

Notes from DDA Listening Session #1: Bowie, Maryland

October 22, 2014

Provider Session

This session was one of a series in each of the four regions of the State. There were separate listening sessions for self-advocates, families and providers in each region. Across all of the meetings, a number of themes emerged. These included the following:

- *A desire for more frequent and understandable communication with DDA (both in writing and in person)*
- *A need for improved Resource Coordination (emphasizing the skills and activities that are important to the individuals and families served)*
- *A concern that the system lacks trust at all levels, and a strong desire to build partnerships (between the state and self-advocates, families, advocates and providers)*
- *A need for improved consistency and staff capacity at DDA*

The feedback at each of these sessions was thoughtful and impassioned, shining a light on the need to work together to improve the system for individuals and families.

In each session, the facilitators asked the following questions:

What things are going well?

What are challenges/barriers and/or things you would like to change?

If changes are made to the system, what are things that should be kept?

The notes below reflect the feedback from the session participants. In some sessions, the comments mainly reflect areas where improvements are needed.

Areas for Improvement:		
	Looking for guidance on how to support those that want to self-direct and those that need more supports. Should be able to cater to both sets of needs.	
	Nursing	
	Improve information technology so it is useful for DDA and providers across the state.	
	There is not adequate staffing in residential services for people to get out into the community more.	
	Service Change process is very complex.	
	Providers feel there is no trust between themselves and DDA.	
	So much administrative rigidity that there is no balance between oversight and good person centeredness.	
	System needs to support appeals for people that are self-directing as well as receiving traditional services as no	

Areas for Improvement:		
	one has a clear idea why services are being denied.	
	We need to consider adequate training and wages for caregivers and RC's	
	Once the absence day policy was stopped, there is no payment for a hospitalization if it occurs for someone a provider is supporting.	
	People go into nursing homes and do not have the right supports. Staff in the nursing homes are not trained and they need the assistance of a provider so that a person can return home. There should be increased collaboration between staff from the person's home and staff from the different settings. PASSSR is not being done to get specialized services. The person that is put into the nursing home or hospital tends to be the one that suffers as services stop and they are forced into a different environment.	
	There are funding disincentives. Providers only can hire more staff due to the ratios, not a more competent work force.	
	Direct Support professionals do not get the information they need as providers need to shut down to do training and they cannot afford it.	
	Make changes, but make sure that all are considered in the direction DDA goes.	
	PCIS2 access issues.	
	Make sure waiver supports flexible funding and person centeredness. Just like the new direction waiver did.	
	Implementation of TCM rates for RC's did not go smooth: <ul style="list-style-type: none"> • Loss of staff, some providers up to 50% • Data Driven • PCP quality is very low due to time it takes to bill. • Broken relationships. • Lack of communication. • Lack of direction. • No involvement of providers in the design and development. 	
	IP – there is confusion between the IP and the PCP. These should be one in the same, but there not as the IP in PCS2 is a check box of sorts and is not person centered at all and does not provide a comprehensive picture of someone to better support their needs.	
	Messaging is fragmented between regions, there is no consistency.	
	The specific conflict free requirements have not been explained to providers.	
	Huge lag time between provider initial request and approvals for services. There is not a reasonable promptness standard associated with the process.	
	There is no portability of funds that follows the person through eligibility, the services they need, and as needs change. No funding to support that.	
	Some agencies were actually thinking about closing their doors once the conversion went to TCM. There was also	

Areas for Improvement:		
	no contact with DDA staff; they just kept on being bumped from line to line.	
	Clarify policies and regulations so that all can understand them. At this point no one can.	
	Rules around billing for supported employment are not connected with real lives and reality. (4 hours)	
	Need to build community capacity, life skills and nursing if needed, regulations do not match this.	
	Simplify, simplify, simplify – 50 page manuals do not help.	
	Service implementation important information is passed on to the people providing supports after the fact. There is no advance notice or ramp up time so that providers can plan and do a good job. (example would be the post-eligibility treatment of income changes)	
	Red tape gets in the way of meeting the needs of people who are having emergencies.	
	Service change process does not have the man power to expedite the process and the person suffers. Any mistakes on the form can lead to negative impacts for the person. Community integration – why is the fee for the person going with the individual into the community covered?	
	Too Administrative focused and not people focused. This really takes away from the person being supported.	
	Provider deadlines and state deadlines do not match in terms of accountability factors.	
	The focus on employment first is loose as the rates and service constraints do not match that goal.	
	Emphasis on group homes in the system because of housing issues.	
	Nothing in the new waiver supports affordable housing.	
	Support Brokers do not have a training program and any subsequent on-going training. In the new directions agreement there are a lot of shared responsibilities without the right training to support it for both parties.	
	Retroactive audits – no current financial information (the financial system of DDA is fragmented).	
	Changes to support funding plans make supported employment not accessible as the approval process is cumbersome. Also everyone is moving into CLS because it is six hours and there is more room to do supported employment activities too.	
	There needs to be accountability across the system, not just medical accountability.	
	If someone loses their job, there are residential constraints while someone is waiting to be approved for CLS.	
	There is not structure for self-direction, and this can be a dangerous and slippery slope.	
	Why do incidents have to be completed for people waiting for services?	
	The data integrity of PCIS2 is very low. Have to fix data all of the time, which is an administrative burden.	
	Contribution of care calculations were changed 4 times	

Areas for Improvement:		
	and the formulas are all different.	
	What are the distinctions between RC's and support brokers?	
	MH and forensic issues, RCSF process, absence policy and nursing for providers.	
Areas to keep and grow:		
	Service change process works fine in some parts of the State and not others. Build on where it is working well.	
	Continued Focus on Supported Employment and funding the outcomes DDA wants to see.	
	States have a great deal of latitude to develop new and innovative services, let's use that flexibility.	
	Expand on Behavior Support Resources.	
	The day program model is stable, build new services using that model.	
	DDA's priority and goals are important, let's expand on them.	
	DORS process – regulate a service – not a person's life	

Notes:

General discussion and/or information not included in specific comments:

Providers want to do the right things for anyone they are supporting. There was a great deal of discussion regarding let's help them to be successful and at the same time move people into employment and having the life they want. The concerns threading throughout the discussion were on the complexity of the rate structure, the lack of consistency across the state, and the fragmentation across services that ends up impacting supported employment.