

## REGIONAL MANAGEMENT GROUP MEETING

**Date:** August 23, 2019

**Time:** 9:00 a.m.

**Attendees:** Margret Graham(LDN CSB), Lyn Tomlinson (FFX CSB), Lisa Madron (PWC), Carol Layer (ALX CSB), Jeanne Booth (ARL CSB), La Voyce Reid (ARL CSB), Betsy Strawderman (PWC CSB), Judith Korf (Parent), Jean Post (NVRPO), Randy Buckland (NVRPO), Robyn Fontaine (FFX Fiscal), Barbara Wadley-Young (FFX CSB), Amy Smiley (NVMHI), Tara Belfast-Hurd (DBHDS), Laura Nuss (DBHDS), Heather Norton (DBHDS), Martha Boyer (ALX CSB), Victor Mealy (FFX CSB), Evan Jones (FFX CSB), Lisa Snider (LDN CSB), Jaqueline Turner (PWC CSB), Jane Yaun (RACSB), Joe Wickens (RACSB), Paul Stone (Rappa-Rap), Donna Higgs (NWCSB), Garrett Hamilton (North Springs)

**Recorder:** Xiuping Cheung (NVRPO)

Call to Order: Margret Graham (LDN CSB) called the meeting to order at 9:01 a.m. The group was welcomed, and introductions were made.

Handouts: Agenda, RMG meeting minutes (July 2019), Questions, CSB Regional Partner Fair flyer, CCCA data, TDO Hospital use graphs, FY19 Q4 ID/DD Summary report, Regional Utilization Management Report, Regional Budget

TOPIC	DISCUSSION	REC/ACTIONS	RESPON-SIBLE PARTY	F/U DATE
Introduction	<ul style="list-style-type: none"> <li>Introductions were made, M. Graham welcomed the group. Minutes from July meeting were reviewed and approved.</li> </ul>			
CCCA Data	<ul style="list-style-type: none"> <li>FY19 Q4 CCCA data was reviewed with the group to facilitate discussion of need for Developmental Disability (DD) Children's Acute Care Services.</li> </ul>			
DD Children's Acute Care Services	<ul style="list-style-type: none"> <li>J. Post and L. Reid reviewed the need for children's acute care services for those with a DD condition. Currently, there is limited capacity for children with IQ scores of 55 or less and on the spectrum for acute care services. It was noted that Commonwealth Center for Children and Adolescents (CCCA) data provided to the region does not include separate identification of those with DD. Anecdotal reports are that this population is growing and that our children's acute care providers struggle to serve this population.</li> <li>G. Hamilton was asked to explore serving this population as a special unit within the North Springs 24 bed expansion.</li> <li>Figures were shared by G. Hamilton calculating the utilization needs to sustain such a unit. For an 8-bed unit, 24 admissions would be needed a month.</li> <li>Figures were shared by H. Norton calculating the need for such a unit across the state. 26.41 children across the state with DD need acute care services each month. As a result, it was clear that such a unit could be sustained through DBHDS/CSB referrals</li> </ul>			

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	<ul style="list-style-type: none"> <li>G. Hamilton reported that the need for these beds for the BH population is well documented (75 bed units in FY19 were turned away monthly) and he agreed to further discuss this consideration with H. Norton.</li> <li>H. Norton shared that statewide there are 24 new acute care children's beds coming on line at Kempsville and 70 at the VA Beach Children's Hospital.</li> </ul>			
Questions to DBHDS	<p>DS Directors questions to Heather Norton to address in 8/23/19 ID/DD Focus RMG:</p> <ol style="list-style-type: none"> <li><b>Please ask Laura to share her overall vision of Developmental Services in Virginia and specifically related to DOJ settlement agreement and timeline.</b> <p>L. Nuss' vision is not DOJ centrist. Focus on high quality system; make sure the right services available for individual and families to support them the way that's best for them and financially appropriate; good quality system, right now it's a barrier financially and the system is not connected; Quality is not in compliance; working on collaborating with Quality Assurance Department to come up with better ways; will work with CSBs to have better Case Management; help evaluate and find a way to share information with the state for quality services and from providers, and how to share the information with state to address barriers; how to strategize for the waiting list, what to make available for priority 2 &amp; 3; supporting families with life span; planning calendar is outdated from other states; need to look at other Medicaid programs to see what's available; will add more regional staff to support life span program.</p> </li> <li><b>What services will be addressed in the next DOJ review and what do we know about the focus of the next DOJ review?</b> <p>Individual Service Review of individuals who are Level 7 Training Investigations Office of Lic. (OL) and Office of Human Rights (OHR) Mortality Review Quality Assurance/Quality Improvement</p> </li> </ol>			



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	<p>Integrated Day/Employment Transportation Regional Support Team (RST) Crisis Data</p> <p><b>3. We are hearing that there are discussions occurring about reverting back to the traditional DBHDS R2 regional designation rather than the expanded Northern Region designation. What can you share with us about these discussions? Has a decision been made and is there a timeline?</b></p> <p>Discussions are occurring to align the Regions between DD and BH. The timeline is still being discussed but anticipated to be by 4/1/20.</p> <p><b>4. Please provide a report out (document/table to share with the group) of the 3-key metrics (ISP, employment, RST referrals) by individual CSB and a regional summary for the Northern Region.</b></p> <p>RST was sent individually to all CSBs- ISP information to review; Employment information to review</p> <p><b>5. Provide status update of the Draft DD Waiver Regulation? Verify dates of public comment periods.</b></p> <p>DD Waiver regs are still circulating with DMAS management. Then they will go to the Office of the Attorney General (OAG). They will also have to be reviewed again by the Secretary of Health and Human Services and the Governor's office. The 30-day public comment period will be sometime after that. Dates for each of these steps are too hard to predict. Table for next quarter.</p> <p><b>6. Please provide status of the new waiver services, such as: non-medical transportation, housing navigator, peer support, benefit analysis.</b></p>			

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	<p>Medical transportation, working out issues related to the procedure code for this service. Housing navigator, Staff are developing the Housing Community Guide training modules right now. Peer support, the training for Peer Mentor has been sent to DMAS for review. Benefit analysis, currently available for provision by any qualified person.</p> <p><b>7. Update of Provider Issue Resolution Workgroup regarding Waiver Rates. Is the department leaning towards rebase or refresh?</b></p> <p>DMAS will review the budget to increase the rates, not sure what will be it for rate increase. Additional studies in nursing rate &amp; crisis, DBHDS will set up meeting with CSBs, families, providers to review any barriers and rate structure, community transportation, employment days, community support rate structure, also looking at waiver amendments in 2020. Rebase require provider survey and more time consuming; providers will most likely be requesting refresh over rebase.</p> <p><b>8. Please provide update on timeframe from which ISPs need to be in WAMS. Will there be a grace period if technical issues persist? Is there a point in which we will not be able to upload PDFs of current ISPs into WAMS?</b></p> <p>Due to the overlong timeframe this effort has experienced and the urgency around DBHDS needing to obtain and use data for Settlement Agreement (SA) and CMS (Medicaid) reporting, no additional grace period is being considered at this time. The FY19-FY20 CSB Administrative Requirements require 140 calendar days for development and testing from the date that DBHDS provides final specification (p. 36). Final specifications were revised based on vendor and CSB input and provided in their final form on May 17<sup>th</sup>. Based on this data, 140 days will occur on October 4<sup>th</sup>. DBHDS is determining if FEI can accommodate one additional week of testing. An original buffer of two weeks established testing would end on 9/15/19. DBHDS is requesting that vendor testing be supported fully up until 5:00pm on October 4<sup>th</sup>. ISP data will then need to available</p>			



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	<p>directly in the WaMS user interface beginning on October 7<sup>th</sup>, 2019 through a working data exchange or through direct keyed entry.</p> <p><b>9. Are there required domains for the New ISP. Will there be an official communication about this?</b></p> <p>The only system requirement now is that there be at least one life area associated with at least one outcome and that the outcome has at least one waiver provider attached. Any life area is acceptable. In the Part III, waiver providers are added under "eligibility-based" service type. Of course, in practice, people with have more than one outcome.</p> <p><b>10.Are the licensing regulations under review? If so, what is the process, status and timeline?</b></p> <p>Yes, the licensing regulations are currently under review.</p> <p>Each state agency must ensure that its regulations are reviewed at least once every four years through a 'periodic review.' Agencies must then decide if the regulation will be amended, retained as is, or repealed. After conducting the most recent periodic review of the Licensing Regulations, the agency filed a decision to amend the regulations. After conducting research into the licensing regulations in other states and other agencies in Virginia, DBHDS determined that the current format of the Licensing Regulations is not in line with best practices of regulatory entities nationally or within Virginia. Most other regulatory agencies have licensing regulations by disability population. After reviewing the current structure of licensing regulations, along with reviewing current initiatives underway, including behavioral health redesign, the ARTS waiver, and DD waivers, the Office of Licensing determined that moving to disability specific chapters would provide the best structure to align with these efforts. Work is currently underway to develop a 'general chapter' that will apply providers of all disability areas. This will be followed by development of three disability-specific chapters (developmental, behavioral health, and substance abuse).</p>			

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	<p>DBHDS will be holding two regulatory advisory panel (RAP) meetings to gather input on this change and on language in the general chapter. The meetings will occur in September and October of this year. Simultaneously, the draft will be posted for public comment on Town Hall. Following feedback from the RAP and from public comments, DBHDS will prepare revisions to the general chapter, with a goal of submitting to the DBHDS Board in April. DBHDS will also begin working on language for the disability specific chapters, which will also be presented to a RAP and submitted for public comment. Disability-specific chapters will be developed in prioritized order, with substance abuse services first. The hope is to bring at least one if not all three to the July board meeting. The standard process for adoption takes 18-24 months to complete.</p> <p>Separately from the overhaul, any immediate changes required for Behavioral Health Redesign are expected to occur within the existing regulations as emergency actions per action by the General Assembly, as needed.</p> <p><b>11. For meeting compliance with the HCSBS requirements, can you provide updates regarding:</b></p> <p><b>a. What is the status of the Region 2 providers on Organizational Compliance? How many providers were compliant? Partially compliant? Non-compliant?</b>            The compliance status represents providers who have their administrative office in region 2. It is not all inclusive of providers that provide services in NoVA.</p> <table> <tr> <th colspan="2">Region 2</th> </tr> <tr> <td>Compliant = PSA 12</td> <td>GSE 2 = 14 total</td> </tr> <tr> <td>Non compliant= PSA 23</td> <td>GSE 1 = 24 total</td> </tr> <tr> <td>Partially compliant= PSA 27</td> <td>GSE 4 = 31 total</td> </tr> </table> <p><b>b. For those who were partially compliant and non-compliant, what is the timeline for resubmitting information?</b></p>	Region 2		Compliant = PSA 12	GSE 2 = 14 total	Non compliant= PSA 23	GSE 1 = 24 total	Partially compliant= PSA 27	GSE 4 = 31 total			
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	<p>We do not have a deadline for completion of Part 1.3. Providers are at various stages of compliance requiring different degrees of modifications and actions to demonstrate organizational compliance. Part 1.3 is open and available for resubmission. We will revisit imposing a deadline in mid-September.</p> <p><b>c. When will there be information provided about what must be submitted for Setting Specific review? Will this information be put in the toolkit?</b></p> <p>Our next step is to validate implementation of HCBS policies, practices and compliance with all requirements in all settings. Site specific validations will begin with providers demonstrating organizational compliance. This process will include onsite reviews and desk reviews of self-assessment submissions. We anticipate that the review and validation of settings compliance will take 18 to 24 months. DMAS and DBHDS will be working with a consultant to assist the state with a strategic plan, process development and refinement, development of review tools, training of site review team members and development of provider and stakeholder resources for the HCBS Toolkit.</p> <p>We intend to pull together a small group of provider agency representatives in an advisory role as we finalize our process and approach. We will pilot our approach for settings validation with a small number of providers and settings to inform needed changes and modifications to tools and training of site review team members. Additional information will be provided as we move forward.</p> <p><b>d. What is the timeline for submitting information for Setting Specific review?</b></p> <p>Providers have already submitted self-assessment information for each setting. That information will be reviewed in concert with organizational compliance standards being met and a review of a sample of ISPs. Additional information on setting specific reviews will be provided as we move forward and aligned with the activities noted in the response above (Question c.)</p> <p><b>12.CHRIS reports: what is being shared with disAbility Law</b></p>			

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	<p><b>Center and how is the Department ensuring HIPPA and QSOA compliance?</b></p> <p>New legislation that became effective July 2017 amended § <b>37.2-304</b> of the Code of Virginia, and requires DBHDS to provide disability Law Center Virginia (dLCV) with the known facts of serious injuries or deaths of individuals receiving services in programs that are operated or licensed by DBHDS. dLCV is required by state and federal law to keep information that it receives confidential. Information is shared with dLCV through a secure FTP site.</p> <p><b>13.Does the Department have any other relationships with disAbility Law Center that require review and oversight?</b></p> <p>There are not any projects that we are directly working with the CSBs on; although they are a participant in the Project Living Well grant that is being run by VCU. They are supporting strengthening our RQCs, reducing incidents, and provider training.</p>			
<b>Conflict Free Case Management/Behavioral Health Support</b>	<ul style="list-style-type: none"> <li>Group requested clarification about conflict free case management when an individual chose their home CSB for CM but is residing in another CSB catchment area and is in need of Behavioral Health Supports. A discussion ensued about the need for procedures for these situation which appear to be increasing. The role of Managed Care Organizations (MCO) care coordinators was discussed, as a function of their positions is to identify providers and assist with identifying appropriate community-based services. Capacity issues exist in the CSB system. A workgroup with an Executive Director as a representative will be established to better define the problem and brainstorm possible solutions. L. Reid suggested that the workgroup also include DD directors, BH directors, and FAPT/DSS.</li> </ul>	Workgroup to be established	M. Graham & J. Post	
<b>Customized Rate Challenges</b>	<ul style="list-style-type: none"> <li>Concerns from Providers have been expressed and feedback on the process has been negative. H. Norton shared that part of the challenge is the providers lack of understanding of the process. The department is offering assistance to any provider who reaches out, so their individual concerns/challenges can be addressed. H. Norton shared that after meeting with some providers, she was able to address some of the concerns with DMAS. As a result, requirements</li> </ul>			



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	<p>were revised and this resulted in 4 approvals through the Medicaid portal. Overall numbers of approval will be shared with J. Post.</p> <ul style="list-style-type: none"> <li>The department will be hosting a webinar with case examples and host discussions, this will be facilitated by Carrie Odeson. More information will be share with J. Post.</li> </ul>			
<b>Review UM report</b>	<ul style="list-style-type: none"> <li>FY20 UM report was shared with the group</li> <li>Regional Budget were shared</li> </ul>			
<b>Round Robin</b>	<ul style="list-style-type: none"> <li>R. Buckland: additional \$140,000 in Retain Earning to use for Behavioral Specialist funds has been approved. REACH homes still pending Certificate of Occupancy; Adult transition home is 70% staffed; Youth CTH is 40% staffed. Adult Transition home will be open first, Regional 4 youth CTH is opening soon.</li> <li>A. Smiley: ID/DD Population is down from 17% to 6%; census is at 82% capacity.</li> <li>J. Turner: PWC community development award, met with pathway next month, 5 unit available by end of month.</li> <li>M. Boyer: Alexandria Cas Manager moving location, new location contact information will be share shortly.</li> <li>V. Mealy: Announced his retirement and Sierra Simmons will be his replacement.</li> <li>E. Jones: FFX is hosting a CSB Regional Partner Fair on 9/18/19 from 9am to 3pm with over 30 providers, highly suggest all support coordinators to stop by and get to know the providers and obtain information.</li> <li>C. Layer: Collaborating with public housing on HUD vouchers for DD, age 18-62, applied for 50 vouchers; consolidate MAT, expand opioid to include jail. JBS needs assessment next week.</li> <li>J. Booth: Arlington also applied for HUD housing – 40 vouchers; applying to have pharmacy on site; will be leaving Arlington CSB soon.</li> <li>D. Higgs: NWCSB is one of seven CSBs received approval transitioning grant, NWCSB will be able to use the funds to hire a DD support coordinator.</li> <li>L. Madron: PWC applied for HUD vouchers; MAT application increase sub use for opioid.</li> </ul>			

**Adjournment:** The meeting was adjourned at 12:00 p.m. The next meeting will be on September 27th, 2019, at 9:00 a.m. at Chantilly Training room

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Recorder

9/27/19  
Date

  
Chair

9/27/2019  
Date