

DDS HCBS IDD Waiver Draft Transition Plan Meeting

October 21, 2014

Meeting Minutes

2:30pm - 3:30pm

Participants: Erin Leveton (DDS), Brandi Crawley (DDS), Christina Thompson (DDS), Cheryl Smith (DDS), Shasta Brown (DDS), Sandy Bernstein (University Legal Services), Morgan Whitlatch (Quality Trust), Amy Brooks (RCM), Joan Christopher, Roopa Chakkappan (DHCF), Mary Devasia (DHCF)

Erin started the meeting by asking whether there were others who should be participating in the transition plan review process. Responses: Project Action!, Miata Thompson, David Carrington, Employment Leadership Group. (NOTE: Representatives from Project ACTION!, the Employment Leadership Group, and David Carrington, President of the Coalition of Disability Services Providers were invited to attend.)

Erin opened the discussion by providing background on the draft transition plan. The transition plan represents the District of Columbia's plan for bringing HCBS settings into compliance with the CMS HCBS settings rule. The submission of the transition plan to CMS is linked to the submission of amendments to the DC IDD Waiver. The initial submission of the transition plan was returned by CMS and the waiver amendments were "unsubmitted". This is the second version of the document and closely models the Tennessee transition plan, which has been approved by CMS. Comments from the discussion today will be considered and if accepted, incorporated into a final document to be published in the D.C. Register on October 31, 2014. The timeline is tight for finalizing the document and meeting the deadline for the 30 day public notice, which is required by CMS.

More Details Needed In The Plan

Sandy commented that she thought it needed more specificity regarding the tasks listed in the transition plan and when they will be completed. She wanted to see more details in the document on how any problems uncovered by the assessments will be corrected, i.e. day programs. Erin responded that Lisa (consultant) is working with PCR team, service coordinators, 20 providers to improve practice. Sandy and Morgan recommended that this be added to the language in the transition plan.

There was concern that the transition plan does not describe events that will take place over the next 5 years as we transition the HCBS settings into compliance with the CMS HCBS settings rule. Erin suggested adding an introductory paragraph that details the changes we're making in the waiver, such as small group day habilitation, paying for meals in IDS. The introductory paragraph should also give details on the purpose of the transition plan and the requirements of the CMS HCBS settings rule.

Assessment Process: Tools and Results

Roopa asked whether pilot testing would occur before using the assessment tools. She also asked for a timeline that shows the number of months that will be used for developing the tools and the number of months that will be used for administering the tools. Roopa wanted to know whether results of the

assessment will be incorporated into provider certification process. It was agreed that the results would be used to incorporate modifications into the provider certification process and will require Department of Health involvement.

Erin explained that execution of the transition plan will lead to a regulatory review and that changes would have to be made to regulations, policy in order to bring D.C. into compliance with the CMS HCBS settings rule. The meeting participants agreed that language regarding the impending regulatory process should be added to the transition plan and that information would be beneficial to providers.

Sandy asked who would be monitoring the transition implementation. She also recommended training for monitors to be sure that monitoring would be done appropriately. Erin responded that the Quality Management Division would be monitoring providers assessments and that issues related to individual assessments would be brought to the attention of service coordinators. Informed choice should be defined in the tool.

Also, there was a recommendation during the discussion that some validation is done by the State for the provider assessment. It was asked how DDS would validate the provider assessment and it was recommended that the process be defined in the transition plan along with the unit responsible for conducting the validation. The group discussed validation of a sample of providers' assessments after 45 days with a second level validation occurring after that.

Sandy asked whether assessment will be conducted by provider or by service type/by location or by provider? Roopa questioned the meaning of I.B.5. of the transition plan which states that providers will be "required to include people supported, family members, advocates and other stakeholders in their assessment process." Roopa and Amy recommended the required participants in the provider self-assessment include management, including mid-level managers, direct support providers, people we support and family members.

Provider Training Session

Cheryl recommended during the provider training session that the purpose of the assessment is made clear and a description of what the process will be should it be determined that they are not in compliance with the CMS HCBS settings rule. Erin responded that training will include a session on the purpose of the assessment and a session on the requirements. There will also be a policy written by DDS on provider compliance as related to the HCBS settings rule.

Format of the Document

The format of the transition plan was also discussed. It was mentioned that Iowa and Georgia used a grid format that listed action items, proposed start dates and end dates. It was suggested that it could be more effective to use the grid format and the narrative format that was used by Tennessee.

There was also discussion about whether to include hard dates of completion in our transition plan or language that states that a detailed work plan with dates of completion will be posted on our website within 30 days of our transition plan submission.