REGIONAL MANAGEMENT GROUP MEETING

Date: May 31, 2019 **Time:** 9:00 a.m.

Attendees: Margaret Graham (LDN CSB), Lisa Madron (PW CSB), Daryl Washington (FFX CSB), Deborah Warren (ARL CSB), Carol Layer (ALX CSB), Amy Smiley (NVMHI), Jean Post (NVRPO), Tara Belfast-Hurd (DBHDS), Judith Korf (Parent), La Voyce Reid (ARL CSB), Barbara Wadley-Young (FFX CSB), Sierra Simmons (FFX CSB), Kevin Lafin (FFX CSB), Lara Lafin (FFX CSB), Besty Strawderman (PWC CSB), Heather Norton (DBHDS), Martha Boyer (ALX CSB),

Guests: Luke Lemon (Good Neighbor Homes), Heath Pond (Good Neighbor Homes)

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 minutes (April 2019), FY20 meeting schedule, Questions to DBHDS, Budget amendments handout, Region 2 TDO comparison report, FY19 Regional State Hospital bed use Report, Regional comparison of Adult/Older Adult State Hospital Bed Days per 100k, Region 2 Budget report, Regional Utilization Management Report

TOPIC	DISCUSSION	REC/ACTIONS	RESPON-SIBLE PARTY	F/U DATE
Introduction	• Introductions were made, M. Graham welcomed the group. Minutes from the April meeting were reviewed and approved.			
RMG meeting Schedule	• FY2020 RMG meeting schedule was shared with the group			
Other quick follow up items	• Discussion occurred regarding individual CSB/ES follow-up with local stakeholders such as hospitals, CSUs, Sheriff, Eds, etc. • J. Post was asked to share Commissioner's recent email anticipating potential delays to state hospital admissions due to holiday weekend level of anticipated need and current occupancy status in all state hospitals with private hospitals and CSUs. • J. Post to draft a regional response from the RMG to Commissioner's email. • Discussion occurred regarding representative for BH Redesign Psychosocial workgroup and the group nominated Beth Dugan of PW to be the R2 Subject Matter Expert representative. J. Post to notify DMAS.		J. Post	
Good Neighbor Homes	• The leadership of Good Neighbor Homes (GNH) presented their programs and services to the group while addressing their expansion in Northern Virginia. They shared their vision which is to create capacity for those that are difficult to place in the community			

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	due to complex needs. • Through their partnership with SWMHI, they have been able to discharge 5 NGRI individuals with complex needs to Good Neighbor Homes. • GNH has acquired a new company with 5 locations, one is for a day support located on Main street in Fairfax while the other locations are residential. Currently they are partnering with NVMHI and have identified 4 individuals that will be able to discharge to this new location. Construction is occurring at the home now and it is anticipated that the home will be ready to provide services by mid-July. • D. Warren and L. Reed shared that GNH has one home in Arlington which started in 2016 and that the quality of services has been very good. • GNH's is also in the process of developing a Crisis home around Fredericksburg. They anticipate opening this program by September 1, 2019. This program will provide both crisis and respite services and could provide an alternative choice from the REACH CTH, for this population. • 17 out of 50 of their homes are tele-psych friendly, by January 2020, they hope to have tele-psych in all of their homes. • Elopement kits and GPS tracking by choice, is also available in each home. • All GNH homes have 2 staff members on duty 24/7 and serve no more than 6 individuals at any given time. All homes also have backup generators.			
Questions to DBHDS	1. QMHP Emergency regulations: DHBDS is meeting with Department of Health Professionals next week to discuss the requirements. Concerns have been raised as a result of workforce recruitment challenges and the QMHP limitations within crisis services. 2. Cross-Disability involvement in STEP-VA Crisis Services: A distinction was made between long-term and short-term goals related to STEP VA Crisis Services. In FY20, 7.9M is available for this component of STEP VA which will assist with the short-term goals but not those that are longer term. It was noted that in general 75% of crisis hotline calls get resolved on the call and that the remaining 25% get linked to services. There is a workgroup looking at the key components of a quality system of crisis services. DBHDS along with various CSB Stakeholders have visited Georgia to look at their crisis system and will be doing likewise in Arizona this			

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	summer. The group suggested that a pilot program for crisis services be developed prior to regulatory changes as this would meet the need to stand something up during this transitional phase. It was noted that if Crisis Stabilization services are expanded, DMAS payment system/structure would need to change. The present system doesn't set us up to do cross disability and lifespan services. DBHDS & DMAS are looking at variances between the desired services and payment structures. 3. and 4. Comorbidity Treatment and services for those with DD/DS and BH conditions and Customized Rate: Customized rate process can be challenging, DBHDS will need time to review/streamline renewal process. Changes in staff impact the program rate, program oversite. Process shouldn't be base on provider notification, follow up needed/site visit to see if there are any changes. Providers need to document what services and treatments have been provided, and this will support the need for ongoing customized rate. Applications should identify treatments and services that resulted in positive behavioral data and what behavioral data may look like if these treatment and services were not provided. If no changes, renewal should be thoughtful. Goal is no more than 6 months to streamline the process. Burns and Associates is doing a rate refresh which will assist in the process of streamlining reauthorizations for customized rate. 5. Inter-disciplinary model at State Hospitals: NVMHI current barrier is the physical structure of the building, no option for low stimulation. 20 bed per unit, do not have the low stimulation beds available. 6. New Waiver regulations and FY20 Waiver slots: Received 1100 comments on posted waiver regulations on townhall, DBHDS is working to review these comments now and will adjust the regulation base on comments; Next step will be to send the revised regulation to DMAS & Attorney General for review, then back to the Public for comments. DMAS goal is to complete this process by end of Summer. DBHDS anticipates releasing the new waiver slots in early FY20, no later than the end of July. Information about individuals removed from the reserve list will likely be communicated at the same time that new waiver slots are awarded. 7. Employment numbers: Next set of numbers are due July 15th from CSB to DBHDS. The department's formula is based on National best practices and will be implemented incrementally. DBHDS still needs to address requirements for individuals who are 18-22 years			

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	old. 8. Reserved slot request vs emergency slot request: when the individual has a FIS slot that doesn't meet his needs, reserved slot will be use. If individuals are hospitalized/REACH, then emergency slots will be use. 9. Building Independence (BI) Waiver: J. Post to forward H. Norton's email with this information. 10. Customizer Employment as a Waiver Service: 60 days assessment, which will allow time to discovery process to unfold, job coach shall observe in different settings, 40 hours of services can be billed. Dual billing is allowed during the 60-day assessment period. H. Norton to send process to J. Post and J. Post to forward to the group. 11. Rate study by Burnes and Associates for DD waiver: June 4th is the next meeting.			
Regional Office Budget	• Regional Office Budget was shared			
UM Report	• UM Report was reviewed, highlights were shared • CSU admission barriers of 2 weeks of medication required at admission was discussed. J. Post shared that the CSU Program Directors have been working with the regional office to develop flexibility on this requirement. • RMG requested 60 & 90 days readmit list to be provided starting FY20 • A. Smiley requesting a CSU FAQ			
Round Robin	• S. Simmons: Moley from VCU has shared how to identify DD diagnose with Support Coordinators on identify signs with individuals that are nonverbal. • M. Boyer: ALX started using WAMP in April and it has been a success. • T. Belfast-Hurd: GPRA training is happening at room 8, from 12:30-4:30pm • D. Washington: GERA: Permanente Support Housing funding • B. Wadley-Young: After DOJ hearing, H. Norton will also help with day providers • A. Smiley: NVMHI continues on renovation and has been successfully not shut down any beds during renovation. Estimate completion date is March 2020; Next Spring, will be implanting a new EHR system, which will replace current paper chart.			

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Adjournment: The meeting was adjourned at 11:45 a.m. The next meeting will be on June 28th, 2019, at 9:00 a.m. in Government Center, 12000 Government Center parkway, Fairfax, VA – Room 4/5

Recorder	07.26.19 **Date**	**Chair**	7-26-19 **Date**