

Notes from DDA Listening Session #3: Columbia, Maryland

October 27, 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:		
	Fundamental problem regarding choice. Not emphasized, no choice of resource coordinators – less choice in the system than ever	
	There is a gap in RC. The current RC structure does not meet the needs of complex supports, and there is no communication.	
	Providers are asked to sign the IP and/or requests for service changes prior to seeing it in a completed form.	
	The limitation of 82 hours of CSLA/Personal Supports forces individuals with more significant support needs into group homes. This raised questions regarding olmstead, and self-determination.	

Areas for Improvement:		
	There is ambiguity of approval processes and criteria from region to region.	
	The housing constraints are a real problem for individuals (including/or more pronounced for individuals in self-directed services).	
	The state is measuring hours, not outcomes for individuals.	
	The new community learning service requires a 1:4 ratio (but is based on a day hab rate of a higher ratio). This ratio may actually hinder individualization for providers seeking creative opportunities for individuals.	
	There is serious inconsistency regarding denials for 1:1 supports, without clarity on required documentation and upon which criteria decisions are made. There are issues with the appeal process – no consistent way to know what is needed to justify the supports. The temporary nature of the approval is a big issue (note these issues were widely held within the session).	
	RSFC process is very arbitrary, and not consistent. Providers are providing supports without approvals, so are providing supports without funding.	
	There is a high level of distrust between DDA and the providers (both ways). This was a concern with most in attendance.	
	There is concern that DDA does not provide ample time and planning before policies or procedures are implemented. The group provided the TCM transition as an example. There was also an observation that earlier engagement with providers and other stakeholders may avoid complications later down the road.	
	Data integrity related to waiver eligibility. Information is often incorrect, leading to individuals receiving erroneous determinations, including loss of coverage. Established timelines for paperwork for determinations not followed.	
	Community integration – the funding to help individuals access the community is an impediment. With improvements, this would be both better for individuals and more fiscally responsible.	
	Health care and nursing sometimes hinder individuals' ability to engage in the community – need greater flexibility with regard to nursing.	

Areas for Improvement:		
	When Resource Coordination was under the waiver, the waiver enrollment process was smoother (and faster).	
	There needs to be clarification regarding IP. Is the IP within PCIS2 the official IP? How does this relate to the provider's plan of service implementation or the additional plan information maintained by RC providers.	
	Response to crisis is very challenging. Providers do not get timely or adequate reimbursement for services put into place, and the request for service change process is laborious. -	
	There is no collaboration between DDA and providers any more. This was a strength in the former system, when DDA could work with providers and resource coordination to devise individualized, successful strategies.	
	While there is emphasis on movement to integration, there is such heavy regulation that it defeats the principles of self-determination.	
	There is not fluidity to further self-determination. Individuals need a modification for each change. For individuals self-directing, the broker is often not in the loop of communication.	
	Need clear and consistent communication and written policies – Providers are running a business and need to understand the expectations clearly (not based on rumor and/or inconsistent verbal messages).	
	For self-direction, approval for overtime is a challenge. Common law employers do not get funding for needed infrastructure, such as a scanner.	
	Leave days are not funded in self-direction which makes it difficult to retain staff.	
	Respite approvals are different across regions. There needs to be clarity on available providers, approval processes and whether/how OHCDs entities can link individuals with non-traditional providers (neighbors, friends, etc)	
	Providers reach out to DDA for technical assistance and	

Areas for Improvement:		
	get no response.	
	Providers (many) noted that changes are made to individual's IPs without the person's approval and with no notice to the provider/individual.	
	Many providers noted that individuals cannot receive support (from provider or RC) through the appeal process, rendering a meaningful appeal process insurmountable for the individuals served. (process is too complex without support).	
	The system (PCIS2) does not support a "real life"	
	There is variation across the state on provider choice and support for the matrix score. There is lack of clarity on what is included in the established matrix rates, and there is a fundamental math problem with the coverage assumptions. (this was a widely shared concern among the providers present).	
	There are problems with the "go ahead" letters. Individuals can no longer rely on these letters as accurately representing their services and dollar amounts (related to self-direction, but this seemed to be a widely held concern about DDA communications).	
	DDA's requirements are not clearly articulated consistently and in writing. Collaborators across the system have a need for clarity.	
	There is a lack of clarity and availability of positive behavioral supports. This is a significant problem for individuals who have complex behavioral support needs. This contributes to providers being unable to accept folks with challenging needs.	
	Providers at the session were unclear regarding what waiver (old one or newly approved) they should be following now...Not sure how best to navigate the transition process.	
	The supported employment rate structure/process has hindered providers progress with getting people to work. (4 hours minimum) There are artificial divisions within individuals' days.	

Notes:

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

The comments above were widely held among the participants at the Columbia meeting. Throughout the discussion, there were expressions of hope that DDA and the providers could engage more frequently together find common solutions. There was a plea in almost each domain noted above that there be clear, simple, understandable, written communication to improve statewide consistency and to minimize areas of confusion within the system. There was a sense that improved trust and partnership would greatly improve the system of supports.