

REGIONAL MANAGEMENT GROUP MEETING

Date: November 30, 2018

Time: 9:00 a.m.

Attendees: Margaret Graham (LDN CSB), Daryl Washington (FFC-CSB), Lisa Madron (PW CSB), Deborah Warren (ARL CSB), Amy Smiley (NVMHI), La Voyce Reid (ARL CSB), Jean Post (NVRPO), Randy Buckland (NVRPO), Tyler Carey (NVRPO), Betsy Strawderman (PWC CS), Jamie Elzie (DBHDS), Tara Belfast-Hurd (DBHDS), Judith Korf (parent), Victor Mealy (FFX CSB), Joseph Razzano (LDN CSB), Lyn Tomlinson (FFX CSB), Max Harrison (LDN CSB), Martha Boyer (ALX CSB), Phil Caldwell (ALX CSB), Joe Wickens (RAPP CSB), Evan Jones (FFX CSB), Paula Stone (RAP-RAP CSB), Jaqueline Turner (PWC CSB), Lisa Snider (LDN CSB), Robyn Fontaine (FFX CSB), Joseph Rajnic (FFX CSB)

Guests: Heather Norton (DBHDS – phone), Rikki Epstein (ARC of NOVA), Arthur Ginsberg (President and CEO of CRI), Lorna Ballard (Director of Admissions & Social Work with CRI)

Recorder: Xiuping Cheung (NVRPO)

Call to Order: Margaret Graham (LDN CSB) called the meeting to order at 9:05 a.m. The group was welcomed and introductions were made.

Handouts: Agenda, RMG meeting notes (October 2018), DS Focus questions, Regional Budget report, FY19 Regional State Hospital bed use Report, Adult/Older Adult Bed Days per 100k, Regional Utilization Management Report

TOPIC	DISCUSSION	REC/ACTIONS	RESPON-SIBLE PARTY	F/U DATE
Introduction	1. Introductions were made, M. Graham welcomed the group. Minutes from the October meeting were reviewed and approved.			
DS Focus Q & A	<p>The regional DD Directors provided eight questions ahead of this meeting to be addressed by H. Norton, Acting Deputy Commissioner, Developmental Services, DBHDS during the meeting. A brief summary of the responses to the questions is presented below. H. Norton's full written responses are included as an attachment to these Minutes.</p> <p>1. Planning Calendar: The Individual Planning Calendar/Supports Packages (IPC/SP) will eventually be added to WAMS and used by Support Coordinators to lay out Waiver and non-Waiver activities of individuals supported by DD Waivers. Additionally, there will be an accompanying "Aspiration" calendar that shows activities the individual may desire to be engaged in. It is expected that the Support Coordinator will use the two calendars to compare engagement in paid and unpaid services, as well as compare actual activities with progress towards aspired activities and identify any gaps in service. A webinar for CSBs that will be piloting the new</p>			

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	<p>tool is scheduled for December 7th. In the Northern Virginia region the tool will be piloted by the Arlington CSB. H. Norton offered to share a Power Point for "Range of Support Group Packages" with J. Post. H. Norton also agreed to follow up with Eric Williams, Director, Provider Development, DBHDS, for additional information on this topic that can be shared with the NOVA region.</p> <p>2. Waiver Regulation: DBHDS has been told the Governor's office hopes to complete its part of the review of the new DD Waiver regulations by the end of the calendar year. It is anticipated that the new regulations will be released after the Governor's review for a 60-day public comment period. CSBs, private providers, and advocacy reps will be invited to review and make comments.</p> <p>3. Emergency Licensing Regulations: The emergency licensing regulations went into effect on September 1, 2018. Prior to this, two draft guidance documents pertaining to the emergency regulations were published on the Town Hall website and a notice sent out directly to CSBs and other providers for a 30-day public comment period. The responses from the public comment period are being reviewed by DBHDS staff and the regulations revised at this time. It was reported that the finalized guidance documents will be posted the week of Thanksgiving. Related to the new regulations, providers, including CSBs, were told they would not be cited according to the new emergency regulations for up to three months following the September release; however, this does not seem to be the case. It was shared with H. Norton by regional DD Directors attending this meeting that some CSBs have already been cited.</p> <p>4. VIDES and Annual Risk Assessment: The VIDES and Annual Risk Assessment should both be completed ahead of the annual Individual Service Plan (ISP). The Virginia Individual Developmental Disability Eligibility Survey (VIDES) is required for annual confirmation of continuing eligibility for Waiver services. VIDES assessments may be completed in the same calendar month (12-month period) can be accepted, according to H. Norton.</p> <p>5. Risk Assessment and Support Intensity Scale (SIS): (The SIS is required every three years for adults and every two years for children. The issue at hand is whether or not the annual risk assessment is required in a year when the SIS is required.) H. Norton explained that if the SIS is completed and the annual plan year starts later (the same year), then the annual risk assessment</p>			

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	<p>would not be required. The example she offered was the SIS being completed two months ahead of the annual ISP. QMR has reported some instances of the SIS not been completed on time (by the Departments contracted vendor that does the SIS evaluations). In such situations, an annual risk assessment should be done for the completion of the annual ISP.</p> <p>6. Regulation 660D: The initial ISP and the comprehensive ISP shall be developed based on respective assessment with the participation and informed choice of the individual receiving services. To ensure the individual's participation and informed choice, the provider shall explain to the individual or his Authorized Representative (AR), as applicable, in a reasonable and comprehensive manner, the proposed services to be delivered, alternative service or services that might be advantageous for the individual, and accompanying risks or benefits. The provider shall clearly document that this information was explained to the individual or his AR and the reasons the individual or his AR chose the option included in the ISP. H. Norton will get back to the region with more information as the group is advocating that the informed choice be modified and used to meet this requirement.</p> <p>7. Case Management auditing tool and modules: Target date for completion is December 31st; will email to community Case Manager/Support Coordinator etc., PDF copy of the final manual goes out to the Partnership for People with Disabilities (contracted by the Department) on December 10th to review and post on website; The Independent Reviewer continues to use the 2012 Settlement Agreement as the guide for establishing compliance rather than the various tools and initiatives underway at the state and local levels. L Reid is on the Audit tool committee; she shared that they have come across some challenges and the audit tool is still under development and not ready for review. A recent proposal was an 80 questions audit tool, which will not be moving forward as reported by H. Norton. Instead, she said the Departments reviewing a proposed tool with 25 questions. December 1st, manual for Case management (CM) modules will be posted on the website; modules will be available by December 31th. It is not clear on whether or not current Support Coordinators will need to take the whole training again (based on the new modules) or only need to review the new requirements or changes. The DOJ SA Independent Reviewer will conduct reviews in January 2019.</p>			

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	<p>8. CHRIS reports: Reviewing CHRIS reports (incident reports) is one means of evaluating individual risk. The expectation of Support Coordinators to use this resource was articulated by the prior DBHDS Commissioner on January 26, 2018 as a means to meet concerns about risk and was conveyed in previous Independent Reviewer reports. Issues with this approach were shared such as CHRIS reports run all CSB reports, not just those for DD and thus the volume would be enormous for Support Coordinators to look through, especially for larger CSBs. Concern was also expressed about HIPPA as the Support Coordinators would get all CSB CHRIS reports for a given month. The report show nothing more than that there was an incident and the type of incident with no other details. Lastly, in many CSBs Support Coordinators don't have access to CHRIS. H. Norton agreed to further review and get back to the group.</p>			
Community Residences	<ul style="list-style-type: none"> • CRI awarded two contracts across the state to provide residential options for individuals with DD and complex behavioral health or mental health (MH needs). The contract for Northern Virginia was awarded to CRI and will be used to purchase four (4) homes; three of which will have four beds and the fourth will have six beds. The homes will provide supportive living for individuals with complex behavioral needs and medical needs to transition from out of state placements, as well as individuals in institutional settings such as Training Centers, Northern Virginia Mental Health Institute (NVMHI) and REACH Crisis Therapeutic Homes. It was noted that the out of state placements largely pertain to at-risk youth placed out of state using Children's Services Act (CSA) funding. These homes would all be Waiver-Funded and individuals would likely require a customized Waiver Rate for additional staffing support. REACH currently has four individuals that do not have discharge plans and may be appropriate for these homes. The first home identified under this project is to be located in Woodbridge and it is anticipated to open on March 1, 2019. Referrals will come from the CSBs and not from DBHDS. • Homes under the CRI contract will all be located in Northern Virginia; however, priority will not be given to Northern Virginia residents. These homes will serve individuals throughout the entire state of Virginia. • D. Washington expressed concern about the local costs when new 			

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	<p>homes/services are brought into the community. He shared that Fairfax County does not have funds available to pay any additional costs beyond the Waiver rate. H. Norton shared that 70% of the out-of-state individual are from Northern Virginia.</p> <ul style="list-style-type: none"> • CRi reported that the Customized Rate needs to be approved at day 1, and before acceptance. L. Ballard (CRi) assured the group that they will try their best to communicate with the family and school, and make sure all necessary information is collected. If customized funding is needed, justification must be provided prior to approval with 6 months of service needs documentation. H. Norton shared that crisis funding could be used to bridge service for up to three months per individual. 			
Individuals seeking services at 2 diff CSBs	<ul style="list-style-type: none"> • CMS requires freedom of choice for case management. Clients are provided choice to select a Provider for case management. However, L. Reid shared that she and her regional counterparts were able to determine that only one CSB may bill DMAS the monthly case management fee. This was a continued discussion about individuals that move to another locality, but choose to retain the prior CM provider and limitations in accessing behavioral health services and supports. This discussion will continue as a solution was not reached. 			
DD training	<ul style="list-style-type: none"> • Dr. Robert Fletcher is scheduled to come to Region 2 and provide a 2-3 day training. Training objectives are not clear, specifically whether or not the focus will be on DD, in general, and MH or Autism and MH. D. Washington suggested reaching out to the Regions that have already had this training and see if 2 or 3 days would be beneficial. J. Post will reach out to see if a full agenda is available. 			
Regional Office Budget	<ul style="list-style-type: none"> • Regional Office Budget was distributed and reviewed • LIPOS funding for the prior 4 months exhausted 42% of total grant. R. Fontaine shared that due to contracting issues, OOR invoices have not been paid. It was agreed that a letter to DBHDS providing a LIPOS fund update and clarifying need based on actual expenses be submitted to DBHDS from the RMG. 			
UM Report	<ul style="list-style-type: none"> • IDD 1st quarter Summary report was distributed and reviewed • UM Report was reviewed. Arlington is working with VHC on land swap agreement which will include one Full Time Arlington clinician stationed at the VHC ED to provide services to youth up to 22 who present at the ED. 			

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Round Robin	<ul style="list-style-type: none"> Due to the Holiday, December RMG meeting has been canceled. T. Belford-Hurd: DLA-20 implementation starts January 1, 2019 and will complete by March 2019. Behavioral Health Housing working on a contracted for 75 support units for women; stake holders' forum will be held on 12/19/19; registration should've been emailed out to the group but will email J. Post to share with whomever that did not received the email. Diane Oehl oversees the Kits Training, please contact her for additional information; Brandi Jancaitis is now the new full time Military Veteran Affairs Coordinator. December 5th is the Peer Specialist Training, space is still available. R. Buckland: 2 new REACH CTH homes are under construction, will be making a visit early December. C. Layer: New elected City Council; Same day Access is now opened. P. Stone: Inquired if the group has heard of the Administrative Case Management Grant; D. Washington think it's for counties in the rural area. Contact Jennifer from VACSB for more information. Inquired about Cost of transportation from Hospital to step down, J. Post shared that when clients get passes from hospital or discharged from LIPOS – it depends on how the contract is written for that service. If it is from the State hospital, they have a small pot of funding for that purpose. J. Elzie: Brandy, Richmond Mayor challenge to decrease suicide. Piedmont finished with Joint commission, Social Worker – Branda will be retiring next month. M. Boyer: ISP potential changes, divided into pieces. Need to meet again in couple of weeks, it will be ready for DD to look at by January. P. Caldwell: Started Same Day Access. Level of Care subgroup pending feedbacks. Needs base guideline, working with DMAS to see if it can be use as guideline; email will be shared with J. Post along with the email he rec'd for recommendation and feedbacks. A. Smiley: Thanked folks for calling in to Census Meeting. 			

Adjournment: The meeting was adjourned at 11:40 p.m. The next meeting will be on January 25, 2019, at 9:00 a.m. in Chantilly 14150 Park East Circle suite 240, Chantilly, Va 20151


Recorder

1/25/2019
Date


Chair

1/25/2019
Date

1. Please provide a "planning calendar" update. How will it be utilized for planning services? How is DBHDS/DMAS planning to educate individuals and guardians/families on reasons and purpose? What is the timeline for implementation? How and when will training be provided to Support Coordinators on the "planning calendar?"
 - a. DBHDS's contractor, Burns and Associates, has verified through FY18 claims data that the vast majority of DD waivers individuals' composition of services is within the developed supports packages bands. Verification of this using FY18 data was a request from stakeholders and delayed the initiation of the pilot slightly. The supports package amounts have been added to WaMS by DBHDS staff. DBHDS is also attempting to get some additional functionality related to the Individual Planning Calendar/Supports Packages (IPC/SP) added to WaMS and training materials for the piloting CSBs are in the works. A webinar for piloting CSBs will be held on December 7th to provide an overview and then in January to demonstrate the system. DBHDS anticipates that the pilot will last at least 3 – 4 months after which modifications will be made based on feedback before training of the other CSBs will occur.
 - b. The IPC is a tool for the SC and individual/family to illustrate a typical week in broad terms. It will include waiver services, community services, times during which natural supports are in place and even times when individuals can operate independently. It will be accompanied by an "Aspiration" calendar that will be the holder of the plan for where the individual/family would like to go (perhaps being employed, spending more time alone, spending more time with family/friends). The two can be compared and reviewed annually, with the goal being movement toward implementation of the structure on the Aspiration calendar over time.
 - c. The entry of certain waiver services on the IPC will feed directly into the SP calculator to give the SC and family a visual of whether the individual is within, over, or under the expected range for his/her supports need level. This should lead to conversations with individual/family if the latter two are true. Guidance about all of this will be included in the training.
2. What is the current status of the new DD Waiver regulations? When do you anticipate they will be made available?
 - a. DBHDS has been told that the Governor's Office (where the regs are currently being reviewed) hopes to complete their part of the process by the end of the calendar year. After that they will be released for 60 days public comment. DBHDS encourages all CSB, private provider, and advocacy reps to review them closely and comment.
3. Please provide an update on the new Emergency Licensing Regulations. When will submitted comments have responses? Will the regulations be updated based on the comments? Will trainings associated with these new regulations be provided? If so, is there an estimated time frame? Will citations for new regulations begin after the training

are complete? Defer to Jae, but as I understand it training on the emergency regulations is underway. Once completed, QM&D will proceed with root cause analysis training.

The DOJ Emergency Regulations became effective September 1, 2018. Prior to the effective date of the regulation, two draft guidance documents pertaining to the emergency regulations were published on the Town Hall website and sent out directly to providers for a 30 day public comment period. The Office of Licensing received several comments during this period. Since the closure of the public comment period for the guidance documents, the Office of Licensing has been working internally with DBHDS staff as well as with the Office of the Attorney General to make appropriate changes to the guidance based on comments received. Responses to comments received have been prepared and the finalized guidance documents will be posted the week of Thanksgiving.

In early August, a NOIRA was also published to make the Emergency Regulations permanent. The Office of Licensing received comments from stakeholders around the Commonwealth regarding different concerns with the effective regulations. The Office is currently holding weekly meetings to discuss the comments received and necessary changes to the regulatory text. During these meetings, staff have identified a need for regulatory changes based on comments received, and are currently in the process of drafting text changes as a result. Once the proposed draft is finalized, responses to public comments will be sent out.

Lastly, the Office of Licensing is in the process of completing an online webinar training on the Emergency Regulations. The webinar training will be a pre-recorded training tool based on the Office's published guidance documents. The Office will send the link to the webinar out to all providers upon its completion in December so that providers may complete the training on their own time and at their own pace. One week after the training is sent out to providers, the Office will begin to host large scale conference calls in which providers can call in and listen to live staff members answer questions relating to the Emergency Regulations. This will allow providers to receive answers to any questions they may still have following completion of the training. Licensing specialists will begin to actively cite providers on violations of the Emergency Regulations three months after the publication of the webinar training. Currently, licensing specialists are working with providers during inspections to let them know regulations

4. We are hearing conflicting reports from DMAS and DBHDS about the due dates for VIDES and annual risk assessment. Please clarify and are DMAS and DBHDS in alignment on due dates for these requirements? Additionally, please also provide an update on the time frame by which the risk assessment must be updated in the ISP. For example, in a major life change situation (i.e., birth of a child) would you consider it reasonable to update the plan within 30 days? How would you advise Support Coordinators to address situations where an individual chooses to not work on a behavior that places him or her at risk?

- a. The VIDES must be completed on an annual basis. It should be completed before the annual ISP is developed, as it is required for annual confirmation of continuing eligibility for waiver services. DBHDS and DMAS have agreed that if, for example, a VIDES was completed on June 2, 2017 and the next VIDES completed on June 25, 2018, this would be considered within a 12 month period and would not be cited by QMR. QMR is also not likely to cite for a VIDES that is completed within a week or two of the annual date in which it is required if the time frame crosses from one month into another.
 - b. DMAS/DBHDS would consider similar time frame allowances for the annual risk assessment to be completed as described above for the VIDES. Again, as it plays a role in the development of the ISP, it should be completed in preparation for that meeting.
 - c. The risk assessment doesn't necessarily get updated for a change in need. However, the ISP would need to be updated to reflect the change in need. The proposed permanent regulations do not include a definitive time frame to update the ISP for a change in need but we may provide guidance in the manual. If the change in need is medical and is a health/safety concern, 30 days delay in updating the ISP may be too long. There may be some circumstances in which 30 days may be appropriate but it really depends on the circumstance. In the example given (birth of a child) this change in need can be anticipated and planned for in advance so we are not clear why 30 days would be needed.
 - d. The last question above is a multifaceted question that is really dependent on the behavior and other circumstances specific to the individual and situation. It would need to be dealt with on an individual basis.
5. Also for clarification, is the annual risk assessment required during the year the SIS is completed? For example, if the SIS is complete in March and the plan year starts in June, would the annual risk assessment need to be for the same year?
 - a. If the SIS is completed in March and the plan year starts in June a separate risk assessment, in addition to the assessment completed with the SIS, would not be needed. QMR reports coming across situations in which the SIS has not been completed on time. In this situation, an annual risk assessment would need to be completed for the completion of the ISP.
6. Please provide guidance on expectations of addressing licensing regulation 660 D. What options are to be provided for case management? What are the expectations of defining risks and benefits of each service chosen by the individual? For DD services, with the introduction of the annual Informed Choice form, could this be updated to include the information required? Because of the volume of options and the limited space for narratives in WAMs, how should this be charted?

D. The initial ISP and the comprehensive ISP shall be developed based on the respective assessment with the participation and informed choice of the individual receiving services. To ensure the individual's participation and informed choice, the provider shall explain to the individual or his authorized representative, as applicable, in a reasonable and comprehensible manner, the proposed services to be delivered, alternative service or services that might be advantageous for the individual, and accompanying risks or benefits. The provider shall clearly document that this information was

explained to the individual or his authorized representative and the reasons the individual or his authorized representative chose the option included in the ISP.

7. Provide an updated on the case management manuals, models and auditing tools. When are they going to be available? How and when will training be provided? We were previously advised that the training modules would be available by November 2018, but are not aware of the new pending time frame. What are the Independent Reviewer's expectation from the CSBs in the absence of these tools?

The target date for all deliverables is December 31st. The modules have been sent for voice over. All of the manual chapters have been sent to the CM committee, as well as various subject matter experts (housing, waiver operations, community integration), DMAS, OL, OHR for final edits. For those members of the committee that are representatives from the CSBs, the entire draft was provided and specific chapters were assigned for review based on their particular expertise. The Partnership for People with Disabilities will be incorporating edits next week to provide a PDF copy of the final manual the week of December 10th at which time the manual can be shared and work on loading the manual onto a website home can begin. The next meeting to review a current draft of the record review tool is scheduled for December 6th and meetings will be increased in order to meet the established deadline. The Independent Reviewer continues to use the 2012 Settlement Agreement as the guide for establishing compliance rather than the various tools and initiatives underway at the state and local levels.

8. When and how did the expectation of having case managers look at the CHRIS case management report become an outcome? Isn't the notion to identify risks and respond? What if this is not a good way to address?

Reviewing CHRIS reports is one means of evaluating risk. The expectation to use this method was articulated by the Commissioner on January 26, 2018 as a means to meet concerns from the IR reports.