

---

***TRANSITION ADVISORY TEAM MEETING  
MEETING SUMMARY***

---

Meeting Date: 5/27/2015

Meeting Location: 201 W. Preston St.  
Baltimore, MD 21201

## ATTENDANTS

Name	Organization	Present
Akershure Henry	Phoenix, MS	In-person
Bernard Feehely	Woods Adult Day Services	In-person
Charles David Ward	CFC	In-person
Christine Minetos	Maxim Healthcare	In-person
Deborah Hamilton	CARE	In-person
Floyd Hartley	MDLC	In-person
Karin Lakin	Senior Network	In-person
May Pat Collins		In-person
Michael Fitzpatrick	CFC	In-person
Peter NG	Hong Lok	In-person
Stevanne Ellis	MDOA	In-person
Tricia Nay	OHCQ	Phone

## MEETING LOCATION

201 W. Preston Street, Room L-3  
Baltimore, MD 21201

## MEETING SCHEDULED START: 1:00 PM

Meeting Scribe: Rejie Abraham

## I. INTRODUCTIONS

## II. MEMBERSHIP

- A. DHMH HAS ORGANIZED TWO TRANSITION ADVISORY GROUPS, ONE OF WHICH HAS BEEN DEDICATED TO THOSE SERVED BY THE DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)
- B. MEETINGS WILL BE HELD APPROXIMATELY MONTHLY, BUT WILL BECOME QUARTERLY DEPENDING ON “REMEDICATION” STRATEGIES.
- C. LISTSERVS HAVE BEEN ORGANIZED; PLEASE FORWARD EMAIL ADDRESSES OF PEOPLE WHO WOULD LIKE TO BE RECEIVING MATERIALS ABOUT COMMUNITY SETTINGS. EMAIL US AT: [DHMH.HCBSSETTING@MARYLAND.GOV](mailto:DHMH.HCBSSETTING@MARYLAND.GOV)

## III. BACKGROUND

- A. TRANSITION PLAN WAS SUBMITTED TO THE CENTERS FOR MEDICARE AND MEDICAID IN MARCH OF 2015. WE ARE AWAITING RESPONSE, AND PROCEEDING WITH REMEDIATION STRATEGIES WRITTEN IN THE PLAN.
- B. “COMMUNITY SETTINGS” RULES IMPACT 1915(K) COMMUNITY FIRST CHOICE (CFC); ALL 1915(C) WAIVERS INCLUDING AUTISM, BRAIN INJURY, COMMUNITY OPTIONS, COMMUNITY PATHWAYS, MEDICAL DAY CARE, MODEL WAIVER; AND 1915(I) INTENSIVE BEHAVIORAL HEALTH SERVICES.
- C. FOR MORE INFORMATION ON FINAL RULE, PLEASE SEE POWER POINT PRESENTATION.

## POINTS OF DISCUSSION (AUDIENCE COMMENT IN BOLD)

- **You mentioned you aim to make consumers feel supported so that they can make choices for themselves. Where will those supports come from?**  
Educational efforts will be part of the strategy. We intend to have ongoing conversations with this advisory team to accomplish this.
- **Looking at all these programs that are HCBS, it seems like the pressure will be on agency providers to try to implement these changes. What kind of assistance can be expected?**  
Provider symposiums, ongoing outreach and provider education, and increased focus on provider assessments. We will focus on a provider survey that will be utilized across all provider types. (In the past we had only sent provider surveys to residential providers).. We will use the information analyzed during the survey process to determine site visits.
- **What kind of initial guidance are you giving to new providers at this point?**  
With this group, we will be developing guidance and strategy to reach providers.
- **I'm not so concerned about restricting individuals who need to be restricted in accordance with their person-centered plan, but I am concerned about limiting others in their vicinity who might not need that restriction. If I have a locked environment for 10 people, but only 5 people need that, then that's where its starts to get tricky.**
- Each setting will need to follow the new rules. Exceptions can only be made on the individual level if clearly outlined in the Plan of Service.
- **Will you bring in examples from other states similar to Maryland?**  
Yes, included in the presentation is a URL which will bring you to examples being implemented by other states. During previous public comment meetings, one of the suggestions was to look at a tool that would evaluate providers. Unfortunately, there is no validated and reliable tool available at this time.

- **When you're tracking the number of providers and trying to match them to the surveys they are submitting, then what should be done if one provider has multiple sites?**  
We will work on that information on the back end to match a provider number with the location.
- **Will we be asked to do the survey on an annual basis?**  
No we want to get a baseline of what sites look like. With this information we can move forward in determining site visit requirements.
- **I'm especially concerned with the changes that will occur with residential agreements. This brings into play not only Medicaid and OCHQ regulations but also state laws.**  
We are working with legal assistance to look at leases/resident agreements in a way that can be helpful for providers. Additionally, paying close attention to regulations written by partner agencies will be extremely important. There is currently an open comment period for the Assisted Living regulations that can be found here:  
[http://dhmh.maryland.gov/ohcq/SitePages/ProposedRegs\\_AL.aspx](http://dhmh.maryland.gov/ohcq/SitePages/ProposedRegs_AL.aspx)
- **I'm very concerned about the effect on the rights of non-waiver residents. This will lead to segregation.**  
It will be important for everyone to think of solutions that will protect the rights of both waiver and non-waiver residents.. Again, please pay attention to the regulations that dictate how facilities operate.
- **How soon will the survey results be released?**  
We will attempt to stick to the schedule on the transition plan. Please send comments on the survey by June 15. Piloting the tool will be the next priority to be finished by late Fall.
- **How do we go about selecting a pilot agency?**  
We want to get a representative sample of providers that will cover a variety of programs. Please send comments on best practices.
- **MHCC has done a good job because they send reminder emails often and there's a strict drop date. You should consider saying that if you don't fill out the survey then you will be visited in-person.**  
We will continue to take suggestions on construction of materials to be sent out, and strategies for high response rates.
- **Trying to get information from providers will be difficult, particularly smaller ones that lack electronic information.**  
Letters will be mailed, and depending on type of provider, education strategies could include during mandatory training sessions.
- **You guys should think about sending notifications through LTSS. For smaller providers, sending letters and calling would probably work best. I remember when InterRAI training was hosted here, we had a very large crowd providers.**  
There is not a way to reach providers not yet using the LTSS tracking system, but we could place an announcement on the Home Page for those who are.
- **Under the long-term care survey, there are often financial repercussions to not filling out the survey. I think it should be made clear, that these new requirements are part of CMS regulations, since many providers will not take it seriously otherwise.**  
We will do our best to communicate the new federal rules, and in order to maintain enrollment as a Medicaid provider, compliance will be mandatory.
- DHMH wants to encourage as much communication as possible between the group. We will send an email to the group without blind cc'ing folks. We intend for this to allow for open communication. Please continue to send suggestions and comments to [dhmh.hcbsetting@maryland.gov](mailto:dhmh.hcbsetting@maryland.gov).

## POST MEETING ACTION ITEMS

Action	Assigned To	Deadline
Provider Survey Evaluation	Transition Team Members	June 15, 2015

## **MEETING SCHEDULED END: 3:00 PM**

### **NEXT MEETING**

201 W. Preston Street, Room L-3  
Baltimore, MD 21201

June 22, 2015  
1:00 PM to 3:00 PM

Webinar URL:

<http://meeting.dhmf.maryland.gov/a/bbd9298c319e2a4335fb3edd1c8f1020>

Dial-in Information:

Meeting ID: 2373

Dial in Number: 410-225-5300