

Notes from DDA Listening Session #4: Easton, Maryland

October 28, 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:		
	There were not many providers in attendance, and group speculated that there was concern that no action would come from the comments.	
	The CMS rule was raised, and there is concern about DDA implementation of the rule. Providers are worried about the impact on their business model.	
	Providers expressed concern about the composition of the rate – concern that the rate is based on an unfounded number of hours and concern that the provider may only bill when the individual receives a service.	
	Providers who step in and provide supports when needs arise are losing money because DDA will not compensate	

Areas for Improvement:		
	them from the start (even if the request for additional services is ultimately approved).	
	There was a concern regarding audits, and the lack of clarity around that process, including the implicated timeframes.	
	Providers are concerned about the rate structure, since rates go down when individuals reside together, even when the staffing pattern remains unchanged.	
	The RFSC process is cumbersome, and is only for small increments of time, requiring arduous data collection.	
	The matrix is not explained well and there are not clear explanations on its basis.	
	The absence day policy being taken away has been a burden. Providers and families now must work together to make sure the provider can continue operations.	
	Resource coordination has challenges. Do not understand the DORS role and how the services can/should be sequenced. Providers fulfilling more of the RC role.	
	The requirement for TY to get day or SE service before others is hindering creative approaches to getting people work (some providers have successfully used CSLA for this).	
	RC functions are rigid, new staff not skilled; lost staff; No time to be creative and get to know people. Not knowledgeable.	
	RC retention issues – job is too complex and administratively focused. Unlike the past. The whole process contradicts getting people every day lives.	
	DDA staff turnover has been a challenge as well, and are too fiscally focused. Decisions are made without the experience.	
	RFSC – process complex and RCs cannot navigate. RCs do not know how to construct the request, rely on providers to do it.	
	Coordination and collaboration b/t providers and RCs has dwindled since RCs cannot bill for this.	
	There needs to be better clarity on expectations when families are the providers.	
	There are situation where individuals are in college	

Areas for Improvement:		
	courses and providers are still providing lots of coordination and indirect support but are not compensated. Worried that this is a disincentive to getting individuals into these programs.	
	Worried that the current day service array molds people into the same business model – need greater flexibility to meet people’s needs.	
	There is a lack of flexibility in financing that is hindering person-centered approach to service.	
	DDA needs consistency in messaging – there are often conflicting pieces of information (example: how CLS is being implemented.) This is a pervasive problem.	
	CLS requires 1:4 ratio, but rate is day rate on 1:20 ratio. The 6 hour requirement does not lead to self-direction and choice.	
	Providers are concerned with only being reimbursed on actual usage.	
	Transportation rate is a serious concern and is dwindling.	
	There is a need to rely on day hab instead of other day services to provide the necessary cushion to serve individuals.	
	Individuals should be able to use day, CLS and SE flexibly to meet their needs.	
	There is a concern about the lack of payment for weather days.	
	Need to provide adequate funding if you want to promote community integration.	
	DDA and Mr. Simons should have a town hall meeting on the eastern shore.	
	When staff are in dispersed settings with individuals, need to have a way to provide strong training for them.	
Working well		
	ESRO has a stable and responsive staff	
	Old RC system was strong	
	The models of collaboration were also strong among RCs, providers and DDA staff.	
	Belief that over time, one waiver will be a benefit and will promote seamless transitions as people’s needs change.	

Notes: