REGIONAL MANAGEMENT GROUP MEETING

Date: February 26, 2021 **Time:** 9:00 a.m.

Zoom Attendees: *Alexandria CSB* – Carol Layer, Elizabeth San Pedro, Phil Caldwell
Arlington CSB – Deborah Warren, Maimoona Bah-Duckenfield, La Voyce Reid
Fairfax CSB – Barbara Wadley-Young, Sierra Simmons, Lara Lafin, Kevin Lafin, Evan Jones, Denise Sequera
Loudoun CSB - Margaret Graham, Michelle Petruzzello, MaryJo Blair, Roshontia Haas, Emily Gebhart, Lisa Snider
Prince William CSB - Lisa Madron, Jackie Turner
NVRPO - Jean Post, Robyn Fontaine, Wendy Rose (Recorder)
NVTC Alum - Judith Korf
DBHDS - Heather Norton, Tara Belfast-Hurd, Catherine Hancock
DMAS – Ann Bevan, Jason Perkins

Call to Order: Margret Graham, RMG Chair, called the meeting to order at 9:00 a.m.
Handouts: Agenda, RMG meeting minutes (January 2021), January 2021 Regional Utilization Management Report, Regional Budget

TOPIC	DISCUSSION
Introduction	• M. Graham facilitated introductions and welcomed the group. • Minutes from the January 2021 meeting were approved.
Medicaid Flexibility	• A. Bevan reported Medicaid will extend reimbursement to cover telehealth services through April 2021; there are other flexibilities that will be extended, as well, with a variety of effective dates. The Federal Public Health Emergency has been extended through December 2021. • L. Snider asked what to do when families refuse to allow support coordinators in the home – A. Bevan instructed support coordinators to document the refusal and use a telehealth platform that has been approved by DMAS (not telephonic). • Currently, people are not losing their Medicaid for not using services. • There will be a memo's coming out with further guidance regarding Medicaid flexibilities: a K memo to address Waiver services and a 1135 memo for other services. • Enhanced case management will not be recognized in the memo as this is not a DMAS recognized service.
Quality Service Reviews (QSRs) conducted by Healthcare Service Advisory Group (HSAG)	• *Timeline of 1st round results* - H. Norton reported that, as of yesterday, the group still had to complete 100 (out of 562 providers). They were originally supposed to be done by today, but that has been extended until next Friday. • *Corrective actions prior to 2nd round* – H. Norton reported that they will be looking for progression of implementation of the recommendations; they will be looking to see if the CSB is taking steps to implement the recommendations, and that there is a continuous quality improvement cycle. • *Time period to submit corrective action plan* – H. Norton will investigate this further and get back to the group. • L Reid voiced concern that the 1st round recommendations were only related to one record – they pulled multiple records but based the recommendations on just one record. H. Norton reported that DBHDS shared this concern and will follow-up. • The group requested that 1. The case management interview should not occur until after the reviewer has reviewed the clinical record; 2. The corrective action time frame be extended from 15 days to 30 days; and that the CSB be provided with notification for when the clock starts on the response timeframe. H. Norton will follow up on these requests.

REGIONAL MANAGEMENT GROUP MEETING

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	• After March 31, HSAG will be reaching out to support coordinators directly to schedule interviews. Some CSBs report that this is already occurring. • H. Norton asked that if issues continue in Round 2, to please email the QSR email and blind copy her – she wants to assess whether issues are systemic or singular.
Customized Rates	• There will be a Customized Rate training for Region 2. It was asked if there would be an opportunity for R2 to provide questions. H. Norton said that yes, there will be a survey sent to support coordinators to ask what they would like to see in the training, questions, etc. The training will be customized according to these results. There will also be a Q&A session at the training. The survey is expected to go out March 8, responses will be due by March 15, and the training will be held March 29. A save the date will be sent.
Waiver Transitions	• There have been challenges with the transition from the CCC+ Waiver to the DD Waiver; H. Norton reported that a process was developed and distributed to Support Coordinators. • The transition must start on the first of a month. • L. Snider reported that this has been challenging for those reviewing the information in WAMS, and they are receiving mixed information. H. Norton will follow up with this.
Delays for DMAS higher level reviews	• There have been significant delays in the DMAS higher level reviews. It was requested that there be a process implemented regarding timeframes. Nursing and Assistive Technology have been particularly challenging. • L. Reid asked if some reviews can be prioritized – such as funding for a lift that has been broken. H. Norton reported that they would need to be made aware that something needed to be prioritized, and to start with her for these.
DOJ Settlement Agreement	• H. Norton reported that percentages are not where they need to be on some of the 328 indicators. Not re-negotiating anything currently but redefining the indicators. • Independent reviewer does not consider the case management work that is being done with the new tools as valid until case managers return to in-person services. The independent reviewer appreciates the efforts implementation of the various tools, but his perspective is that until case managers are back in the homes, the use of the tools is not as valid as it could be. There are similar feelings about QSR reviews and licensing. • CSBs were requesting to partner again with DBHDS regarding the DOJ settlement, to better understand what is interfering with the achievement of these goals. H. Norton reported that at this time, there is not much interfering except the FTF component, but DBHDS is happy to partner and give it further consideration.
Region 2 DS reporting request letter	• It was asked if there was any progress in the CSBs having the ability to run reports in WAMS? No progress, but it has been identified as a priority to be addressed. There has been a contracting conflict, which has slowed down this process.
Individual Service Plans (ISP) in WAMS	• Trainings roll out: 3/15 DBHDS to finalize training; 4/2 DBHDS to post guidance document; reference guide will also be provided. • Changes to ISP are occurring May 1st and not July 1st as requested by the VACSB so that it doesn't occure at the seme time at the CCS3 update. • Training will be less than one hour of time.

REGIONAL MANAGEMENT GROUP MEETING

TOPIC	DISCUSSION
Individual and Family Support funds	• H. Norton reported that last year there was a breach in the ISFP portal, and then there was another breach when it relaunched. They have been working on the system to ensure that this does not happen again. Indicators in the settlement agreement directed them review the processes of IFSP fund distribution. Hopeful that the breach issues with the portal have now been fixed, and that the system may be re-launched in the Spring. Notification will go out to support coordinators prior to the re-launch, so that they can assist families in getting their applications completed. • Currently, Targeted Case Management must be received to meet eligibility for these funds – S. Simmons asked why this was, as individuals occasionally meet eligibility for TCM, but elect not to receive it. H. Norton reported that she believes that this criteria may have changed, and she will investigate and get back to the group.
Protocol for signature requirements	• A. Bevan reported that It has been proposed that electronic signatures remain valid through the rest of the year due to the pandemic. If individuals are discharged prior to getting a signature, just document this.
Early Intervention	• For early intervention, it was the understanding of group that signatures had to be written (as opposed to verbal) as of February 1. There have been a lot of issues with this, as many families are still being seen via telehealth. C. Hancock stated that they are not asking people to go back and get retroactive signatures. This service is funded federally, and the federal guidance requires a written signature, and does not allow for verbal consent. This can be an electronic signature. DBHDS offered to work with CSBs to strategize various ways to get a written signature.
Step-VA Call Center and Mobile Crisis	• H. Norton reported that DBHDS originally envisioned a statewide call center; however, they determined that regional call centers would be more realistic as a start towards implementation. The hope is that 80-85% of the calls will be resolved at the call center; the vision is that calls will come into the call center, and the call center staff will triage the calls, and complete a Level of Care Assessment to determine what level of care the caller needs. This will determine what services will be dispatched to the caller. As part of Behavioral Health Enhancement, the continuum of crisis services available has been delineated – callers may be referred to various crisis supports, such as 23-hour beds (which will be a daily rate), CSU (also a daily rate), crisis intervention, mobile crisis, etc. Call Center staff will have the names and availability of all the regional crisis teams and will dispatch the most appropriate. H. Norton reported that she wants to dismiss the myth that emergency services will be replaced – the hope is that ES will be freed up to do Preadmission Screenings, and not have to engage with the calls that do not rise to the level of needing a Preadmission Screening. • Marcus Alert primarily focuses on Intercept 1 – the police contact. The goal is to establish protocols so that police can support the mobile crisis response; for law enforcement, behavioral health, 911 center, etc. to all work together collaboratively to divert MH calls to the MH Crisis Call Centers, and to help 911 dispatchers have an alternative to sending a law enforcement response when it is not needed. • Looking at using the LOCUS as the screening tool. Licensing has approved to use this as the Comprehensive Needs Assessment; they are working with DMAS to ensure that this meets the assessment requirement for Medicaid. • They are considering doing a statewide MOA with the hub, and then having regional nuances. • RFPs for the data platform through the call centers is out, and the deadline to respond has been extended until March 19. The intention is to have a platform secured by the end of August, with training and launching the platform around October. • Both Crisis Call Center and Mobile Crisis Funding will become available on July 1 – a slow rollout is expected, but the goal is

REGIONAL MANAGEMENT GROUP MEETING

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	to have services start in October. • Will want to manage expectations of the community – H Norton reported that there is an expectation that there will be capacity issues, and that they are cognizant that the needs of the community will likely exceed the services that will be available with the funding limitations. There is also an understanding that there will be challenges initially, and these are expected – this will be a multi-year process. • Initial proposal due to DBHDS March 19. • It was requested that Heather share the white paper, along with the Broom County triage guidelines, which she agreed to do.
Regional Budget	• R. Fontaine presented the Regional Budget.
UM Report Highlights	• J. Post shared the January UM Report highlights.
Round Robin	• L. Snider reported that she has been on the RFP group for PSH, and she anticipates that an award will be made soon for this service.

Adjournment: The meeting was adjourned at 11:40 am. The next meeting will be on March 26, 2021, at 9:00 a.m.

Wendy Kerr — **Recorder** — 3/15/2021 — **Date**

Margaret Graham — **Chair** — 3/15/2021 — **Date**