure that they're not over resourced and you're applying to the appropriate spend-down.

105
00:14:50.784 --> 00:15:05.695
You want to make sure that you're keeping receipts of any out of pocket expenditures that the person might have. All of those things help to assist us in the the renewal and recertification process to avoid a lapse in coverage.

106
00:15:06.414 --> 00:15:07.674
But more importantly,

107
00:15:08.065 --> 00:15:14.695
once a person is under medical spenddown the faster that you respond,

108
00:15:14.904 --> 00:15:18.565
the faster that you meet the medical spend-down obligation,

109
00:15:18.835 --> 00:15:20.875
the faster that you communicate with us,

110
00:15:20.875 --> 00:15:23.664
the faster you give us the receipts that we need.

111
00:15:23.965 --> 00:15:33.355
We can get the Medicaid reinstated soon to avoid a lapse. So the presentation was just to give some strategies.

112
00:15:34.794 --> 00:15:42.684
Perhaps you can incorporate into your process to help manage the medical spend-down process.

113
00:15:43.105 --> 00:15:53.784
So, with that, that kind of concludes my presentation. I am open to taking any questions that anyone may have about the process, or the information that has been shared.

114
00:15:56.184 --> 00:16:06.475 **KIRK DOBSON**
Good afternoon everyone just as a reminder, there's a little icon on the participants tab that has like a little hands. Please just click that. If you wish to speak if you're not finding it I'll open the

115
00:16:06.504 --> 00:16:13.735

Chatbox and I'll open the line up for you to ask your questions. I'll give it a minute for any questions.

116
00:16:33.115 --> 00:16:35.455
We need to ask a question from.

117
00:16:43.615 --> 00:16:57.**325 QUESTION from RCM**
Yes, I was just wondering if the person is in a residential setting, can we use the denied claim? I asked for spend-down. **HAKIMA** Absolutely. You can. Here is the challenge with using a denied claim.

118
00:16:57.355 --> 00:17:05.545
You should absolutely submit claims to Medicaid, even if there's a lapse in coverage and get that denial.

119
00:17:05.904 --> 00:17:13.404
But the problem is it takes forty five days to receive a denial through Medicaid and that's time lost.

120
00:17:13.734 --> 00:17:13.974
So,

121
00:17:13.974 --> 00:17:15.355
while I still would like,

122
00:17:15.355 --> 00:17:16.315
you to do that,

123
00:17:16.315 --> 00:17:22.795
and get the official denied claim from Medicaid as a backup of supporting documentation,

124
00:17:23.305 --> 00:17:25.855
if you're providing service to that person,

125
00:17:26.095 --> 00:17:38.694
what I want is an invoice on your companies letterhead to the person and give us a copy of that that shows a medical expenditure has been occurred and remains unpaid.

126

00:17:39.265 --> 00:17:49.164
So, if you're charging a daily rate to the person, for the services, you provide, if it is an ad hoc service, you know, twice a week they're receiving some service.

127
00:17:49.944 --> 00:18:02.875
I would like you to begin, calculating that and put that on an invoice, so to speak. And as soon as you meet the threshold of an obligation, send that to us so that we can submit it.

128
00:18:05.065 --> 00:18:18.775
It will still be a denial claim and we come back and ask for those denied claims as further supporting document. But the key is, you don't have to wait forty-five days because if you do yeah, definitely.

129
00:18:18.775 --> 00:18:30.625
Going to have thirty days of lapse and that cost, you know, you're not receiving those funds. Those costs has to be paid by someone. So it is best to do it in that manner.

130
00:18:33.744 --> 00:18:47.664 Yep. Great. Are there any other questions? Yep Cassandra. Peter. Sorry, **KIRK DOBSON** Cassandra Peers. Johnson from Victory Communications. You're unmuted yes.

131
00:18:47.994 --> 00:19:01.615 **CANSANDRA PEERS JOHNSON**

Will you be emailing us the copy of this PowerPoint to participants before the meeting will also be sent again after the meeting?

132
00:19:03.384 --> 00:19:13.194
Okay, so we'll, we'll have this. You say you're emailing us this? **KIRK DOBSON** Yeah, so it was sent before the meeting will be sent again after the meeting. Okay, thank you.

133
00:19:15.384 --> 00:19:26.214 **JAMILA from CMS**
You're unmuted.

134
00:19:32.335 --> 00:19:33.535
Hi, Jamila are you there?

135
00:19:36.744 --> 00:19:51.325

Hakima Jamila has submitted a question that says the five months that the person does not have medical are expenses incurred. **HAKIMA MOHAMED** That is not a decision that we can make. Everything would be taken on a case by case basis.

136
00:19:51.744 --> 00:20:05.065
And the reason for that is, we have to understand why the person had been deemed eligible. What information we sent to you and requested and did we get that information back timely?

137
00:20:05.664 --> 00:20:17.125
And again, this is a collaborative effort. So, I can't that would be viewed on a case by case basis to make the decision, whether that's something we'll cover or not.

138
00:20:18.055 --> 00:20:31.944
So, the key is, let's not get it to where there's five months lapse, and that's why we're trying to give this information out and I'm available to work with any provider. Should a lapse occur

139
00:20:32.154 --> 00:20:46.015
so, that we can try to quickly rectify and limit the liability to both the provider as well as DDS. And also just make sure the person is covered and can receive Medicaid benefit that

140
00:20:46.015 --> 00:21:00.474
they are entitled to. **KIRK DOBSON**
I'll give one more second for additional anyone who wants to raise their hands now to ask any questions.

141
00:21:01.285 --> 00:21:13.015 **HAKIMA MOHAMED**
Okay, I know I have a few more minutes and not much, but I just would like, to brief you while I have the providers talk about the planning for year-end close which is the last part of that slide.

142
00:21:13.494 --> 00:21:23.994
I just give a quick, a few quick pointers as prepares to, for closing of our fiscal year ’20. Thank you.

143
00:21:25.015 --> 00:21:39.535
Alright, so we are the beginning stages of getting ready to close the fiscal period in September 30, 2020 we can't wait until that time to start the process.

144

00:21:40.194 --> 00:21:49.855
So we'll be reviewing all the purchase orders all the items and expenses that have been submitted to us and trying to close that out.

145
00:21:50.454 --> 00:22:05.035
Many of you now are familiar with the new process that we started, which is a close out letter that we send to you before we de obligate any funds that might be remaining on the purchase orders and we will continue to do that process for this year.

146
00:22:05.424 --> 00:22:09.625
So, what I want to make sure that you have your billing person, or your accountant

147
00:22:09.990 --> 00:22:19.045
Look at all your expenditures in the given year make sure you have invoiced us for all legitimate claims for which you are to receive payment.

148
00:22:19.404 --> 00:22:21.505
You want to monitor your PO

149
00:22:21.535 --> 00:22:35.904
balances very carefully over the next few months and you want to make sure that your estimating what your projections will be on a monthly basis to ensure that that purchase order has enough funds to

150
00:22:35.904 --> 00:22:37.464
sustain the services

151
00:22:37.464 --> 00:22:52.194
you are providing persons through 9/30. As you become aware that there may be a discrepancy or there may be a shortfall, you must communicate with your contract administrator

152
00:22:52.464 --> 00:23:00.204
so, that we can work together to agreement, add funds to the purchase order if necessary,

153
00:23:00.595 --> 00:23:03.805
but we have to do that while the fiscal year is open,

154
00:23:04.015 --> 00:23:11.305

because we cannot make adjustments once the fiscal year closes and they close our PASS system down,

155
00:23:11.335 --> 00:23:17.664
even before the fiscal year ends to avoid a lot of last minute items.

156
00:23:17.934 --> 00:23:18.144
So,

157
00:23:18.144 --> 00:23:22.470
the key here is to properly plan, project,

158
00:23:23.005 --> 00:23:28.315
engage to ensure that you're ready for the closeout,

159
00:23:28.615 --> 00:23:33.025
making sure that you invoice us every month by the tenth of the month,

160
00:23:33.265 --> 00:23:35.785
all previous months expenses.

161
00:23:36.894 --> 00:23:38.005
So that, you know

162
00:23:38.605 --> 00:23:53.184
You're spending down on the PO, appropriately and accurately and making sure you've captured all costs because once we close to go back and say, I forgot to bill you for this item once the purchase order is closed

163
00:23:53.184 --> 00:24:04.404
The, there's not much, we're very limited in what we can do after that and we asked you to sign a close out memo. You're attesting to the fact that you have reviewed your books,

164
00:24:04.704 --> 00:24:12.535
You have nothing and will be making no more claims. And as such, we close that out completely.

165
00:24:16.585 --> 00:24:31.075

So that's kind of just what I wanted to communicate and get everyone for the close out. I'll take any questions that you have regarding the year-end close. **KIRK DOBSON** Hakima I can take about two questions, just to keep us on time.

166
00:24:31.529 --> 00:24:45.924
There's a question from Francis Francisco, I am going to unmute you know, you can ask your question. **FRANCESCA FRANCISCO** Yeah, actually, she kind of answered my question when the lady from RCM asked. I was just clarifying what you're saying.

167
00:24:45.924 --> 00:24:58.615
It was just an invoice instead of waiting for denied claim and I think you kind of explained that, but I'll give you a call on, you know, my challenge. **HAKIMA** Absolutely wonderful. I look forward to that and working with.

168
00:25:01.585 --> 00:25:14.125 **KIRK DOBSON**
Anybody else have any questions you can either use the question bar. I think there's something on that panel that says I asked a question, or you can use that little raise hand feature. Either way. I'll give it a couple of seconds.

169
00:25:14.154 --> 00:25:18.325
If anyone has any questions, or you can type in a chat box that you can't find either. I got.

170
00:25:27.055 --> 00:25:37.075
Okay, thank you. I, thank you very much. Alright, thank Hakima for that.

171
00:25:37.285 --> 00:25:49.944 **KIRK DOBSON**
We're going to shift now, the next section of our presentation over a meeting, and the folks from the Quality Assurance and Performance Management Administration will give an overview of what it means to maintain quality in a time of a pandemic.

172
00:25:50.365 --> 00:26:03.085
So, basically telling you what we're looking for, from a quality perspective during this time, the folks who will be presenting are our two quality resource supervisors are unfortunately, one supervisor is not able to join us.

173
00:26:04.075 --> 00:26:14.424
Diane Jackson the other supervisor will be joining our Quality Improvement manager, Gregory banks will be joining our Performance Management Unit manager.

174
00:26:14.454 --> 00:26:27.775

Charlotte Roberts will be joining us and our PCR, our provider certification review manager, Barbara Stachowiack. Sorry Barbara if I put your name, Barbara will be joining a service conversation as well. So I am going to go ahead and mute them.

175
00:26:27.775 --> 00:26:30.384
And join them into the conversation, There will also be a presentation.

176
00:26:46.914 --> 00:26:53.575
Charlotte, you are unmuted and can begin while I add everyone else? **CHARLOTTE ROBERTS** Okay, good afternoon.

177
00:26:53.575 --> 00:27:08.335
everybody, I'm just trying to get our application up and going, but we really are thankful for you all to be here and to share some pertinent information with you. So just give me one second.

178
00:27:10.289 --> 00:27:24.835
Yeah. I don't know if it may be easier for you to share it because I don't have host access it seems to share application.

179
00:27:28.555 --> 00:27:30.839 **KIRK DOBSON**
Okay you should have it now.

180
00:27:47.065 --> 00:28:01.375 **CHARLOTTE ROBERTS**
Of course, it's going slow at the one time I need it to be effective. So bear with me everyone, Diane, if you're on mute and I'm sure you want to just give a quick little intro. While I get this going.

181
00:28:03.234 --> 00:28:14.515
Can you hear me? I can hear you and Greg you’re first. So good.

182
00:28:15.355 --> 00:28:27.924 **DIANE JACKSON**
This is Dianne Jackson, the supervisor of the Quality Resource Unit. It's great to be here with everybody. We’ll give Charlotte a few more minutes.

183
00:28:31.555 --> 00:28:46.255 **KIRK DOBSON**
I'll put it as well as you prefer. That may be quicker. I'm really kind of freezing up over here. I apologize.

184
00:28:46.589 --> 00:28:48.295 **KIRK DOBSON**

No, you're fine. So I'm going to go ahead.

185
00:28:51.174 --> 00:28:58.285 **DIANNE JACKSON**
So, for our presentation, Greg is going to talk about the importance of reporting accurate incidents and addressing issues timely.

186
00:28:58.285 --> 00:29:07.974
I'm going to go over what the Assurance team is comprised of and importance of Quality Assurance, Barbara will tell you about what to expect with PCR during this time.

187
00:29:08.575 --> 00:29:23.335
And then Charlotte is going to close it out as to the new number quality our national core indicators and the changes to our internal and external committee meeting. **KIRK DOBSON** Okay, your slide is up and ready.

188
00:29:26.154 --> 00:29:37.134
Okay, so I think we're going to start off with Greg. Yeah, sure.

189
00:29:37.134 --> 00:29:45.835 **GREG BANKS**
Can everyone hear me okay. Hi, everyone I hope everyone's doing well, doing these challenging times.

190
00:29:45.835 --> 00:29:53.575
I'm Greg Bank's head of the Quality Improvement Unit at DDS which consists of five sub units to include customer service,

191
00:29:53.664 --> 00:29:56.305
a formal DDA complaint system,

192
00:29:57.355 --> 00:30:02.875
the and the RCRC and HRAC and MRC committee,

193
00:30:03.654 --> 00:30:04.015
and I really,

194
00:30:04.015 --> 00:30:09.144
I just wanted to share what we've been doing over the last few months during these challenges in time.

195

00:30:09.684 --> 00:30:17.575
Our focus has been really to make programmatic enhancements for the end user the DDA employees at this point,

196
00:30:19.045 --> 00:30:26.664
and these programmatic enhancements will aid in our effort to improve data collection and analysis, mitigate potential opportunities for fraud,

197
00:30:26.664 --> 00:30:35.785
waste and abuse to reduce efficiency and directly and indirectly improve the quality outcomes of the people we support.

198
00:30:35.785 --> 00:30:41.244
also using programmatic enhancement to improve how the quality improvement unit engages with the provider.

199
00:30:42.384 --> 00:30:50.815
Through automation, we know we can continue to communicate more effectively and we, well, we continue to sustain compliance measures.

200
00:30:51.654 --> 00:30:58.734
We have a laser focus on how we move to what the more culture of quality,

201
00:30:58.765 --> 00:31:07.434
You may not see any of these programmatic changes for another month or two but we're doing the internal work now.

202
00:31:07.704 --> 00:31:12.625
And we believe that what we're doing will actually help inform providers

203
00:31:12.625 --> 00:31:16.105
Not only ensuring that they meet the compliance measures,

204
00:31:16.500 --> 00:31:21.984
but also to ensure that we stay and remain laser focused on the quality outcomes of the people that

205
00:31:22.525 --> 00:31:28.585
that we support I can provide you a couple of examples of what we're working on now.

206
00:31:28.674 --> 00:31:41.815
We're actually taking a look at the issues resolution system and so shortly, I think once the requirements have been gathered, you'll see a difference in how issue closure notifications come out. Typically

207
00:31:41.815 --> 00:31:53.454
now, when you get an issue closure notification, it doesn't provide as much information we would like, I think it just gives you the, the issue number along with that it was closed, So, but we want to be more informative

208
00:31:53.875 --> 00:31:54.055
So,

209
00:31:54.055 --> 00:31:59.664
you should see some of the differences you will see is that whether or not the issue was closed on time,

210
00:32:00.295 --> 00:32:08.694
what led to the delay and also maybe some guidance on how to improve quality outcomes,

211
00:32:08.934 --> 00:32:10.525
dependent upon the issue

212
00:32:11.484 --> 00:32:12.265
That was submitted,

213
00:32:12.295 --> 00:32:17.724
so that's what we're looking at holistically and I can tell you,

214
00:32:17.724 --> 00:32:18.055
on the,

215
00:32:18.115 --> 00:32:18.684
on the,

216
00:32:19.075 --> 00:32:20.244
on the back end on the,

217

00:32:20.275 --> 00:32:21.355
on the end users,

218
00:32:22.164 --> 00:32:31.704
what I'm hearing from the staff is that it does make that a lot more efficient and also makes data collection analysis more seamless and accurate.

219
00:32:31.980 --> 00:32:39.835
I'm so, we're excited to start this process that we can't wait to see what the suits provide to the providers that we work along with.

220
00:32:40.944 --> 00:32:41.724
And that's basically,

221
00:32:41.724 --> 00:32:43.585
at this point,

222
00:32:43.920 --> 00:32:44.490
Diane,

223
00:32:46.255 --> 00:32:46.644 **DIANNE JACKSON**
thank you,

224
00:32:46.644 --> 00:32:47.035
Greg,

225
00:32:52.644 --> Hi

226
00:32:59.244 --> 00:32:59.785
excuse me,

227
00:32:59.785 --> 00:33:02.454 **DIANNE JACKSON**
Quality Resource Unit who are we responsible for?

228
00:33:03.174 --> 00:33:16.644
Our job is very unique as the quality resource unit. We work collectively with all parties within DDA and DDS, which is service coordination, incident management, contracts, office of contract and procurement.

229

00:33:17.065 --> 00:33:28.404
So QRS is the liaison between the provider and parties within DDS. We provide technical assistance, we review your performance to ensure compliance,

230
00:33:29.305 --> 00:33:37.674
We also try to foster a sustainable relationship between all parties as to, as we get involved in what's going on with certain concerns.

231
00:33:39.234 --> 00:33:51.055
We also monitor provider improvement and assess how your outcomes are actually played out in your agency with the people you support. Next slide

232
00:33:55.285 --> 00:33:58.164 The quality resource units comprise about twenty one people.

233
00:33:58.164 --> 00:34:12.235
So Tasha and I provide oversight to two different groups. However, we share responsibility with the Quality Resource Specialist. I have six QRS and Tasha has six QRS Excuse me? I have the compliance specialist.

234
00:34:12.355 --> 00:34:17.574
Who are the ones who actually provide you the actual serious reportable investigation report.

235
00:34:18.000 --> 00:34:31.465
They input the actual recommendations as identified by the investigator into the system, and they also conduct follow up as to investigations recommendations to ensure that you have actually implemented them.

236
00:34:31.945 --> 00:34:43.224
I also have the financial compliance auditor, Juanita Brinkley Hall, who also now, that's a new position that we started last year, but she does some of what Bert Smith was doing.

237
00:34:44.304 --> 00:34:58.945
So, Tasha also has compliance monitors. She has Charlotte King, and we have one vacancy. Charlotte works with our RSA providers hands on as to what they do and I'll give you all a brief review as to the roles of these different parties.

238
00:34:59.574 --> 00:35:07.315
And we have Cheryl Butler who's new to the team she is our adaptive equipment compliance specialist. So that is about twenty one people.

239
00:35:07.315 --> 00:35:16.195
And, of course, we have administrative staff and Kirk. Next slide.

240
00:35:18.414 --> 00:35:28.855
So the Quality Resource Specialist, especially as, you know, the team has been here probably twelve plus years. So all 12 QRS have been at the agency for a very long time.

241
00:35:29.280 --> 00:35:43.105
And I believe most of all providers know all of them,relatively. The QRS' are required to conduct an annual corporate review, which we continue to do. We still do environmental reviews for our supported living, ResHab, and ICF,

242
00:35:44.545 --> 00:35:58.554
We look at our annual day facility, ensure that they're compliant and of course, we look at respite sites to approve. It is our BI, weekly monitoring to ensure providers are in compliance with the Mayor's order that went into effect in late April.

243
00:35:58.585 --> 00:36:08.425
And that is something that we've been working with the providers for the last two to three weeks. We just recently made some changes to our quality review

244
00:36:08.425 --> 00:36:21.445
look, because based on a review of what was being uploaded, we realized providers needed more hands on technical assistance to maybe modify how they're tracking people who come in, rather essential visitors and so forth.

245
00:36:21.900 --> 00:36:34.675
So, what you're probably going through right now is a different type of more thorough, detailed review of what you're doing as to compliance of the Mayor's order. So we're going to continue providing extensive, technical assistance.

246
00:36:35.005 --> 00:36:39.625
We're going to give you suggested ways of, maybe modifying. Some providers

247
00:36:40.135 --> 00:36:55.105
You have excessive questions, which is okay, that's what you want to have, but we want to make sure that you have the core requirements and how you actually implemented it implementing it in the home and providing oversight. The QRS is required to do look at your QA plan.

248
00:36:55.735 --> 00:37:06.804
We continue to do PPR meeting, which is great, because we're doing it through Skype Teams, you know, and so forth. So those continue.

249
00:37:07.885 --> 00:37:15.264
We also, the QRS is also still charged to look at to go out in the community with you for IDS, when that will resume

250
00:3in-7:15.744 --> 00:37:27.144
and in-home support and we continue and we're it seems like the number of initial site visits has decreased on, based on everything that's going on.

251
00:37:27.985 --> 00:37:39.565
So we continue to do that in What's APP and so forth. So, we're being very creative and we continue to meet you where you are the provider to make sure we can answer your questions. We can look at documents.

252
00:37:39.565 --> 00:37:44.784
We can get pictures, videos as to the sites to ensure that you're doing what your're supposed to do.

253
00:37:45.474 --> 00:37:57.775
Next slide please to a QA compliance monitor. That is Charlotte, there is surely there's a vacancy within this area.

254
00:37:57.775 --> 00:38:09.594
However, Charlotte continues to work with the provider or RSA providers to ensure compliance. She continues to do her Bi-annual human care reviews. She continues to do satisfaction survey.

255
00:38:09.804 --> 00:38:24.625
And she worked very, very closely with the RSA Vocational Rehab counselors to ensure that she provides technical assistance and so forth. Next slide. The Compliance Specialist.

256
00:38:25.195 --> 00:38:34.074
They are Greg, Simone is Sonya. They are certified investigators. They have been working in that position for probably over ten years.

257
00:38:34.525 --> 00:38:43.554

They have extensive experience, they understand the, the reports, the investigations to be able to troubleshoot and provide technical assistance to you.

258
00:38:45.025 --> 00:38:59.905
But what we have is that we're now making more going in more detail as to the follow up. So, you have been receiving an email from the team as to we're coming back out to ensure sustainability.

259
00:38:59.905 --> 00:39:02.244
So, if an investigator identify

260
00:39:02.760 --> 00:39:17.695
several recommendations and you resolved it. Of course, when you address it in MCIS, we're coming back out three to six months later, it may be less and maybe longer to ensure that you still sustain that recommendation.

261
00:39:18.144 --> 00:39:28.885
So, if one of the recommendations to say to ensure staff is trained on a meal plan, or BSP training, we're looking to see are you currently doing it that way?

262
00:39:29.695 --> 00:39:34.344
So we're not looking at the documentation that you put in the system four months ago,

263
00:39:34.554 --> 00:39:37.764
because that satisfied that recommendation at that time,

264
00:39:38.215 --> 00:39:39.144
we're looking to say,

265
00:39:39.144 --> 00:39:39.474
okay,

266
00:39:39.474 --> 00:39:41.635
if you have new staff in that position is,

267
00:39:41.755 --> 00:39:49.434
is John Doe still being monitored and making sure that the staff is doing the mealtime plan accordingly then.

268

00:39:49.434 --> 00:40:02.454
that's what we're saying. Yes. The provider continue to sustain and show demonstrate improvement. Next slide please. Adaptive Equipment Compliance specialist. That is

269
00:40:03.295 --> 00:40:14.425
Cheryl. Cheryl is the person who oversees efforts of services for eight adaptive equipment needs. She reviews, she monitors, she provides technical assistance.

270
00:40:15.385 --> 00:40:24.414
She provides a summary status report as to new cases replacement, which is a very tedious job.

271
00:40:25.315 --> 00:40:33.804
She provides oversight and she monitors this progress. Cheryl ourAE Compliance specialist, also works with representative.

272
00:40:33.804 --> 00:40:35.545
Excuse me from Medicaid,

273
00:40:35.605 --> 00:40:50.545
Medicare and advocacy to make sure we're providing the support and making sure the people that we support received what they need. The AE compliance specialist under Tasha has faded and so is Charlotte king

274
00:40:51.295 --> 00:41:01.764
next slide financial compliance auditor everyone's favorite role as I said before that started last year,

275
00:41:02.335 --> 00:41:03.925
and I know that was a,

276
00:41:03.954 --> 00:41:09.324
it has been a transition for providers because you're so used to Bert Smith doing an audit,

277
00:41:09.355 --> 00:41:13.195
even though we know service coordinator to go out on daily basis,

278
00:41:13.255 --> 00:41:15.534
not daily basis but they go out to review.

START HERE

279
00:41:15.534 --> 00:41:19.284
we have the waiver, you know, who goes out and conducts their review?

280
00:41:19.675 --> 00:41:30.954
However, this is a shift for providers and we understand that the focus is to conduct financial audits of residential providers to number one ensure you are maintaining proper records.

281
00:41:31.945 --> 00:41:32.815
Personal care,

282
00:41:32.815 --> 00:41:40.255
allowances are deposited timely and the person's account. Personal funds are separate from corporate accounts,

283
00:41:40.824 --> 00:41:47.875
withdraw the property authorize and documented with receipts and lump sum retroactive payments are properly allocated.

284
00:41:48.324 --> 00:41:51.414
So this is the difference of the financial compliance auditor.

285
00:41:51.505 --> 00:41:55.855
This person disposition has a background and auditing and financial,

286
00:41:56.335 --> 00:42:10.375
which is very critical as we conduct these types of audits and so in saying that you'll see a different type of request, a more detailed review of the record keeping and for us.

287
00:42:10.375 --> 00:42:16.014
Really Looking at the numbers and doing a full review between three months to six months and maybe a year if warranted.

288
00:42:17.094 --> 00:42:18.565
So in this area,

289

00:42:19.045 --> 00:42:33.804
I really will emphasize to providers that if you do not have someone who has that skill level to help maintain your records for auditing when someone comes out to audit that is the area that you should and must improve upon. The

290
00:42:33.804 --> 00:42:34.315
care.

291
00:42:34.344 --> 00:42:34.644
You know,

292
00:42:34.644 --> 00:42:36.925
I know Hakima talked about the spend-down plan,

293
00:42:37.344 --> 00:42:37.614
you know,

294
00:42:38.094 --> 00:42:39.894
our unit will be working closely,

295
00:42:39.894 --> 00:42:40.164
With Hakima

296
00:42:40.164 --> 00:42:50.635
and her staff as to monitoring that more collectively and in a collaborative manner. Tasha is out on a different detail.

297
00:42:50.940 --> 00:43:05.905
So that means that I'll be the one that will be actually, now, contacting you to actually conduct these audits, I will identify a QRS who will provide support and reviews and that should probably pick up, probably in the beginning of July. Next slide.

298
00:43:11.574 --> 00:43:23.875
So overall quality assurance. It should never stop it continues. I know some providers questions when we stopped doing this. Do we have to look at that? Do we need to collect this information?

299
00:43:24.179 --> 00:43:35.244
Yes, we're being creative and how we do it. We're being innovative and how we kind of look at records through Skype or telework. I mean, not telework

300
00:43:35.244 --> 00:43:42.775
Excuse me, through Skype through Teams what you're able to email us to a secure system.

301
00:43:42.775 --> 00:43:51.864
And so we can physically actually make that face to face contact, which is not coming up anytime soon, however, quality assurance.

302
00:43:51.864 --> 00:44:00.385
And your plan as per the regulation is critical to the operation. I've been at the agency for about seven plus years now.

303
00:44:00.715 --> 00:44:13.585
And one of the things that I've always said, that do not look to us to tell you what's wrong, do not look to the issue system to be the sole source of identifying deficiencies. It is my expectation.

304
00:44:13.585 --> 00:44:19.074
And I hope is yours that you continue to ensure that your QA system

305
00:44:19.525 --> 00:44:26.784
has a plan to identify deficiency address to timely and show insure sustainability.

306
00:44:27.389 --> 00:44:39.594
So, for example, when you hire a qualified staff, you should ensure your provide training, not training, just to kind of go through the motions and say, check, check, check training to ensure they understand the question.

307
00:44:39.594 --> 00:44:48.655
And competency, competent to do the job. Quality assurance also means that you are randomly looking and going to the home.

308
00:44:49.105 --> 00:44:55.644
You're randomly asking questions. You're looking at the records, but you’re documenting that you're doing it.

309
00:44:55.764 --> 00:44:57.985
One of the things that I keep identifying,

310
00:44:57.985 --> 00:45:03.835
and it's not as much as before is that provided some providers have an extensive,

311
00:45:04.434 --> 00:45:10.914
quality assurance checklist and they do not really get to the meat of it.

312
00:45:10.914 --> 00:45:22.315 so, for example, if you're providing services to just a supported living, provide home, your tool should not be designed for an ICF or host home.

313
00:45:22.650 --> 00:45:30.954
You have to ensure that you understand a waiver regulations and what's required to ensure that your QA system matches the services rendered.

314
00:45:32.519 --> 00:45:43.074
There's also importance of minimizing the under-reporting of incidents that if someone is not administering medication as required,

315
00:45:43.105 --> 00:45:43.494
They are

316
00:45:44.094 --> 00:45:48.534
required to report those incidents and then provide training to the staff.

317
00:45:50.125 --> 00:46:02.454
In closing the one thing that we're doing more so, and that's part of our PPR our Provider Performance Review, even though that is conducted on an annual basis during that review.

318
00:46:02.485 --> 00:46:08.244
Now we're being very extensive and trying to show you as a provider while looking at the screen.

319
00:46:08.244 --> 00:46:21.985
We fixed the data for you, we show you with more transparent to say, let's just see how we came to this count during our continuous improvement process, which is quarterly. Right? We are really looking at your QA system.

320
00:46:21.985 --> 00:46:24.505
So, every year, we're going to keep looking at it.

321
00:46:24.534 --> 00:46:25.675
And a CBS,

322
00:46:26.664 --> 00:46:29.364
I strongly recommend that you look to look at your QA,

323
00:46:29.364 --> 00:46:31.914
plan and ask somebody else to look at and say,

324
00:46:31.914 --> 00:46:41.514
is it clear and precise and can you really measure outcomes and identify deficiency and does your tool show that you resolved it?

325
00:46:42.324 --> 00:46:55.704
The other thing that I identify also that a lot of times the tools, and what you do is not clear and precise. So I get that people have to hand write on things if you're going to hand right it should be legible. It should be dated. It should be clear to the person's name.

326
00:46:55.795 --> 00:47:09.414
It should include the person the home. So those are just a few things. But overall remember that your QA plan is very vital. And if anyone wants training from Tasha let us know, thank you.

327
00:47:14.155 --> 00:47:20.364 **KIRK DOBSON**
I'm going to pause right there to see if there are any questions on what Greg and Diane presented before we continue the rest of the presentation.

328
00:47:22.135 --> 00:47:35.605
So, if you have any questions, please raise your hand on the system, or enter into the chat box, you have a question, or you can use the question button. I'm not quite sure where the question button is because I have a different screen, but any one of those will work.

329
00:47:39.869 --> 00:47:49.614 **FRANCESCA**
Okay, Francisco you have a question I believe you're unmuted. No, I don't, that's from the previous question. Oh, okay. Thank you.

330
00:47:54.534 --> 00:48:05.844

Okay. Not seeing any questions I'll continue. So thank you Diane. So the next part of this presentation, Barbara Stachowiak, the PO. I'm sorry can you say her name?

331
00:48:05.844 --> 00:48:11.485
Stachowiak. I'm sorry, Barbara I have trouble with names sometimes my apologies.

332
00:48:11.815 --> 00:48:21.204
So, Barbara was supposed to be present today, but I think she's having some technical difficulties and so I will present on her behalf. The next part of this conversation

333
00:48:21.204 --> 00:48:32.934
Is about the PCR so many of, you know, and some of, you don't know we'll resume PCR fully on July 8th and so we're in the process of scheduling for July, August, and September, at this point.

334
00:48:33.264 --> 00:48:46.195
And so we will try to work with all providers to use whatever remote systems you have available as you can see here, we will primarily be using zoom the PCR Team uses Zoom for their capabilities.

335
00:48:46.195 --> 00:48:56.695
And for what they do, our zoom doesn't work for any provider. We will also be flexible and try to use Teams, Skype or cellphones or anything else that we can use again. Again, just like a normal PCR it will be remote.

336
00:48:57.204 --> 00:49:01.375
It will be remote, but in, like, a normal PCR, there will be interviews with staff and people. So the people that you serve.

And you just to get an assessment of a certain you know the various protocols various questions for HCBS settings and other things that we have to do. Part of the PCR involves a corporate review as well as an in-person survey that we can't do obviously but we'll do it remotely so just try to make sure that we are hitting the HCBS ends absolutely pertinent questions that we can do this time. This will be a modified PCR so some of the questions that your normally receive will not be applicable so during this time basically we will ask questions that are focused on or tailored around the current Public Health Emergency and so I will be sharing some of those protocols with the Provider Community once they are finalized. But just to kind of highlight July 8th is when we'll start up once again. So Barbara's team will be sending out announcement letters shortly to give an advance to let you know when your PCR

337
00:50:02.664 --> 00:50:13.195

annual or follow up will be scheduled, and at the same time, the team leader will talk to providers to start moving forward with what documents you will need and what systems you'll need to continue the process.

338
00:50:16.195 --> 00:50:30.835
We will try to use what we have. So far. So the PCR team has been keeping up with all of the regulations changes documentation, all guidances that have been released by DC, Health and other agencies, all guidances that we have released.

339
00:50:31.110 --> 00:50:37.465
and so they will of course know every different change that went into effect. So you don't have to worry about that in any of your files.

340
00:50:37.465 --> 00:50:50.545
So, for example, if there was a training that was delayed due to the Appendix K or due to any other governing body over at DC Health, then they're aware of that. And that will be taken into account.

341
00:50:50.574 --> 00:50:56.094
So that will, you won't be doing them that, or that will impact your score. We'll use what we have.

342
00:50:56.545 --> 00:51:09.385
So far such as things that you've uploaded in response to the public health emergency, such as your seeps and peeps your continuing emergency plans, and things of that nature we'll use at bank statements.

343
00:51:09.385 --> 00:51:11.635
Some of that, that we have available for through our.

344
00:51:11.909 --> 00:51:21.175
Current auditing system will do person centered, sample and personnel requests through our interviews, and we'll also send out surveys were needed for customer satisfaction.

345
00:51:22.014 --> 00:51:35.364
And, as I said, all indicator of this will be modified per the current public health emergency. So you do not really have to be so concerned that you'll be

impacted by anything or any change that you had to make in response to the emergency.

346
00:51:36.594 --> 00:51:41.304
So, I think that's just a general overview. I think we're going to provide more information shortly about the. PCR.

347
00:51:41.934 --> 00:51:42.355
So the,

348
00:51:42.954 --> 00:51:45.204
in the next upcoming weeks before July 8th,

349
00:51:45.505 --> 00:51:51.505
so just wanted to make sure that people had a chance to know that we are restarting it fully remote for July,

350
00:51:51.505 --> 00:51:51.835
August,

351
00:51:51.864 --> 00:51:52.554
September,

352
00:51:52.855 --> 00:51:59.639
and we'll address further PCR in the year as it currents public health emergency involves or changes so,

353
00:51:59.635 --> 00:52:00.114
with that,

354
00:52:00.114 --> 00:52:01.554
I see a question.

355
00:52:01.554 --> 00:52:04.135
So go ahead and unmute Michael.

356
00:52:05.699 --> 00:52:17.065
Sorry, I can't see your last name of this screen Michael. No. Yeah yes. Can you hear me? I can yes, sir. It was a question for Dan.

357
00:52:17.065 --> 00:52:19.164
I typed it late,

358
00:52:19.405 --> 00:52:23.844
but **MICHAEL** I was just asking whenever there is an issue on MCIS,

359
00:52:24.594 --> 00:52:25.585
whether it's a provider issue,

360
00:52:26.425 --> 00:52:38.965
and we need a timely manner response rate on a timely manner and the person responsible does not close the issue on a timely manner.

361
00:52:39.355 --> 00:52:45.894
The provider gets dinged for it. How can this be addressed?

362
00:52:51.025 --> 00:53:04.315
Diane are you here? Hello we can hear you. Now, Dan. You can hear me now. Hi. Is.

363
00:53:05.545 --> 00:53:18.625 **DIANNE JACKSON**
So you're saying that staff have not closed the issue when you've uploaded documentation timely? Yes. You should definitely email the person and the supervisor and Greg Banks and myself.

364
00:53:18.775 --> 00:53:22.014
Whoever is available to address that issue.

365
00:53:22.195 --> 00:53:36.985
I know that is a concern we're working on revising, making some edits to the report card, because I know that some of you are concerned that it still shows as a negative on your report card. Correct. That's correct.

366
00:53:37.289 --> 00:53:50.125
Right. So, keep track of them like, you've been doing, like, how you can act with email and say this issue was actually closed timely. Now, the key is also we what we always have to verify that

367
00:53:50.125 --> 00:54:03.744

that is true, but definitely keep track of that. And then on a report card, you can say that. Well, my performance is not really seventy five percent, but it's really ninety two percent and just keep that in your records.

368
00:54:03.744 --> 00:54:13.585
So that when PCR or whomever comes along, you have your own internal evidence and that's good for quality assurance checks to make sure you're monitoring your own issues.

369
00:54:13.889 --> 00:54:18.804
Based on what we do also. Okay. Thank you. Thank you.

370
00:54:19.405 --> 00:54:33.324 **GREG BANKS**
Let me just let me just add to that one of the programmatic enhancements that we made that should be already invoked and in production is when a provider uploads a document to satisfy an issue.

371
00:54:34.795 --> 00:54:48.414
If they've done it on time, and the person to look for the issue did not close it on time providers should get for actually uploading the document in a timely manner.

372
00:54:49.014 --> 00:54:51.869
The only time the provider will be "dinged".

373
00:54:51.894 --> 00:54:54.025
For lack of a better word is,

374
00:54:54.054 --> 00:55:03.954
if the DDA personnel who's responsible for the issue deems that the document that was uploaded does not meet the requirements

375
00:55:04.375 --> 00:55:09.985
regardless if the DDA personnel closes the issue on the date that the issue is closed.

376
00:55:10.650 --> 00:55:23.485
But if it meets the requirement, you should not see a late closure for that particular issue. So just be aware that that's part of the process.

377
00:55:23.574 --> 00:55:36.414

So, if you're uploading the documents and it's not meeting the requirements and you will get a late issue. If you open the document and it doesn't meet the requirements, you shouldn't get a late closer. **DIANNE JACKSON**, correct Greg.

378o
00:55:36.655 --> 00:55:48.594
I think the concern is that the system has yet to change the actual outcome of that performance. So you're right. We're working to if you upload it, it's good information.

379
00:55:48.900 --> 00:55:58.195
I think the concern is that is still does it still shows on the report card that it's marked late. Thanks. All right. Thank you.

380
00:56:03.594 --> 00:56:07.554 **KIRK DOBSON**
Thanks, Diane and Greg. So, Charlotte, I'm going to turn it over to you for the last part of the presentation.

381
00:56:11.755 --> 00:56:26.034 **CHARLOTTE ROBERTS**
Great, thanks perfect. And in advance for the slides. And my apologies again for the earlier tech issue, hopefully, my microphone cooperates with this. So, for the performance team. I know just for the past couple of minutes for the extent of this presentation.

382
00:56:26.034 --> 00:56:30.775
We've heard a lot about data and how we collected how we review it,

383
00:56:30.775 --> 00:56:35.275
how we monitor it and even in the uncertainty of this health emergency,

384
00:56:35.364 --> 00:56:35.664
we,

385
00:56:35.724 --> 00:56:49.135
all are in agreement that our focus on quality assurance has not changed our focus on ensuring that the health and safety of the people that our agency supports is still paramount and at the forefront of all of our decisions,

386
00:56:49.135 --> 00:56:51.144
even though we're operating in this new time,

387
00:56:51.295 --> 00:56:53.664

this new work environment.

388
00:56:54.054 --> 00:57:08.454
So the performance unit here at DDS is in a really unique position, because we have an opportunity to take all this information that we collect. Whether it's from our PCR issues, our issues and incidents, our recommendations, our operations data, our Medicaid claims data.

389
00:57:08.454 --> 00:57:19.614
And it really helps to tell the story. Are we really having effective programs and initiatives in place that help us improve the long term health outcomes of the people that we support.

390
00:57:20.094 --> 00:57:25.014
So, even though our methods of monitoring has changed. A lot of things have been a more virtual.

391
00:57:25.014 --> 00:57:32.065
We're having our PCR on Zoom and our QRS team isn't able to physically go to providers sites anymore,

392
00:57:32.364 --> 00:57:45.324
but the monitoring are still very robust and we appreciate this collaborative nature that we've had between our agency and providers to ensure that even though we're in these challenging times of just innovating in real time,

393
00:57:45.324 --> 00:57:51.264
and on the fly, that we still ensure that our objectives and our missions of our agency are still following through.

394
00:57:52.494 --> 00:58:06.835
So with that our committees are still in place to review data and escalate any issues of concern to the appropriate units within DDS. And just as a review, that's our Immediate Response Committee that meets daily in our IRC core.

395
00:58:06.835 --> 00:58:14.545
That reviews data,look back a three month basis, identify any trends and performance. That really can lend itself to helping us,

396
00:58:14.545 --> 00:58:26.755

Have a better understanding of where certain supports and where resources are needed to help not only our provider community, but to help to eliminate some of the problem areas that we're seeing with provider performance.

397
00:58:27.204 --> 00:58:39.954
We have our RCRC committee, human rights and advocacy committee and then overall improvement committee. Which, and we talk about interventions and we talk about improving longstanding change.

398
00:58:40.164 --> 00:58:51.534
We really use that QIC as an opportunity to look at the whole picture, the holistic view of and figuring out now that we know what we can gain from our provider performance from all the data.

399
00:58:51.534 --> 00:59:05.784
That we're collecting, how can we then impact our outcomes so that they, they lead to not only meaningful outcomes for the people that we support but also that it helps us to better understand how we can improve our service delivery system.

400
00:59:06.355 --> 00:59:07.644
Kirk you can go to the next slide.

401
00:59:11.545 --> 00:59:15.715
So when we talk about understanding our service delivery system and collecting data,

402
00:59:15.925 --> 00:59:16.974
as all of you are aware,

403
00:59:16.974 --> 00:59:19.434
we do participate in the National Core Indicator,

404
00:59:19.434 --> 00:59:21.925
survey data collection every year,

405
00:59:22.585 --> 00:59:26.425
as you would imagine certain aspects of that survey data collection.

406
00:59:26.425 --> 00:59:30.385
have been, kind of suspended did just due to the nature of work.

407
00:59:30.385 --> 00:59:32.965
Our in person survey has been suspended,

408
00:59:32.965 --> 00:59:45.804
but we're still very much info involved in our adult family survey data collection where we send mail surveys to people with family members that receive services in their natural homes

409
00:59:45.804 --> 00:59:57.775
and we're also participating in a staff stability survey, which is where you all come in and have been meaningful partners with that in the past. So, we really do appreciate that like, given our current understanding of.

410
00:59:59.364 --> 01:00:04.824
The imperative resource and imperative need to support our direct support professionals.

411
01:00:04.824 --> 01:00:05.184
Now,

412
01:00:05.574 --> 01:00:07.135
that was evident,

413
01:00:07.135 --> 01:00:08.784
even before this health emergency,

414
01:00:08.784 --> 01:00:09.594
but even now,

415
01:00:09.864 --> 01:00:18.054
it's become even more at the forefront that we need to collect more information on how agencies and the local level,
START HERE
416
01:00:18.054 --> 01:00:19.824
and in our state and nationwide level,

417
01:00:19.914 --> 01:00:22.764
and do more to offer to provide resources to our DSP.

418

01:00:23.454 --> 01:00:33.835
So, your participation in that staff, stability survey really helps us to learn more information about it and enforce policies and procedures around providing that support to our DSPs.

419
01:00:35.514 --> 01:00:49.255
So, those surveys are email based email based and it will be they're due July 21st. And as long as we can get our surveys and our portal up and running, we do hope to have those out to you all by July 1st.

420
01:00:49.375 --> 01:00:59.275
And then there's contact information on the surveys. And of course, if you have questions, you can definitely reach out. And I will be more than happy to offer assistance on completing that.

421
01:01:01.164 --> 01:01:02.425
Just one more slide I believe.

422
01:01:09.324 --> 01:01:17.394
And so back to our Qualified Improvement Committee like I mentioned earlier, it really gives us that opportunity to collaborate.

423
01:01:17.454 --> 01:01:29.844
You know, we can't create policies and procedures in vacuums and we can't assume that you all know the, the best practices and with without having some type of interaction with the agency.

424
01:01:29.844 --> 01:01:40.494
So, we really rely on that QIC to be that conduit with communication where we can review in real time what's happening with our data. But then kind of come with some real term real time. Real time.

425
01:01:40.494 --> 01:01:54.715
Excuse me kind of initiatives that helps improve any areas of deficiency that we're identifying. We're entering into this new normal, you know, this, this is the monitor that we've, we've been talking around and we will for a long time.

426
01:01:54.715 --> 01:02:01.494
And what does that look like, you know, Diane has talked about how this is the time for us to we're more relying on tech. We're being more innovative.

427
01:02:02.425 --> 01:02:04.855

But what does that really mean quality hasn't changed?

428
01:02:05.335 --> 01:02:07.105
The importance of quality hasn't changed,

429
01:02:07.405 --> 01:02:09.474
or certainly the way that we monitor,

430
01:02:09.474 --> 01:02:19.735
and the way that we assess performance and outcomes needs to adjust a little bit to have that same type of flexibility as we,

431
01:02:19.735 --> 01:02:21.114
as we go through this new time.

432
01:02:21.204 --> 01:02:21.355
So,

433
01:02:21.355 --> 01:02:24.114
our next meeting is scheduled for next Tuesday,

434
01:02:24.144 --> 01:02:24.414
June,

435
01:02:24.414 --> 01:02:24.715
twenty,

436
01:02:24.715 --> 01:02:25.164
third,

437
01:02:25.405 --> 01:02:33.175
we'll just review some data in terms of COVID in relation to other areas of issues and incidents just to see how COVID has impacted our,

438
01:02:33.565 --> 01:02:37.434
our of aspects of our service delivery system.

439
01:02:38.034 --> 01:02:47.065

It won't be a COVID specific meeting, Director Reese has been phenomenal with having these forums for us to talk about COVID into more real time.

440
01:02:47.065 --> 01:03:01.284
But QIC is more of in the midst of COVID, after COVID, how do we continue to ensure that quality is at the forefront and how can we continue to collaborate to ensure that all the initiatives that we've had in place? Why

441
01:03:01.284 → 01:03:05.215
it hasn't been some, it's a steep learning curve.

442
01:03:05.215 → 01:03:05.605
So that we,

443
01:03:05.605 → 01:03:06.835
all get on the same page,

444
01:03:06.835 → 01:03:10.525
but how do we both providers and agency,

445
01:03:10.525 → 01:03:21.775
and all external stakeholders work together to ensure that our the health and safety of people that we support remains paramount so that's all I have Thank you for your time.

446
01:03:21.775 → 01:03:23.784 **KIRK DOBSON**
Everybody. Thanks Charlotte.

447
01:03:25.644 → 01:03:33.775
So, I just want to take a minute and see if anyone had any questions further questions or comments for any one on the team that just presented. I'll give it a minute.

448
01:03:46.105 --> 01:03:55.195
Okay. I just wanted to thank the team once again and just kind of leave this up for a second here. So everyone can see the contact information for, for the entire team.

449
01:03:55.644 --> 01:03:56.815
If you have any issues,

450
01:03:56.844 --> 01:03:59.425
or if you run into any problems with anything that we're doing,

451
01:03:59.425 --> 01:04:01.405
or if you have further feedback,

452
01:04:01.405 --> 01:04:14.485
please feel free to call me at anytime. I'm Kirk Dobson Deputy Director for QAPMA. I'd like to thank Greg Banks who oversees our QIU unit and is responsible for a lot of the IRC and issues Diane Jackson,

453
01:04:14.485 --> 01:04:14.905
Tasha Klussman

454
01:04:15.355 --> 01:04:26.545
our supervisors for units who really will do a lot of the environmental and corporate reviews and is responsible for overall provider quality. Barbara Stachowiak who does our PCR

455
01:04:27.744 --> 01:04:28.914
her information's there.

456
01:04:29.155 --> 01:04:29.695
And again,

457
01:04:30.414 --> 01:04:32.244
thank you to Charlotte for pretty much,

458
01:04:32.244 --> 01:04:37.614
putting this together facilitate and she is our Performance Management Manager if you have any questions,

459
01:04:37.614 --> 01:04:39.355
especially as it relates to the,

460
01:04:40.889 --> 01:04:42.324
the National indicators,

461
01:04:43.494 --> 01:04:44.485

or anything like that,

462
01:04:44.514 --> 01:04:46.255
or anything having to do with the report cards.

463
01:04:46.255 --> 01:04:47.275
Please reach out to Charlotte.

464
01:04:47.610 --> 01:04:48.625
Thanks everyone,

465
01:04:51.324 --> 01:04:53.184
the next part of this meeting,

466
01:04:53.184 --> 01:04:55.074
we're going to focus right now for the next hour,

467
01:04:55.074 --> 01:05:09.985
or so on the reopen plans for DDS and some of those folks that we serve as well as expectations and other communications for the two providers and the plans to move forward with that I'm going to turn over to Musu Fofana who will

468
01:05:09.985 --> 01:05:18.295
discuss review of the community participation assessment and questionnaire. Musu you are muted.

469
01:05:18.474 --> 01:05:31.289 **MUSU FOFANA**
Hello. Can you hear me again? Okay, great, good afternoon. Everyone it's great to be here with you and I'm going to go right into the presentation. Kirk

470
01:05:31.315 --> 01:05:45.684
is it possible for me to share the content from my desktop or are you going to pull it up? **KIRK DOBSON** Musu If you prefer, you can share it from, I'm allowing you to share it from your desktop right now. Okay. This will just.

471
01:05:58.885 --> 01:06:04.074
We can see it Musu. **Musu** I need to bring it up as a slide show.

472
01:06:08.155 --> 01:06:08.454
Okay,

473
01:06:11.125 --> 01:06:11.364
hey,

474
01:06:14.454 --> 01:06:28.855
okay so what I'll be presenting is DDA community participation assessment and questionnaire and this was a tool that was developed by a subcommittee that was convened by

475
01:06:28.855 --> 01:06:36.985
Director Reese to kind of look into the Day Program reopen and to develop a consistent uniform tool,

476
01:06:38.335 --> 01:06:45.025
for assessing the risk involved with people's return to Day Programs to Pre COVID-19

477
01:06:45.025 --> 01:06:46.344
support,

478
01:06:47.065 --> 01:06:50.994
adjusted participation in community based activity.

479
01:06:54.534 --> 01:07:08.215
And just a little bit of contextual information. So we kind of look at where we are right now in the environment in which we are operating. Obviously the COVID-19 precautions are still in place. Social distanceing

480
01:07:09.235 --> 01:07:12.474
Minimizing people's interactions,

481
01:07:12.474 --> 01:07:19.704
particularly to people with serious underlying medical conditions. For more information about COVID-19 precautions,

482
01:07:20.215 --> 01:07:23.905
there's a website link here and just to let,

483
01:07:23.905 --> 01:07:24.235
you know,

484
01:07:24.235 --> 01:07:30.505
You know that this information that is being shared today will be part of the training that will be done for provider

485
01:07:30.505 --> 01:07:42.985
staff and for service coordinators on how to utilize this tool. And so we're currently in reopened DC phase one, you know, May 29th the Mayor lifted the stay at home order.

486
01:07:44.574 --> 01:07:49.284
It means that there are several places that are open, dog parks, athletic fields.

487
01:07:50.034 --> 01:08:01.045
A restaurants that open with club side and delivery services and with outdoor dining and so there are a number of places opened in phase one and hopefully,

488
01:08:01.045 --> 01:08:02.994
we will be moving into phase two,

489
01:08:03.025 --> 01:08:05.335
which will probably be announced on Friday.

490
01:08:07.284 --> 01:08:19.435
And so, in phase two, we're looking at, obviously, transit is important, because we want to think about how the people we support, get to the community activities of interest to how they get to their employment or their job.

491
01:08:20.335 --> 01:08:31.765
And so it is important to look at the things that are open both in phase one. And in phase two, we want to make sure that I'm during the training that we share this information with our provider staff and.

492
01:08:32.154 --> 01:08:46.854
With our service coordinators, because we want them to be purposeful and strategic in terms of how they plan community based activities. And so additional information about the reopen DC is available at Coronavirus.dc.gov\reopendc/

START HERE

493
01:08:46.854 --> 01:08:52.074

website.

494
01:08:54.024 --> 01:09:01.524
And so what is this tool? So, it is called the community participation assessment and questionnaire and I'd like to call it a CPAQ.

495
01:09:02.545 --> 01:09:09.414
It's completed prior to a person's return to Day program or employment, or to day supports.

496
01:09:10.975 --> 01:09:21.234
Now, it consists of an assessment and two questionnaires is, and what it basically does is, it identifies the risks of community participation for a person.

497
01:09:21.744 --> 01:09:27.774
It looks at the situational and home related way and I'll go into detail about that in a short while.

498
01:09:28.675 --> 01:09:42.984
And then it looks also at the person's preferences and interest in day supports because of course, is a person centered organization and we want to make sure that throughout this entire process, we always consider what the person's preferences are.

499
01:09:43.975 --> 01:09:47.034
And then we look at the person's integrated support needs.

500
01:09:47.064 --> 01:10:00.444
What are the support that are currently available in a COVID environment to assist this person in participating in community based activities. Now,

501
01:10:00.444 --> 01:10:00.654
the,

502
01:10:01.194 --> 01:10:04.404
this CPAQ and I'm going to call to call it CPAQ because it's really long.

503
01:10:04.614 --> 01:10:05.034
So,

504

01:10:06.295 --> 01:10:07.435
what it basically does,

505
01:10:07.435 --> 01:10:08.755
is it assists the inter,

506
01:10:08.755 --> 01:10:20.694
disciplinary team to develop a person center community participation plan and what this plan is just the summary of what the outcomes out that a person is going be working on.

507
01:10:21.060 --> 01:10:34.465
What are the goals, what are the supports that I'm going to be needed to help this person facilitate safe to help the person engage in safe community activities and to me to mitigate the risks involved.

508
01:10:35.095 --> 01:10:39.055
So, this tool is personalized and customized to each person.

509
01:10:41.215 --> 01:10:51.265
What the CPAQ is not is a directive to prevent people from engaging and activity, but to preclude people from community activities based on their risk.

510
01:10:52.135 --> 01:11:01.765
What we're hoping is that people will identify the risks, and as a team will come together and think about safe alternatives,

511
01:11:01.765 --> 01:11:08.425
safe ways in which this person can participate in their community and so it's consist of several sections.

512
01:11:08.755 --> 01:11:09.265
So,

513
01:11:09.385 --> 01:11:13.194
if the assessment section looks a situational and home risks,

514
01:11:13.885 --> 01:11:15.715
it looks at community preferences,

515

01:11:15.774 --> 01:11:27.625
and it looks at community support and those sections are completed by people who know the person best. We prefer that the QIDP or direct support professionals who's working with the person,

516
01:11:28.109 --> 01:11:34.375
complete that section for people that are residential settings. For people in natural homes.

517
01:11:34.465 --> 01:11:46.375
It is completed by the in home support provider and all sections of the form, obviously should be completed in collaboration with the person and or their decision maker.

518
01:11:47.755 --> 01:11:58.885
Now, for people that are in natural homes who do not receive in home supports, and the service coordinator complete the form in collaboration with the primary caregiver and the person.

519
01:12:00.654 --> 01:12:06.265
And then we have a health risk section, because it is important that we understand what people's underlying health conditions are.

520
01:12:07.284 --> 01:12:22.225
And that section must be consistent with the responses that are on the level of need, the person's health passport and their healthcare management plan for people in residential settings. This section is completed by the provider nurse.

521
01:12:23.095 --> 01:12:23.425
And then,

522
01:12:23.425 --> 01:12:31.164
for people that are in natural homes receiving in-home support the provider nurse or QIDP complete section,

523
01:12:32.005 --> 01:12:32.604
and again,

524
01:12:32.604 --> 01:12:41.335
the primary care giver or service coordinator would complete this section for people in natural homes we did not receive in-home support.

525
01:12:44.005 --> 01:12:58.734
The final section of the form just list the names and titles of people who participated in completing the form and obviously we want to make sure that the person's name is listed because they should be a part of this form of the completion of the form.

526
01:12:59.515 --> 01:13:11.604
And then there's a final section, which verifies the IDT team reviewed this form during the community participation planning meeting, and the form asks for the date of the team review.

527
01:13:13.465 --> 01:13:15.654
And so this is what the questionnaire looks like.

528
01:13:15.989 --> 01:13:28.614
So, it's that's by looking at situational and home related risk and that is the risk to the person, the family, the caregivers, the roommates others who live and engage with the person.

529
01:13:29.545 --> 01:13:42.895
And one of the things we wanted to do was to make this real easy for people to use. And so it's basically about circling or checking boxes. We're working on automating this tool

530
01:13:42.895 --> 01:13:50.005
So that it will be available in MCIS to residential providers so that the staff can go in and complete the tool.

531
01:13:51.354 --> 01:13:58.225
And so the first question you need to ask is whether the person can follow the social distancing protocol with six feet of distance,

532
01:13:58.854 --> 01:14:05.064
and obviously people that require minimal or maximum support to follow the protocol,

533
01:14:05.064 --> 01:14:06.715
or who refused to follow it.

534
01:14:07.345 --> 01:14:19.795

are considered moderate to high risk. Again, this is not about ruling out what it is about being strategic and purposeful in terms of how we planned people's community integration activities.

535
01:14:21.475 --> 01:14:24.265
And then we go on to ask about the use of protective,

536
01:14:24.265 --> 01:14:29.095
personal equipment and again we want to know whether people use that independently,

537
01:14:29.670 --> 01:14:32.335
whether they can use it for extended periods of time,

538
01:14:32.335 --> 01:14:35.154
whether they require minimal prompting or assistance,

539
01:14:35.755 --> 01:14:37.375
whether they refused to use it.

540
01:14:37.375 --> 01:14:47.274
Or they're unable to use PPE for extended periods, and then we look at the level of assistance required for completing activities of daily living.

541
01:14:48.385 --> 01:15:00.444
And again, we want to know whether the person can complete their ADLs independently do they require some assistance do they require maximum assistance from the direct support professional.

542
01:15:00.984 --> 01:15:12.234
In other words, you know, does the level of assistance require close contact with a direct support professional and then we're going to look at the people that are person lives with.

543
01:15:12.810 --> 01:15:23.005
Some of our folks live with roommates that they've lived with for many years. They have family members and that they care about and so it is important to look at the people that they live with.

544
01:15:23.604 --> 01:15:34.824

Now, we're not saying that, because of a roommate has an underlying health condition that the person supported should not engage in community based activities.

545
01:15:34.824 --> 01:15:46.015
But, again, we want to provider us to be aware of this and to be purposeful in terms of how they plan and so we ask questions. The underlying health conditions that are listed here are

546
01:15:46.675 --> 01:15:49.704
based on the CDC guidelines,

547
01:15:49.734 --> 01:15:51.744
and so again,

548
01:15:51.744 --> 01:15:53.515
if there is a yes response,

549
01:15:53.574 --> 01:16:02.244
it means that's moderate to high risk involved with that person participation and community based activity not necessarily for the person,

550
01:16:02.244 --> 01:16:14.274
but also to the roommates and so we ask questions about various illnesses and incident situations we ask that that the person completing the form specify,

551
01:16:15.475 --> 01:16:18.984
provide the diagnosis and again,

552
01:16:18.984 --> 01:16:23.604
the section is completed by the provider nurse for people in residential settings.

553
01:16:24.145 --> 01:16:27.595
One of the questions that's important is question number twelve.

554
01:16:28.194 --> 01:16:29.965
It's not in the structured program,

555
01:16:29.994 --> 01:16:34.645
is the person likely to one of the community or engaging risky non,

556
01:16:34.645 --> 01:16:43.170
social distancing activity and also do the live with someone who engages in high risk behavior that place

557
01:16:43.164 --> 01:16:49.795
the person at risk for COVID -19. And then we go onto.

558
01:16:49.795 --> 01:17:03.685
Look again. And we continue to look at the person specific health related risks. So, in this section, we're not talking about the roommate we are actually talking about the person and again, we look at a number of illnesses that diabetes, obesity.

559
01:17:03.989 --> 01:17:12.444
We look at the age of the person. Are they older than 65? Are they older than 85 years old? Do they have respiratory issues? Do they have chronic

560Start Here
01:17:14.154 --> 01:17:20.095
Kidney disease and any other underlying health problems, as specified by the CDC.

561
01:17:22.885 --> 01:17:32.244
And then we asked, this is a very important question number twenty two, does the person miss going to the day program or to work? And what we want to do is if we have a yes

562
01:17:32.244 --> 01:17:46.225
response to this question, we really want to prioritize those people because basically what will happen is, you know, everyone is probably going to need a community participation planning meeting because a lot of the community inclusion goals

563
01:17:46.225 --> 01:17:51.564
That people have do not really apply to the current environment in which we operate.

564
01:17:53.125 --> 01:18:05.125
There has to be a way to prioritize folks into, you know, within a whole person who is meeting, who, who need, to be scheduled as soon as possible. And so this question is going to be helpful in that regard.

565

01:18:06.654 --> 01:18:14.664
And then one of the things we want teams to be able to know is what is important to the person. You know, what did they miss about the program or work?

566
01:18:14.694 --> 01:18:16.645
And so the series of checkboxes here,

567
01:18:16.645 --> 01:18:17.095
okay,

568
01:18:18.145 --> 01:18:26.965
there's a section where they can indicate additional information and then we also want to know whether people are concerned about community participation,

569
01:18:27.534 --> 01:18:27.805
you know,

570
01:18:27.835 --> 01:18:31.645
folks that concerned about themselves family members you know,

571
01:18:31.645 --> 01:18:33.114
we have people that have children.

572
01:18:33.114 --> 01:18:40.795
They're concerned about their kids so, what are they concerned about whether it's going back to day program, whether it's going back to work, what are their concerns?

573
01:18:43.015 --> 01:18:50.185
And so there's a series of options, and also another box where people can kind of indicate additional concerns that they may have.

574
01:18:50.994 --> 01:19:05.875
And then we go to question twenty four, which is, will increase the activity outside the home. We use the frequency of behaviors or severity of the person's mental health condition. And again, that's another question with question twenty two.

575
01:19:06.239 --> 01:19:18.895
So, we will utilize to kind of prioritize people's meetings and see whose meetings they want to hold first. And then we go look at the employment support.

576
01:19:18.895 --> 01:19:20.425
And the community based supports,

577
01:19:20.454 --> 01:19:26.994
You want to know what are the supports that are available and how well can the person access,

578
01:19:27.055 --> 01:19:29.130
utilize these support so,

579
01:19:29.125 --> 01:19:41.305
we asked about whether the person's job has adequate protecting personal equipment? Can the person safely utilize available transportation options? Do they have access to the Internet,

580
01:19:41.574 --> 01:19:46.765
because the use of technology is going to be really important for a lot of the folks that we support,

581
01:19:47.935 --> 01:19:51.354
just in terms of them continuing to maintain connections with,

582
01:19:52.824 --> 01:19:53.125
you know,

583
01:19:53.125 --> 01:19:57.744
their social connections which expands in the community and with their peers in the day program,

584
01:19:58.135 --> 01:20:03.055
and we also want to know whether they have access to two-way audio or video communication.

585
01:20:05.215 --> 01:20:16.975
And then, finally, we want to include a direct quote from the person. So there's a section with the person receiving the form kind of, just notes, direct quote from the person, any observation.

586
01:20:17.845 --> 01:20:30.175

That is important to the development of a person centered community participation plan for the person. And so, once this form is completed, what are the next steps?

587
01:20:30.420 --> 01:20:34.435
So we're hoping to automate this form. Once it's automated.

588
01:20:34.465 --> 01:20:46.104
What we expect is that residential providers will complete the form service code and in-home support staff will complete the form in the MCIS system in and service coordinators

589
01:20:46.104 --> 01:20:57.204
will be able to go in and complete the form for people who are not receiving waiver services and who are in natural homes and once it's completed and save,

590
01:20:57.685 --> 01:21:02.095
we want to make sure that the Pre-COVID day support program,

591
01:21:02.095 --> 01:21:03.324
whether it was companion,

592
01:21:03.324 --> 01:21:06.324
whether it was individualized day services or DayHab,

593
01:21:07.734 --> 01:21:18.475
that they receive a copy of this form that they receive it electronically so that they can also look at it because that Day Provider needs to be a part of that community participation planning meeting.

594
01:21:19.015 --> 01:21:33.295
Now, what that community participation plan will look like, is up to the entire team the team has to determine that. But if we think it's helpful, if people can look at this plan prior to the meeting, and kind of come to the meeting prepared to kind of address some of those

595
01:21:35.154 --> 01:21:36.774
That identified in the plan,

596
01:21:37.135 --> 01:21:37.314
so,

597
01:21:37.314 --> 01:21:38.814
in terms of the next steps,

598
01:21:40.585 --> 01:21:40.914
you know,

599
01:21:40.914 --> 01:21:53.784
the team needs to consider the support and services needed to mitigate the risk and ensure the safety of the person while they are engaging community and activities of interest to them or employment.

600
01:21:54.534 --> 01:22:05.425
The team needs to develop person centered, community participation plan that incorporates the CDC guidelines. So, the DC Health guidelines for people in ICF and ResHab.

601
01:22:07.404 --> 01:22:11.034
And once a team comes up with a community participation plan,

602
01:22:11.034 --> 01:22:12.774
and everyone is in agreement,

603
01:22:13.284 --> 01:22:15.114
the service coordinator documents

604
01:22:15.145 --> 01:22:16.885
the team recommendations,

605
01:22:17.454 --> 01:22:19.045
and the outcomes in the ISP,

606
01:22:21.024 --> 01:22:27.145
any changes to support and waiver services will be documented in the ISP plan of care.

607
01:22:27.145 --> 01:22:30.805
And the service coordinator will seek authorization for those services.

608
01:22:32.064 --> 01:22:46.765

If necessary the person's job search a community participation plan will be amended to reflect the person's support needs and their preferences and providers will documents revise goals on the individual program plan.

609
01:22:50.185 --> 01:23:03.954
And then the final section, obviously, if we have this automated, you know, we will have this section prepopulates where we want to know the names and the titles of people who completed the various sections of the form. Our

610
01:23:03.954 --> 01:23:17.965
IT, department is currently working on it. And I think over the over, like, sixty percent complete, so, the forms should be ready early next week. And that's verification of team review with the service coordinator

611
01:23:17.965 --> 01:23:32.574
just verify that as you reviewed that form during the community participation, planning, meeting and enter the date of the review, the key points to leave with this first. I'm sorry.

612
01:23:35.454 --> 01:23:43.225
Hello? Hello? Hello? Hi. Just feedback on your end. I think we're good. Yep. Okay.

613
01:23:43.975 --> 01:23:57.864
So the CPAQ pack is not designed to exclude people from community participation first it's used to identify risks and assist the team with developing a plan that to mitigate the risk of community participation.

614
01:23:58.614 --> 01:24:02.305
And if people want more information about reopening stages,

615
01:24:03.625 --> 01:24:04.164
website,

616
01:24:04.164 --> 01:24:04.765
link is there,

617
01:24:04.765 --> 01:24:08.635
they can visit that link. Once the training is complete,

618
01:24:09.055 --> 01:24:13.765

our human resource department will be conducting trainings in the very near future on this,

619
01:24:13.765 --> 01:24:14.154
tool,

620
01:24:14.550 --> 01:24:17.875
for provider staff and service coordinator.

621
01:24:18.744 --> 01:24:26.364
And once they have been traded, they have questions about the tool or the assessment process, and also quality resource specialist for us.

622
01:24:30.954 --> 01:24:44.814
And so they have questions professionals and service coordinators will contact your supervisor and with that said, thank you very much, and if you have any questions oh, thank you.

623
01:24:46.015 --> 01:24:46.795
Thanks you.

624
01:24:46.795 --> 01:24:46.944
So,

625
01:24:46.944 --> 01:24:47.154
yeah,

626
01:24:47.154 --> 01:24:47.935 **KIRK DOBSON**
if you have any questions,

627
01:24:47.935 --> 01:24:49.885
or mostly Please raise your hand,

628
01:24:50.635 --> 01:24:52.345
or enter into the chat box,

629
01:24:53.154 --> 01:24:54.925
if you have asked the question,

630

01:24:54.925 --> 01:24:56.814
and you're complete your questions answered,

631
01:24:56.814 --> 01:24:57.085
please,

632
01:24:57.085 --> 01:25:01.854
put your hand down if possible or whatever it is that you do,

633
01:25:02.664 --> 01:25:05.154
I don't have the same screen as folks who are attending

634
01:25:05.154 --> 01:25:05.904
so I can't see.

635
01:25:06.204 --> 01:25:08.755
Yeah, please raise your hand. If you have any questions now.

636
01:25:14.364 --> 01:25:16.824
Or you can type in the chatbox, any questions that you may have.

637
01:25:26.095 --> 01:25:40.914 **KIRK DOBSON**
Okay, Musu, Thank you. So much for your presentation. I think we're going we're going to continue the conversation now with Director Reese. We will go into a little bit of start a discussion off on the reopening plans. Director Reese. Great.

638
01:25:40.944 --> 01:25:45.895 **ANDREW REESE**
Good afternoon. Everyone as people may be aware.

639
01:25:45.895 --> 01:25:49.765
If you listen to the Mayor's daily press briefings,

640
01:25:50.395 --> 01:25:55.225
it is quite likely that if everything continues to go as it has been,

641
01:25:55.225 --> 01:26:01.074
that we will be moving onto stage two on Monday stage two with the reopening.

642

01:26:01.074 --> 01:26:15.864
And just as a reminder to people that definition of our status, in order to move to stage two, is that there's only localized transmission of COVID-19. The reopen D.C.

643
01:26:18.414 --> 01:26:33.114
the advisory group that came together following guidance from Johns Hopkins University had developed a four stage process with the fourth stage being that the time is the point in time when we have an effective

644
01:26:33.114 --> 01:26:37.765
vaccine or cure to COVID-19. And so we're now,

645
01:26:37.765 --> 01:26:38.425
in stage,

646
01:26:38.454 --> 01:26:45.475
we next week ideally will be in stage two and the for stage three

647
01:26:46.045 --> 01:26:54.954
The definition we have not gotten metrics about how it will be defined yet, is that there will be sporadic transmission of COVID-19.

648
01:26:55.255 --> 01:27:04.284
So the district will continue to monitor our status in terms of COVID-19 transmission and see when we can move to stage three.

649
01:27:06.774 --> 01:27:17.095
We hope to have some final guidance out to people before stage two actually begins, we've been working closely with DC health.

650
01:27:17.725 --> 01:27:32.664
We have another conversation with them today so that we can work together on guidance that really balances for everyone and provides guidance in terms of how we support people to ensure their continued health

651
01:27:32.965 --> 01:27:39.024
and to lift any isolation,

652
01:27:39.204 --> 01:27:39.534
you know,

653
01:27:39.534 --> 01:27:39.895
to,

654
01:27:40.135 --> 01:27:48.505
to allow them to the extent possible to engage in the community to the same extent possible that any of us would wish to engage in the community.

655
01:27:51.864 --> 01:28:05.244
Right. Yeah, I'm not sure how someone else got unmuted. I thought we had control over that, but we'll identify the person in the background in a moment.

656
01:28:07.135 --> 01:28:12.864
At any rate the, we will be one second Director Reese.

657
01:28:14.694 --> 01:28:27.505 **KIRK DOBSON**
So, sorry, Eric, we're, we're, we're a data and data, right? So, I'm not sure where that's coming from Director Reese.

658
01:28:29.425 --> 01:28:36.265
Everyone just mute your lines. You shall be muted. If you're not muted key, please mute your line, right?

659
01:28:38.725 --> 01:28:40.225
I think are lines are crossed.

660
01:28:45.984 --> 01:28:52.314
Oh, oh, oh, alright.

661
01:28:57.444 --> 01:29:02.545
So while I try to yeah.

662
01:29:15.539 --> 01:29:26.755
Can you get? Right? Okay. Totally.

663
01:29:26.755 --> 01:29:35.904
So, I'm going say that we went back. Okay. I like to meet your phones.

664
01:29:35.904 --> 01:29:49.045

I'm not sure where that's coming from. Winslow is not part of this call, so it's not.

665
01:30:05.005 --> 01:30:10.859
Okay, Director Reese I think you're better you can continue. Sorry about that folks. Okay.

666
01:30:10.854 --> 01:30:12.505
So so,

667
01:30:12.505 --> 01:30:13.255
as I said,

668
01:30:13.284 --> 01:30:16.555
I'm very hopeful that working with DC Health,

669
01:30:16.734 --> 01:30:25.614
and also I've been working with we have the committee that's working together with us to develop guidance for re,

670
01:30:25.614 --> 01:30:27.114
engaging in Day Services.

671
01:30:27.114 --> 01:30:30.055
But really it's more broadly guidance for

672
01:30:32.635 --> 01:30:47.305
how we continue to support people and keep them safe during the public health emergency. And so I have shared our draft with the folks on that committee as well as DC health.

673
01:30:47.335 --> 01:30:59.784
And we're going be discussing this later today with D.C. Health and I just want to give you some sort of broad overview of where we are so far. So that people understand that and then be able to hear some feedback from folks.

674
01:31:00.895 --> 01:31:15.744
One of the things that we want to make sure is that people are clear about who is considered at high risk and that we are taking all necessary steps to prevent transmission especially to those folks who are at

675
01:31:15.744 --> 01:31:20.845
high risk for more severe illness from COVID-19.

676
01:31:21.715 --> 01:31:24.715
So we have provided in our,

677
01:31:24.744 --> 01:31:26.604
we will be providing in our guidance,

678
01:31:26.635 --> 01:31:29.274
not just to get current definition of high risk,

679
01:31:29.274 --> 01:31:33.625
but also the link to the CDC website as people know,

680
01:31:34.885 --> 01:31:37.074
the current knowledge of COVID-19,

681
01:31:37.074 --> 01:31:38.664
continues to evolve.

682
01:31:38.904 --> 01:31:47.784
And so that link to the website. Will be active and you could check it at any time to see if any of that information has been updated.

683
01:31:50.755 --> 01:31:59.215
What we want to look at then, for people who are familiar with the guidance that came out from reopen D.C advisory group.

684
01:32:01.135 --> 01:32:09.685
The kinds of places we have at DDS are not specifically referenced there so we have to kind of take it by analogy of,

685
01:32:09.715 --> 01:32:09.925
you know,

686
01:32:09.925 --> 01:32:11.994
what are we closely related to,

687
01:32:12.024 --> 01:32:18.444
in terms of the kinds of services that are provided the kinds of people that are accessing those services,

688
01:32:18.505 --> 01:32:22.345
and the kinds of location where they're getting them and so in,

689
01:32:22.375 --> 01:32:22.614
in,

690
01:32:22.614 --> 01:32:23.814
considering that,

691
01:32:23.814 --> 01:32:30.505
what we're trying to then identify as in stage two how do we ensure that everyone continues to be safe?

692
01:32:30.534 --> 01:32:43.765
And how do we make the reopen part of reopen D.C, a reality for the folks that we support as well. So how can they engage in various activities?

693
01:32:44.484 --> 01:32:46.765
One of the things that we're discussing right now,

694
01:32:46.765 --> 01:33:01.585
and we'll see where that lands as a final letter is the extent to which these decisions would be made based on placement type versus an individual decision for each person and based on that person's health.

695
01:33:01.585 --> 01:33:15.055
That person's ability to take the measures necessary to ensure their own health. The other people that that person lives with and the kinds of risks they could pose to them as well.

696
01:33:17.635 --> 01:33:26.994
The reopen guidance suggests that in stage two, we could begin having visitors again, but we're really at this stage going.

697
01:33:27.024 --> 01:33:39.085

I expect that when we issue the final guidance that we will be continuing the prohibition really on non-essential visitors, particularly to ICF and ResHab.

698
01:33:39.864 --> 01:33:54.265
And what we will want to talk about is how the people who live there can have visits with people just not having the people come in. So we'll still have if someone came to visit,

699
01:33:54.835 --> 01:34:03.234
Ideally, the kind of thing I want to see would be, if someone goes for walks in the neighborhood that their visit could occur with their family member and a walk in the neighborhood.

700
01:34:04.314 --> 01:34:19.074
We're also still talking about the extent to which those folks could be engaging in various community activities. And perhaps they could do that with their family member as a way to visit and engage in the community at the same time.

701
01:34:19.465 --> 01:34:28.824
One of the things that we will be emphasizing throughout is ensuring that people recognize. I think I say this on the Friday call frequently, but maybe not frequently enough.

702
01:34:29.664 --> 01:34:42.864
We are really still in the early stages of this people who are high risk for serious outcome from COVID-19 are really not in the clear until we get to stage four when there's an effective vaccine and cure.

703
01:34:44.064 --> 01:34:52.375
So, we have to stay vigilant until then in helping people take the necessary steps to keep them safe.

704
01:34:54.204 --> 01:35:02.244
So we will be reminding people of all of the necessary universal precautions they should be taking in the home,

705
01:35:02.994 --> 01:35:07.885
including thinking about what the rules are when people are eating together,

706
01:35:08.694 --> 01:35:08.965
you know,

707
01:35:08.965 --> 01:35:15.715
thinking about how people share space with each other, reminding people,

708
01:35:15.715 --> 01:35:19.614
I expect that the Mayors Order 2020-063

709
01:35:19.645 --> 01:35:19.795
Oh,

710
01:35:19.795 --> 01:35:20.664

711
01:35:21.744 --> 01:35:34.704
which was issued in April and provided guidance about requirements for staff and the kinds of facility based requirements that we have for our SL's,

712
01:35:35.635 --> 01:35:38.604
Our ResHabs,

713
01:35:38.664 --> 01:35:41.635
and ICF will remain in place,

714
01:35:41.694 --> 01:35:56.635
the kinds of things like checking staff temperatures before a shift, having a staff do the questionnaire before they start their shift ensuring that people use face covering. All of these kinds of things.

715
01:35:56.875 --> 01:35:57.715
Absolutely

716
01:35:57.715 --> 01:36:08.725
Will continue something that people need to be clear about so DDA facility base Day programs could in a very limited way,

717
01:36:10.255 --> 01:36:16.795
most likely resume some operation for up to ten people,

718
01:36:16.824 --> 01:36:25.465
including staff and this is going to be true most likely,

719
01:36:26.125 --> 01:36:27.145
until,

720
01:36:27.685 --> 01:36:29.574
as I look at the guidance that exists now,

721
01:36:29.574 --> 01:36:33.204
and I don't see that changing until we get to stage four.

722
01:36:33.600 --> 01:36:46.164
So people need to be very clear about that in terms of center based services or, even if you have a program that has community based services, but people go there.

723
01:36:46.404 --> 01:36:54.085
And then leave from there, you can't have more than ten people, including staff congregating at a place.

724
01:36:54.145 --> 01:37:01.975
At one time. That's going put a real significant attention on the kinds of center based service that you could have

725
01:37:02.694 --> 01:37:15.085
For a day program, in terms of people engaging in the community, it's this is where we're really we'll be providing the specific guidance soon.

726
01:37:16.435 --> 01:37:25.255
My hope is that what we would make sure that we're doing is an individualized assessment for each person, considering that person's living situation.

727
01:37:25.675 --> 01:37:38.395
So that if they're engaging in the community, and I've heard some providers get very good examples throughout this. They've had some folks who are in a shared living situation and have jobs that are essential,

728
01:37:38.395 --> 01:37:53.335
And so they've been working throughout and they've taken necessary measures to ensure that when the person returns from work, they're washing their hands as soon as they return and taking any necessary steps to make sure that they're not bringing anything back in to the home.

729
01:37:54.869 --> 01:38:09.595
One of the important distinctions that I see as I say back into the home is that most of the places that DC Health licenses and by definition, I'm sure if our lawyer is on the line,

730
01:38:09.595 --> 01:38:19.284
He'll correct me here are facilities from my perspective. The people that we support live in homes, and so we need to be able to strike that balance.

731
01:38:22.314 --> 01:38:22.614
You know,

732
01:38:22.614 --> 01:38:24.204
in terms of people going out,

733
01:38:24.234 --> 01:38:25.765
it's really going to be,

734
01:38:26.939 --> 01:38:37.614
We'll see in terms of measuring doing an evaluation of people's health level of risk to them and interest.

735
01:38:37.824 --> 01:38:44.305
There may be some people who are not ready to go out yet. There may be some people who are okay with staying home.

736
01:38:44.364 --> 01:38:55.435
So we need to make sure as we should be making sure all the time that we're talking here about an individualized assessment, and then walking through the kinds of things for that assessment. That Musu

737
01:38:55.435 --> 01:39:05.875
talked in that really thorough presentation that she did, people should be aware. Churches,

738
01:39:05.875 --> 01:39:17.064
Synagogue mosques are allowed to have services again, the guidance I'm looking at said fifty people.

739
01:39:17.064 --> 01:39:28.914

I'm pretty sure the Mayor yesterday said a hundred or 50% of what they had Pre COVID and so people should contact.

740
01:39:28.944 --> 01:39:36.805
Now, people one thing to remember is that people can continue to do everything they've been doing remotely.

741
01:39:38.010 --> 01:39:46.734
So, if that's what they're interested in, we need to make sure that we're providing the supports people need so that they can continue to the extent it's possible.

742
01:39:47.545 --> 01:39:50.604
To maintain as much physical distance as possible,

743
01:39:50.755 --> 01:39:50.994
because,

744
01:39:50.994 --> 01:39:51.534
as I said,

745
01:39:51.534 --> 01:40:04.314
it's going to be a very long time before people are really fully safe to not have to worry about serious outcomes from COVID-19 and as people know we have already people we support.

746
01:40:05.640 --> 01:40:20.335
have been hit hard by this and so we really want to make sure that we're taking all the steps we need to keep them healthy going forward. Our numbers have been coming down significantly. The positive results

747
01:40:20.335 --> 01:40:34.015
I've seen recently, fortunately have been the result of wide spread testing where we're identifying people who were positive, but not people who were ill and so I'm hopeful that we can continue that,

748
01:40:34.015 --> 01:40:45.114
You all can continue with taking the steps you've been taking to keep people safe as I said, I hope that we will be releasing this by tomorrow evening.

749
01:40:45.715 --> 01:40:57.925

There is some work to do to make sure that we're all on the same page, and that it's got been approved and then we will issue this guidance, but I'd be very interested to hear people feedback. Now.

750
01:41:02.335 --> 01:41:09.145 **KIRK DOBSON**
Director Reese Patience Sawyer, I'm going to on mute line for you. You can ask your questions now.

751
01:41:11.725 --> 01:41:12.805
Patience Sawyers are you in the line.

752
01:41:18.180 --> 01:41:25.104 **KIRK DOBSON**
Okay, director patients question was at what phase of the city reopen should our person to ten medical appointments or a face mask.

753
01:41:26.130 --> 01:41:26.699 ANDREW REESE
So,

754
01:41:27.774 --> 01:41:28.555
actually,

755
01:41:28.585 --> 01:41:29.515
at any phase,

756
01:41:31.164 --> 01:41:32.425
people should be,

757
01:41:32.425 --> 01:41:42.055
and this should have been from the stay at home order into phase one phase two and frankly all the way through when scheduling a medical appointment,

758
01:41:43.345 --> 01:41:47.784
we've talked first of all about this issue a lot where if a,

759
01:41:47.814 --> 01:41:53.095
an annual physical is due or any routine medical appointment is do,

760
01:41:53.364 --> 01:42:00.595

someone should call their doctor and talk with them about whether this appointment could be postponed.

761
01:42:00.835 --> 01:42:14.244
Whether it could be done the some Zoom or Skype or whatever your particular physician has, the district has relaxed, the telehealth requirements. So that should be widely available.

762
01:42:14.425 --> 01:42:25.614
But before scheduling an appointment with a doctor, when scheduling an appointment with a doctor, people should check in on the most appropriate way for that appointment to occur.

763
01:42:26.034 --> 01:42:30.385
And it is essential that people, if they have

764
01:42:31.255 --> 01:42:38.364
underlying health conditions that they are checking in with their doctor to make sure that they're getting the kind of routine health care that they need.

765
01:42:39.564 --> 01:42:50.005
Because, as I said, there are certain underlying conditions that that put people at much higher risk for a serious outcome of COVID-19 so, to the extent, those can be kept under control.

766
01:42:51.085 --> 01:43:02.935
You know, we, we don't have to worry about the person having either health problems related to that underlying condition, or putting themselves at risk to for a more serious outcome from COVID-19.

767
01:43:02.965 --> 01:43:09.204
So those are questions that should be answered by their physician, and any routine appointment that's scheduled,

768
01:43:09.204 --> 01:43:21.175
Someone should consult with a physician to talk with them about the effective way to have that appointment. Thank you Director. Brittany Goodwin from St, John's community services has a question. Britney, I'm going to unmute your line. No.

769
01:43:22.765 --> 01:43:32.935
Britney, you're on mute it. I, I didn't have a question. I was just letting you guys know about something earlier with the, the feedback. Oh, okay. Thank you.

770
01:43:35.125 --> 01:43:44.335
If anyone else has any questions for Director Reese or willing to engage in the conversation, please raise your hand as the question, or enter it into the chatbox. I will unmute you for the conversation.

771
01:44:00.654 --> 01:44:14.095
So, I see that Patience has responded that a physician is requesting the person. see them face to face. I do know, I called my doctor about scheduling an appointment. They've changed all of their procedures about how you come in for an appointment.

772
01:44:14.305 --> 01:44:14.604
And so,

773
01:44:14.604 --> 01:44:16.824
if the physician is asking to see the person,

774
01:44:17.005 --> 01:44:21.564
I expect they're doing the same kind of thing where people are not sitting in a waiting room,

775
01:44:21.595 --> 01:44:24.954
waiting to see the physician so that they're exposed to other people,

776
01:44:25.854 --> 01:44:26.244
you know,

777
01:44:26.274 --> 01:44:28.824
but have that conversation with the physician,

778
01:44:28.824 --> 01:44:32.875
if the physician recommends that they want to see the person face to face,

779
01:44:32.875 --> 01:44:38.095
and that should occur face masks are a thing until phase four.

780
01:44:38.755 --> 01:44:46.255
So, whenever anyone leads the home and goes out into the community, or when the staff come into the home, there should be face coverings.

781
01:44:47.725 --> 01:44:55.435
And of course, once the physicians meeting with them, it's their determination about, you know.

782
01:44:57.234 --> 01:45:10.314
They will guide what the person needs to do. **KIRK DOBSON** I will follow up with that Director and say, I've been to the dentist in this position since we've entered phase one and I was asked before entering to fill out a questionnaire both times asking

783
01:45:10.314 --> 01:45:24.925
If I have a temperature, have I traveled locally domestically, or internationally in the last fourteen days is anyone I'm living with sick or tested positive for COVID-19 and several other things. The form was pretty much standard between both agents both physicians.

784
01:45:25.255 --> 01:45:38.635
So I think that's pretty much standard across the physician community. I was asked to keep a face mask on the entire time except for the dentist and the dentist to take my temperature, the other physician to not.

785
01:45:38.635 --> 01:45:52.255
So that's just something you could be aware of, should that be required for anyone that you serve. So just things starts to take keep in mind. You know, I would ask the physician to send you the paperwork or their questions that they're going to be asking.

786
01:45:52.255 --> 01:46:03.324
So, you can be prepared for that, so you don't have to delay in a waiting room or anything like that. Any other questions for the Director for any other questions or comments to continue this conversation on reopening.

787
01:46:05.305 --> 01:46:14.935
You can post in the chatbox, or you can raise your hand press the question asked button as she goes or your option.

788
01:46:18.180 --> 01:46:28.524
There's a question director from Viana Scott, to all attendees, and she asks regards to fitness services. **QUESTION:** Can we continue remote training with the service coordination? Service coordinator approval.

789

01:46:29.694 --> 01:46:37.104 **ANDREW REESE**
Everything that is done currently remotely can continue to be done remotely until we get to.

790
01:46:39.024 --> 01:46:49.555
At least for the duration of the Appendix K, which expires March, 10, 2021 at that near the end.

791
01:46:49.585 --> 01:47:02.784
Or, if the public health emergency ends before that day, as that nears an end, we may need to look at whether there are some things that are done remotely that require approval to do them. Fitness,

792
01:47:02.814 --> 01:47:13.465
I don't think there's anything in our waiver roles that addresses how it's provided and so that flexibility is a flexibility that likely already existed.

793
01:47:13.704 --> 01:47:20.545
And isn't I'm, and this is off the top of my head, so I can confirm later, but I don't believe that's an Appendix K.

794
01:47:20.545 --> 01:47:24.385
issue but you're absolutely right it's a team decision,

795
01:47:24.895 --> 01:47:26.664
and it should be noted in the ISP,

796
01:47:27.925 --> 01:47:42.744
that a particular services being provided remotely there will be until stage four until we have an effective vaccine or a cure a preference for things to be done remotely for the extent they could

797
01:47:42.744 --> 01:47:44.005
be,

798
01:47:44.760 --> 01:47:45.595
the most,

799
01:47:46.074 --> 01:47:49.194
we can limit personal interaction,

800
01:47:49.800 --> 01:47:53.364
physical interaction

801
01:47:53.395 --> 01:47:54.055
The better.

802
01:47:54.895 --> 01:48:06.744
And just, I'll follow up on that also, Director, and just saying the key to your question is with service coordination approval. So you really have to make sure service coordination is part of the conversation and gives you the green light for each particular case.

803
01:48:06.744 --> 01:48:20.425
So I think just echoing Winslow sentiments in the past. An initial question came in Director from Theodore Agatchu from Galaxy healthcare services at the end.
QUESTION: When is it going to be safe to open back up to day program?

804
01:48:20.789 --> 01:48:32.305
So, we do have to Musu so had an excellent presentation. Today. We have a separate group that's looking at reopening our day programs and so they should be able to do a presentation soon.

805
01:48:32.515 --> 01:48:33.805
They met this week,

806
01:48:33.925 --> 01:48:37.375
and now they'll be doing a presentation in our committee meeting next week,

807
01:48:38.574 --> 01:48:39.864
based on the guidance,

808
01:48:39.895 --> 01:48:40.524
as I said,

809
01:48:40.524 --> 01:48:41.305
before,

810
01:48:42.024 --> 01:48:44.185
in terms of Day programming,

811
01:48:44.635 --> 01:48:48.354
that accommodate more than ten people,

812
01:48:48.534 --> 01:48:50.215
including staff.

813
01:48:50.725 --> 01:48:52.045
I don't see that.

814
01:48:52.074 --> 01:48:53.814
The ability to do that,

815
01:48:53.845 --> 01:48:58.614
until we get to a point in time that there is a,

816
01:48:58.675 --> 01:49:05.755
an effective vaccine or cure and so other than a very small program,

817
01:49:05.755 --> 01:49:10.734
and I can envision some small programs that I've visited that could work

818
01:49:13.074 --> 01:49:20.694
It's not going to be until stage four. It appears to me that during stage two for the appropriate people, we can look at that with a day program.

819
01:49:26.215 --> 01:49:33.984 **KIRK DOBSON**
If we have time for one or two more comments or questions in chatbox raise your hand, or use the question button.

820
01:49:50.664 --> 01:50:05.635
Okay, nothing else I'm going on to another topic. This is not on your agenda is just since we have about four minutes. I wanted to share an update with providers on the call. I'm going to share my screen. Many of you already.

821
01:50:05.814 --> 01:50:19.704
Shouldn't already know about this, but I just wanted to make sure that I highlighted here today. So I'm sharing the web page. This is a web page for Health and Human services. It gives you details on the Cares Act Provider Relief Fund.

822

01:50:20.034 --> 01:50:31.734
So the deadline for applying for these funds is July 20, 2020, which is right around the corner just a little bit over a month. And it's a fund. That's a fifteen billion dollar fund.

823
01:50:31.734 --> 01:50:37.314
That the Cures ACT put aside to provide relief payments directly to Medicaid providers,

824
01:50:38.725 --> 01:50:43.944
and it works out to about two percent of reported gross revenue for patient care that you've billed for Medicaid,

825
01:50:44.244 --> 01:50:46.824
and it requires that you submit an application.

826
01:50:46.854 --> 01:50:56.274
So, this website that I'm highlighting right here, I'll keep it up for a little bit. When you go to that website, please make sure you go down to this link right here to apply for funding.

827
01:50:57.114 --> 01:51:02.154
I'm sorry, it's kind of jumping to apply for I'm sorry, apply for funding insight attestation.

828
01:51:02.395 --> 01:51:17.364
So, once you submit your application, they ask you questions, such as staff size as you particulars about the people you serve and what you billed for, from January to December of last year 2019 you must have been an active provider and billing at December, 30, 2019

829
01:51:17.364 --> 01:51:23.364
to be eligible, but all the requirements for you to submit an application are right here.

830
01:51:23.664 --> 01:51:37.824
So I encourage all providers on this call if you have not already to go ahead and research more information and submit an application. And there are also webcasts coming up on the 23rd and 25th with more information it's highlighted there.

831
01:51:38.185 --> 01:51:38.484
So,

832
01:51:38.635 --> 01:51:39.715
for anyone on the call,

833
01:51:39.744 --> 01:51:43.555
please copy this URL and visit the site,

834
01:51:43.555 --> 01:51:45.414
if you wish to engage in this program again,

835
01:51:45.414 --> 01:51:46.734
it's a fifteen billion dollar set,

836
01:51:46.734 --> 01:51:53.545
aside from the Cures Act each provider and it works out to about two percent of your reported gross revenue.

837
01:51:54.175 --> 01:52:08.755
And it's available all Medicaid providers. We build Medicaid on December thirty for the last year you are eligible I already have much more information at this point. I will release some more information shortly hopefully, within the next week on this, after the webcast.

838
01:52:09.204 --> 01:52:14.395
So, at this point, I don't really take many questions, but I will attempt my best if I can.

839
01:52:17.489 --> 01:52:28.015
So with that any questions? Okay, I'm going to stop sharing my screen. Does anyone need any more time?

840
01:52:28.255 --> 01:52:42.595
I'm going to actually post the URL in the chatbox for all folks. So that you have it and then I'm going to stop sharing my screen now. I figure out how to do that.

841
01:52:43.824 --> 01:52:48.595
At this point. I'm going to turn over the presentation to Shasta Brown.

842
01:52:48.805 --> 01:53:01.795

Who is and Robin Exton who's going to talk a little bit about the remote supports and remote supports under the Appendix K and experiences that so far so just bear with me a moment while I bring them up.

843
01:53:14.755 --> 01:53:15.534
Shasta are you with us?

844
01:53:21.564 --> 01:53:22.164
Shasta.

845
01:53:26.994 --> 01:53:41.935
Can you hear? Robin, you were also unmuted, Robin and Shasta. Are you with us?
ROBIN EXTON Yes, I'm here.

846
01:53:43.770 --> 01:53:49.765
Hi, Robin I think we're waiting for Shasta.

847
01:53:49.765 --> 01:54:01.795
So I think she, maybe on some communications issues just to be here **SHASTA BROWN** I can hear you.

848
01:54:01.824 --> 01:54:12.715
Can you hear me the PowerPoint that you're gonna be presenting on? Or are you gonna do that?

849
01:54:14.185 --> 01:54:20.125
Can you upload it? Because I can't can you hear me? I can. Okay great. Could you can you upload it? Because I.

850
01:54:22.045 --> 01:54:26.185 **SHASTA BROWN**
So, again, thank you. Good afternoon. Everyone.

851
01:54:29.274 --> 01:54:29.725
So,

852
01:54:30.234 --> 01:54:30.654
Robin,

853
01:54:30.654 --> 01:54:43.104

and I are going to be presenting on the remote support and one of the reasons why we had opted to present a specific topic is because,

854
01:54:43.104 --> 01:54:43.314
as,

855
01:54:43.314 --> 01:54:43.645
you know,

856
01:54:43.645 --> 01:54:45.805
we are person centered organization.

857
01:54:46.225 --> 01:54:54.835
And every month, we opt as an agency to pick one of the tools to complete as an agency to look at how things are going systemically.

858
01:54:55.164 --> 01:55:04.104
And our managers selected remote support services, utilized in the four plus one tool to try and see just how this service

859
01:55:04.104 --> 01:55:18.685
Of support is actually working for people, and we received a lot of positive feedback specifically about fitness. I heard that was one of the questions about remote support how the zoom meetings or the zoom classes had been good.

860
01:55:19.074 --> 01:55:21.444
Overall we heard that was the remote support

861
01:55:21.744 --> 01:55:34.345
It provides people an opportunity to interact with others, and it's also increasing independence, especially for people who are utilizing remote support through supported employment.

862
01:55:34.375 --> 01:55:43.645
It allows people the opportunity to do things independently. But they still have a job coach to provide that verbal support and that remote support.

863
01:55:45.145 --> 01:55:55.314
But one of the concerns that the managers raised was specific to the documentation requirements that we have providing guidance for the service coordinators,

864
01:55:55.314 --> 01:55:57.295
and the supervisors of what needs to be in an ISP,

865
01:55:58.345 --> 01:56:01.074
when providers are requesting remote support.

866
01:56:01.375 --> 01:56:12.324
So this is the reason why we wanted to do this brief presentation to go over specifically the guidelines and the documentation requirements for remote support.

867
01:56:14.335 --> 01:56:17.095
So, the next slide.

868
01:56:25.435 --> 01:56:40.404
Okay, so as stated by Director Reese, everything starts with the team meeting so prior to implementation or the discussion of remote support or putting it in practice, you have to have a team meeting,

869
01:56:40.614 --> 01:56:47.904
and that must be held to discuss the appropriateness of utilizing the remote support for staffing and or clinical services.

870
01:56:48.475 --> 01:56:48.835
Then,

871
01:56:48.835 --> 01:56:52.885
if the team is in agreement with utilizing remote support,

872
01:56:52.914 --> 01:56:57.354
the next thing you want to do is you want to revise the LON because in the LON,

873
01:56:57.354 --> 01:57:08.484
there are specific risk factors that are identified and you're supposed to have checked off how you're going to support the person with addressing these risk factors,

874
01:57:08.814 --> 01:57:12.295
and technology is one of those options.

875

01:57:12.295 --> 01:57:27.175
So if you're going to be supporting someone remotely, therefore, we will be using technology. You want to specifically select technology as one of the areas of how you're going to address risk factors. That are identified in the LON.

876
01:57:30.564 --> 01:57:31.524
Next slide.

877
01:57:35.279 --> 01:57:49.104
Okay, so then we're looking for the provider to provide a statement and that statement should need to include the following the technology to be used the capability of the person to utilize the technology.

878
01:57:49.409 --> 01:57:54.534
That the technology will address all the risks, identified on the LON.

879
01:57:54.869 --> 01:57:58.345
The availability of the staff to administer medication,

880
01:57:58.795 --> 01:58:12.145
If applicable and if Medicaid if self medicating ensure the self medication form is completed and that specifically for people,

881
01:58:12.864 --> 01:58:14.489
when they advocate,

882
01:58:14.484 --> 01:58:15.505
I support them.

883
01:58:17.005 --> 01:58:25.494
No. For the self medication, do you have to complete that self medication form to indicate whether, or not a person has the ability to do that?

884
01:58:25.494 --> 01:58:25.704
So,

885
01:58:25.704 --> 01:58:32.545
if you're going to be supporting someone remotely for most of the DSP support specifically for staffing,

886

01:58:32.755 --> 01:58:37.885
but someone is going to need to come in and assist the person with administering their medication rules,

887
01:58:37.885 --> 01:58:41.125
need to make sure we know that information.

888
01:58:41.515 --> 01:58:54.114
One of the things that was expressed during our four plus one was the use of the technology. There was some concern that there has been expectations at times that.

889
01:58:54.449 --> 01:59:00.204
If a condition is going to be providing remote support that the DSP

890
01:59:00.204 --> 01:59:14.215
is the one who's expected to use their phone to support the person to remote support in the DSP at times have refused because it's their personal phone to utilize face time for the remote support.

891
01:59:14.215 --> 01:59:24.414
So that's why it's very important to for the provider to identify, you know, the texting, the technology that's going to be used and specifically the person ability to use that technology.

892
01:59:24.685 --> 01:59:33.715
And if they need support, utilizing that technology, and then we just need assurance that the technology of course, will be in the home and that is going to be working properly.

893
01:59:35.395 --> 01:59:36.234
Next slide,

894
01:59:43.284 --> 01:59:44.994
then for the service coordinators,

895
01:59:44.994 --> 01:59:49.135
they're responsible after you have the team meeting if everybody's in agreement,

896
01:59:49.135 --> 01:59:52.104
and they get the statement from the provider,

897
01:59:52.104 --> 01:59:54.744
the service coordinators responsible for amending the ISP.

898
01:59:55.944 --> 02:00:08.095
So, when they amend the ISP, they have to make sure they update the emergency backup plan best specifically if a person is going to be utilizing, promote, supports for staff.

899
02:00:08.125 --> 02:00:14.784
If staff is usually going to be there we don't have in the backup section what number of that?

900
02:00:14.784 --> 02:00:15.774
Staff is going to be,

901
02:00:15.774 --> 02:00:18.505
but if staff is going to be available remotely,

902
02:00:18.685 --> 02:00:33.505
we need to know who that backup plan is going to be if someone needs to get there quick fast and in a hurry and they also have to update the summary of recommendation section and in that section they have to identify the type of

903
02:00:33.505 --> 02:00:34.614
technology.

904
02:00:35.005 --> 02:00:49.194
Or application that will be utilized for the remote support. That could be Skype that could be Facetime. If it's going to be a phone call, it should be virtual. So, we need to have that in there, the source of the recommendation for the remote support.

905
02:00:49.194 --> 02:00:57.774
And that would be the team if the team is in agreement for the remote support as well as what type of service will be provided to the remote support,

906
02:00:57.984 --> 02:01:01.284
whether it's a clinical service or direct care,

907
02:01:01.284 --> 02:01:02.215

support service,

908
02:01:02.814 --> 02:01:07.135
the percentage of remote support approved by the team as you know,

909
02:01:07.135 --> 02:01:16.795
Appendix K has been amended to increase the percentage of the remote support that can be provided from 20% to now 100%.

910
02:01:17.095 --> 02:01:22.314
So, if a 100% perrcent of the support is going to be remotely, we need to notice specific percentage.

911
02:01:22.680 --> 02:01:37.585
And then the hours and time the remote support will be provided for the hours and time that's even if his clinician or if its staff is someone who's going to be calling the person every hour

912
02:01:37.585 --> 02:01:38.454
to check on them.

913
02:01:38.454 --> 02:01:47.994
I mean, that might be a bit overkill. But just to give you an example, the hours as well as the time, you know, it's going to be ten o'clock they'll check again at three o'clock.

914
02:01:47.994 --> 02:02:00.534
However, that is going to be and then a timeframe and availability for remote support staff to respond in person if needed. That's part of that backup plan.

915
02:02:00.534 --> 02:02:11.454
We need to know who that person who's going to be, but also, if there is an emergency specifically, if it's the BSP that's not going to be in the home but there's an emergency. How is that

916
02:02:11.454 --> 02:02:26.215
Backup plan going to work and the timeframe for when we expect someone to be able to support the person. The remote support line duration. How long do you think this remote support is going to be implemented?

917
02:02:26.244 --> 02:02:36.055

Are you going to do it possibly to the end of COVID-19, the state of emergency, or if the team is figuring out, you know, hey, this is working

918
02:02:36.055 --> 02:02:44.994
well, specifically for ISP that are coming up not just ISP amendments because we've completed those. But we now have annual ISPs, coming up.

919
02:02:44.994 --> 02:02:55.885
The team feels as though this is something that's going to be ongoing what is the operation going to be, and then identified a staff position to administer medication.

920
02:02:56.484 --> 02:02:59.425
If the person is going to need their medication administered,

921
02:03:00.324 --> 02:03:02.215
if staff if self,

922
02:03:02.215 --> 02:03:02.965
medicating,

923
02:03:02.965 --> 02:03:16.824
ensure that the self-administration form is completed and then the service coordinator will upload best statement from the provider. And the next slide is questions.

924
02:03:17.664 --> 02:03:30.475
So, if you have any questions for me, and Robin, please, I guess they have to do the so they can either enter it into the chat box.

925
02:03:30.774 --> 02:03:44.185 **KIRK DOBSON**
If you're having trouble you can raise your hand, or you can highlight a question. I would just ask that Britney Francisco, Michael and Theodore all either lower your hands or remove your question.

926
02:03:44.185 --> 02:03:46.734
Just so we can reset because I cannot reset on this side.

927
02:03:51.984 --> 02:04:03.984

The PowerPoint presentations will be shared at the end of this call. Some of them weren't shared before, but we will be sharing them at the end of this call after this call. I should say, are there any other questions for Shasta or Robin?

928
02:04:18.475 --> 02:04:31.645
Okay, Robin, thank you. So much for that presentation, if anyone does have questions towards the end, you can always email dot DDS.QAPMA@dc.gov.

929
02:04:33.534 --> 02:04:43.765
And I'll make sure that Shasta and Robin get them again. Ladies Thank you. So much at this time, I'm going to.

930
02:04:44.729 --> 02:04:59.694
Open it back over to the Hakima Mohammed, who will discuss introduce our next presenter my presenters will be from the Department of Small and Local Business Development for District of Columbia.

931
02:04:59.694 --> 02:05:12.444
Give me one second. Let me. Are you with us? Can you hear me?

932
02:05:13.045 --> 02:05:15.385
I can great.

Start here
933
02:05:16.885 --> 02:05:18.715 **HAKIMA MOHAMED**
Alright, well, thank you so much Kirk.

934
02:05:20.185 --> 02:05:32.305
So, if you could put the slide, the Adobe, the portion of my slide up, I just want to do a brief introduction as to the intent.

935
02:05:33.204 --> 02:05:45.265
And then I'll let my colleagues from DSB take it from here. Thank you

936
02:05:45.265 --> 02:05:57.475
So much so a DC based business we would like to ask have you ever considered becoming a SBE which is a Small Business Enterprise.

937
02:06:00.055 --> 02:06:02.935
Next slide? Please. Okay. Okay.

938
02:06:03.234 --> 02:06:15.175
Mayor Bowser has a number of pathways to the middle class initiative that insure fair and equal pathway to the middle class.

939
02:06:15.600 --> 02:06:28.914
Some of these initiatives include the minimum wage legislation, which, by the way provider should know that the increase to the minimum wage is on July 1, 2020 to fifteen dollars an hour.

940
02:06:29.425 --> 02:06:32.784
And our department of local business development

941
02:06:33.505 --> 02:06:35.395
Which you will hear from in a moment,

942
02:06:35.965 --> 02:06:36.145
so,

943
02:06:36.145 --> 02:06:44.305
DC government is committed to ensuring that small DC based businesses get awarded their piece of the pie

944
02:06:44.305 --> 02:06:49.404
For DC government contracts and can compete with larger companies

945
02:06:49.704 --> 02:06:58.045
Each year each DC agency has established a spending goal with the small business community. So, for FY20

946
02:06:58.045 --> 02:07:06.085
and this is public information DDS is approved as a goal is $7.8 million.

947
02:07:07.225 --> 02:07:19.074
We usually meet this goal or exceeded each year, but this year we're seeing slightly lower than anticipated percentage as we review second quarter results.

948
02:07:20.095 --> 02:07:26.875
And so we want to encourage providers who are DC based businesses already on,

949
02:07:26.875 --> 02:07:41.664
to become SBEs through DSLDB not only does this help DDS meet our spending obligation SBE but if you're not registered DSLDB as a small

950
02:07:41.664 --> 02:07:42.925
business enterprise,

951
02:07:43.194 --> 02:07:48.385
then we don't receive the credit even though we're already spending these dollars with you.

952
02:07:49.795 --> 02:08:01.104
So now, how does it benefit you? When procurement opportunities arise in the district? If you are classified as an SBE you received additional preference point.

953
02:08:02.095 --> 02:08:15.685
up to twelve points, or up to twelve percent price consideration and this is designed to levels the competitive seal when evaluating DC government contract awards.

954
02:08:16.229 --> 02:08:26.875
So, what this means simply is, if there's a technical evaluation, SBE's will receive up to twelve preference points, added to their technical scores

955
02:08:27.055 --> 02:08:41.484
That they would not otherwise receive. If it's on a price, only bid and a non SBE submits a bid for a hundred thousand and a non SBE and you submitted for hundred and twelve thousand. Guess What?

956
02:08:41.875 --> 02:08:52.765
You end the bid, because you get at additional preference of up to twelve percent all things considered. So it's an easy process to become a SBE.

957
02:08:54.204 --> 02:08:59.725
If you're already a DC based business, we encourage you to register your business with DSLBD.

958
02:09:00.864 --> 02:09:02.364
And after this meeting,

959
02:09:02.784 --> 02:09:07.104
we will send you the application forms that DSLBD provides,

960
02:09:07.494 --> 02:09:20.095
as we've looked at our provider list addresses for headquarters and all those who have DC based business addresses and are not already SBE we've captured that data.

961
02:09:20.395 --> 02:09:26.935
So, we will specifically send you those forms if there's an interest. Ronnie, are you there?

962
02:09:30.145 --> 02:09:41.814 **ARIEL GILES/DSLBD**
Hello, this is Ariel Giles from DSLBD on the compliance and enforcement manager and I'll be chatting with you all today briefly.

963
02:09:42.505 --> 02:09:48.625
I don't know how much more I can say to add to what has just been said by Hakima

964
02:09:51.234 --> 02:09:51.715
you know,

965
02:09:52.529 --> 02:09:54.475
I'll give you a little bit about becoming a CBE what

966
02:09:54.774 --> 02:10:04.675
the requirements are for becoming a CBE what our CBE program entails and then I'll answer any questions.

967
02:10:04.675 --> 02:10:17.545
You might have and so I was just previously reference the certified business enterprise program is a program administer by the department, small, local business development across the district.

968
02:10:17.545 --> 02:10:29.185
And what that program consists of is several print designations that oh, great. We got my, I'll make it even easier.

969
02:10:29.784 --> 02:10:36.595
So what you'll see here is just the several different designations of all types of certified businesses.

970
02:10:36.954 --> 02:10:44.814
And so all businesses that are, are a part of this program, are first local business enterprises.

971
02:10:45.175 --> 02:10:49.314
And so what that means is that their they're located in the district,

972
02:10:49.675 --> 02:11:00.595
so I'm just to quickly go over some of the certification criteria to be eligible for a CBE certification a business must meet some of the criteria

973
02:11:00.595 --> 02:11:12.295
I'm about to mention the principal office of the business must be located in the District of Columbia. That's the very first qualifier that this is a local business preference program.

974
02:11:13.135 --> 02:11:24.234
So, the chief executive officer, and the highest level managerial employees of the enterprise must perform their managerial functions in the principal office that's located in the district.

975
02:11:26.125 --> 02:11:27.534
And this must demonstrate,

976
02:11:27.835 --> 02:11:42.414
One of the following either that half of it more than half of this employees are residents of the district; more than half of the ownership of the business is residents of the District; more than half of the assets of the

977
02:11:42.414 --> 02:11:44.755
business are in the District,

978
02:11:45.090 --> 02:11:51.534
or more than half of the business enterprise gross receipts are in the District.

979
02:11:51.774 --> 02:12:03.895
And so then you'll see under these different categories, you'll see resident own, long time resident. But then you'll also see the green box here for small business enterprises.

980
02:12:04.314 --> 02:12:13.225
And that's important to know, because the, the program is a small business enterprise program, and you can switch to the next slide.

981
02:12:16.765 --> 02:12:30.715
There's requirements for agencies to meet, you just saw some of DDS' requirements for their expendable budget that means that that's the amount of their budget that

982
02:12:30.805 --> 02:12:39.564
they're expected to spend with certified businesses in the district. Specifically the goals are small business enterprise goals.

983
02:12:40.225 --> 02:12:52.345
If small businesses are not available to meet those requirements and certified businesses are, they are able to utilize certified businesses to meet those goals.

984
02:12:52.345 --> 02:12:56.965
And so the requirements for government assisted contracts,

985
02:12:57.774 --> 02:13:02.755
there are over two hundred and fifty thousand is that thirty five percent of the,

986
02:13:03.505 --> 02:13:14.484
contract total contract value needs to be subcontracted with the certified business if the certified business is not the prime contractor.

987
02:13:15.204 --> 02:13:20.034
If a certified business is the prime contractor, and they choose to subcontract

988
02:13:20.064 --> 02:13:30.534
they also must subcontract thirty five percent with a small business enterprise right now in response to the COVID-19 emergency.

989
02:13:31.164 --> 02:13:40.494
There's been an increased emphasis on small businesses in the District. And so the requirement has increased from thirty five percent.

990
02:13:40.829 --> 02:13:53.364
To fifty percent for, for sub-contracting on district contracts and so that's something that will continue through the emergency period.

991
02:13:53.364 --> 02:14:07.914
And I believe even longer right now, I believe the effective date will be through January 1. And so, what does that mean that means that, like, I just said fifty percent of the dollar value will go to SBEs.

992
02:14:08.875 --> 02:14:19.074
And if that's not possible, there needs to be justifications that are sent to us for those requirements to be waived. You'll see that

993
02:14:19.074 --> 02:14:32.845
there is also in that same COVID-19 legislation, some, if, for some, some requirement that help focus in on a resident on businesses and disadvantaged business enterprises.

994
02:14:33.149 --> 02:14:33.810
So,

995
02:14:34.375 --> 02:14:34.734
you know,

996
02:14:34.765 --> 02:14:41.875
there's a multiplier effect for a dollar spent with ROBs dollar spent,

997
02:14:41.875 --> 02:14:50.364
there's $1.10 and fifteen cents credit if for every dollars spent with DBE's disadvantaged business enterprises,

998
02:14:50.694 --> 02:14:54.114
there's a $1.25 credit.

999
02:14:54.145 --> 02:14:58.734
So I'll pause here really quickly. See, if there's any questions before I continue to the next slide.

1000
02:15:02.034 --> 02:15:05.064
Alright, keep it going. Can we go to the next slide? Oh, great.

1001
02:15:06.505 --> 02:15:09.024
Oh, that's not up yet. Okay.

1002
02:15:09.024 --> 02:15:22.015
So a sub-contracting plan is a requirement that should be submitted with a, with the bid before or before an option, or extension is exercised in that sub-contracting plan

1003
02:15:22.015 --> 02:15:32.454
It will detail who the CVE vendors are that are going to be fulfilling the sub-contracting requirement on that contract.

1004
02:15:32.814 --> 02:15:42.625
Once that's submitted to us any changes that will occur on a contract as far as subcontractors should needs to be approved

1005
02:15:43.375 --> 02:15:55.944
By the director of so basically, once you submit a sub-contracting plan to us, you need to let us know if there's any plan changes. We'll hold. We'll hold vendors to.

1006
02:15:58.375 --> 02:16:05.215
Once again, I already mentioned that Prime contractor. That is CBE, that will perform.

1007
02:16:05.215 --> 02:16:18.385
The entire contract does not need to subcontract any portion, but if they do choose to there, they also must meet that thirty five percent contracting requirement.

1008
02:16:18.954 --> 02:16:31.045
Then the last slide is how to find SBE's DSLBD have a business opportunities division that focuses on helping.

1009
02:16:31.074 --> 02:16:43.465
This is the, those will be on the last slide focuses on helping vendors who may or may not know how to meet their SBE requirement. May need help finding certain businesses.

1010
02:16:43.735 --> 02:16:51.594
We have a business opportunity division that can assist with that and their information it listed here. Can we get the next slide please?

1011

02:16:54.684 --> 02:17:04.764
They're their information is listed here at the top, so they can help with all the search requirement. Just searches can be made on the website at the link above.

1012
02:17:05.815 --> 02:17:06.444
And then,

1013
02:17:07.584 --> 02:17:12.924
once those contracts begin on a quarterly basis,

1014
02:17:12.954 --> 02:17:23.784
we will request a vendor verification form to verify the expenditures that are being made to those to those small business vendors,

1015
02:17:24.565 --> 02:17:27.625
required that kind of verification.

1016
02:17:27.655 --> 02:17:36.684
And that's how we monitor those contracts and any issues that, that we may see around spending or in relationships that subcontracting plan.

1017
02:17:37.020 --> 02:17:48.864
We work with the implementing agency, the contracting officer, to try to verify those expenditures and really work through any issues that may arise.

1018
02:17:50.125 --> 02:18:00.475
And so I'll pause now and I'm happy to answer a question. **KIRK DOBSON** Thank you so much that I was a really great presentation.

1019
02:18:00.715 --> 02:18:09.594
If you have any questions, please enter into the chatbox or raise your hand or directly there's a question button as well.

1020
02:18:13.495 --> 02:18:26.125 **HAKIMA MOHAMED**
Can you hear me? I can't. It came up. Oh, wonderful. Thank you. So, thank you so much. Aerial we really appreciate that presentation. I don't want to provider us to feel like this is a daunting task.

1021
02:18:26.579 --> 02:18:35.694
The application is pretty simple. They will walk you through that. They'll come out and inspect your business to make sure you're really located in D. C.

1022
02:18:36.055 --> 02:18:47.395
and then once you're approved, you get a certified number that will be in your profile. So every purchase that's made, it gets tracked that for that spending.

1023
02:18:47.754 --> 02:18:54.924
You should know that every contract under two hundred and fifty thousand dollars in the district is supposed to go to an SBE.

1024
02:18:55.469 --> 02:19:04.165
so, every contract under two fifty goes to anything over to fifty has to be shared with an SEB.

1025
02:19:04.590 --> 02:19:11.454
So that's why we just wanted to encourage if you're already a DC based business to register with them.

1026
02:19:28.194 --> 02:19:28.854
Yeah.

1027
02:19:33.684 --> 02:19:45.985 **KIRK DOBSON**
I think we're good. Thanks so much. Ariel Thank you. Sorry there's one question that came in from Theodora Agotchu got you from Galaxy healthcare services he asked what about if your certification CBE has expired?

1028
02:19:48.625 --> 02:19:55.825 **ARIEL GILES**
Hi. Yes, we can work with you to renew your CBE status.

1029
02:19:56.934 --> 02:20:08.334
That's what the certification division can do and so just a quick email our way and we can walk you through that process. It is very, very simple. Very straightforward

1030
02:20:08.334 --> 02:20:17.514
If your number of expired. **KIRK DOBSON** any other questions.

1031
02:20:22.915 --> 02:20:34.555
Okay, great Hakima and Ariel Thank you so much for your presentation. It was very informative. How we know that we're going to continue our Thank you up next.

1032

02:20:34.555 --> 02:20:48.000 **KIRK DOBSON**
We have our colleagues from DCHF from the program Integrity. We're going to give a presentation on several issues. Just give me a minute while I bring them up.

UNTRANSCRIBABLE

[redacted]

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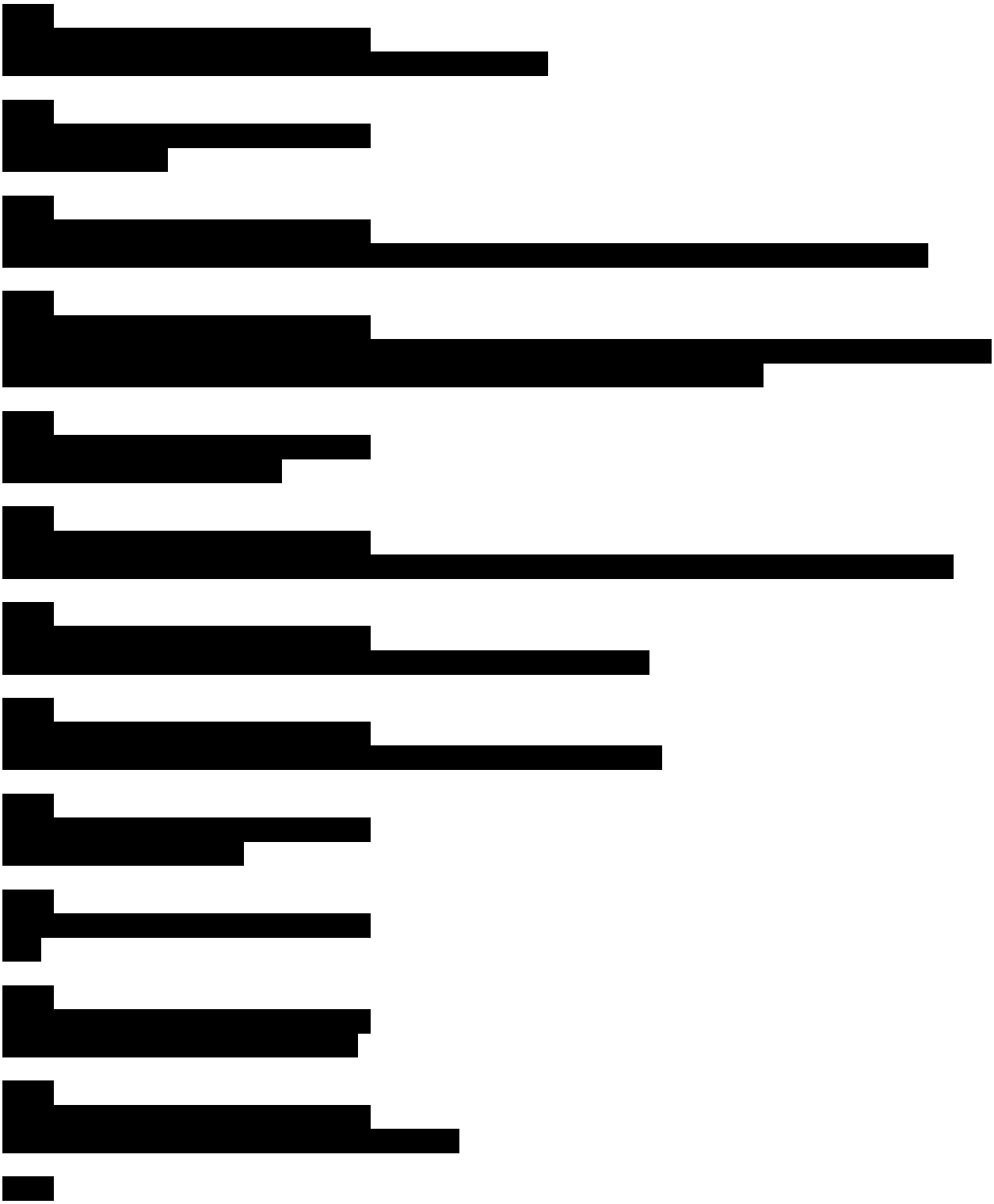
[redacted]

[redacted]

[redacted]

[redacted]



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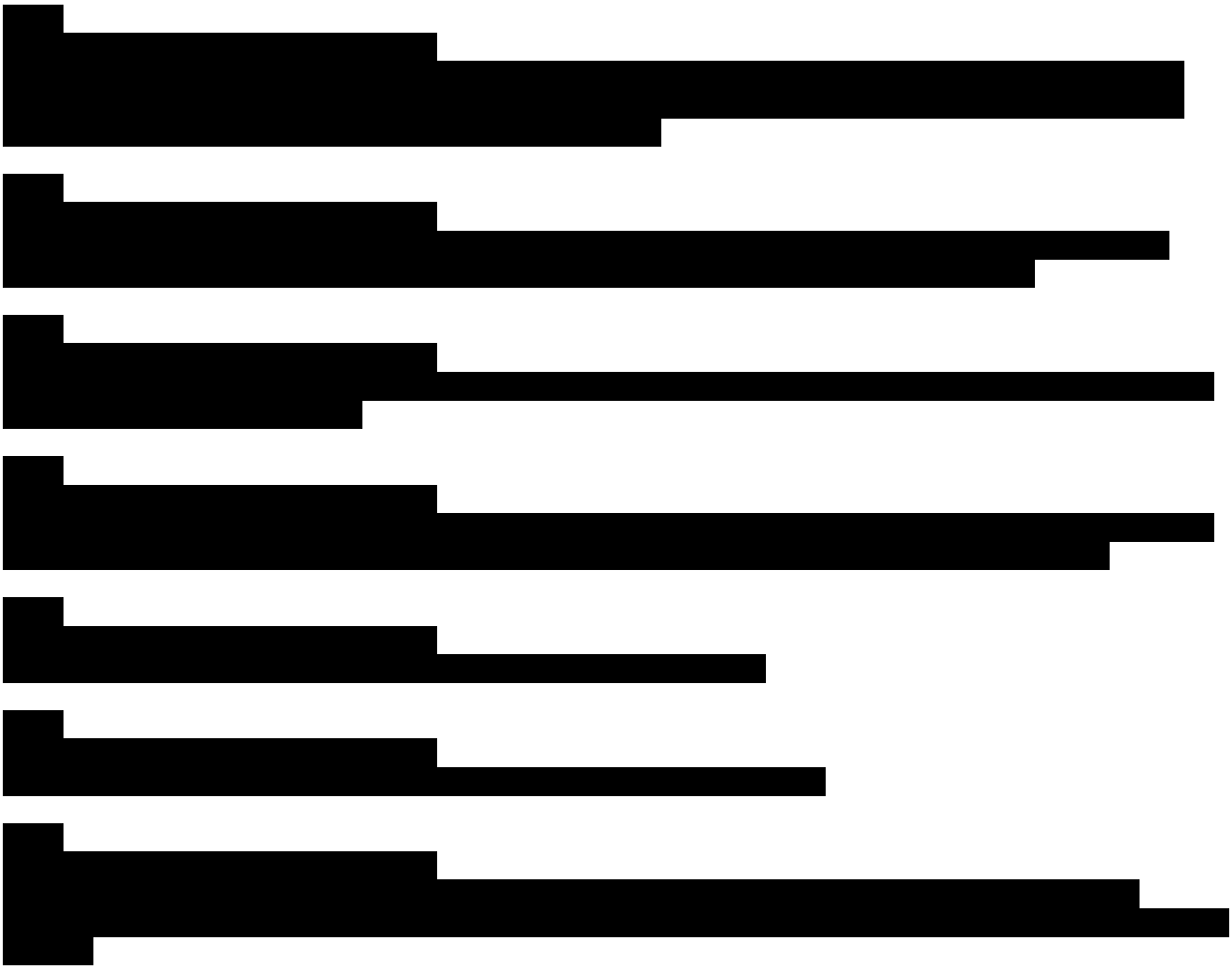

1225 **KIRK DOBSON**
02:54:08.155 --> 02:54:11.754
I have to interrupt you right there, we're kind of out of time. I know a lot of people have other

1226
02:54:13.315 --> 02:54:27.985
I know people have a commitments starting at three. Is there a summary slide? I can run go to do some kind of, finalize your presentation. Hello?

1227
02:54:35.334 --> 02:54:40.135 **GERALD WILSON**
Okay. We can hear you. Can you hear me? I can. Yep. Yeah.

1228

02:54:40.344 --> 02:54:52.555
No, I mean, I think the point is, we just want the Providers to know of the regulations and guidance when it comes to claims just want to provide some examples. Some issues we've seen.

1229
02:54:53.454 --> 02:55:06.834
Our goal is to make sure providers are aware, they need to have prevented from us have to take are you I'm taking action to recoup payment and it just insures quality of services, the beneficiaries and quality oversight.

1230
02:55:06.834 --> 02:55:21.684
So, we make we can make sure that quality services are provided. **KIRK DOBSON** Thank you. So what I'll do, Jerry I will share this slide with all the providers just so you can go along and look at it. And I've also included the email addresses for all of these, for you, and all of your team.

1231
02:55:21.864 --> 02:55:26.274
So that if they have any questions, they can email you directly or you could also email me and I'll forward them along.

1232
02:55:26.879 --> 02:55:41.604
No, I appreciate that. And sorry for getting on. No, you're fine. So just in summary I wanted to thank everyone for coming to the attendance. Today's provider leadership meeting our next meeting will be in August. I encourage all providers to reach out.

1233
02:55:41.604 --> 02:55:54.534
If you have any suggestions or topics, you want to hear, we have the availability to reach out to our sister agencies in the District for any questions you have and I'm sure they'll be willing to participate or engage in.

1234
02:55:54.534 --> 02:56:06.774
And again, thank you. And we'll send the invitation in August or late July for the August meeting. Thanks everyone. I hope everyone if you have any questions, please email me directly or DDS.QAPMA@dc.gov