

Notes from DDA Listening Session #2: Hagerstown, Maryland

October 23, 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:		
	Blame and responsibility – build trust and a team approach with providers.	
	RC acts as a mediator to solve problems – we focus on fixing problems and the individual is not directing the process.	
	TCM service model is not person centered. Time limits conflict, too much pressure to bill, paper work, change model to focus more time with the person.	
	Lack of flexibility to move from service to service – too fragmented.	
	Balance between important to/For and using services to meet the needs of both transition age youth and those already in the system.	
	Design system to be responsible to needs (aging caregivers, transition etc.	

Areas for Improvement:		
	Transportation – way providers can bill does not lead to efficiency. Transportation should be individualized.	
	System does not support individualized services and the outcomes it wants to see for people.	
	Communication needs to be consistent with consistently followed policies and procedures.	
	Intent of RC has changed. Emphasis is mostly on paperwork.	
	Transition to TCM was very bad. Confusing to people, lack of contact and very frustrated.	
	DDA does not even have a consistent name for the RC service.	
	PCIS2 not helpful and is inaccurate.	
	Converting units becomes the focus.	
	Turnover leads to lack of lasting relationships and trust of the family and person.	
	Ratios are a problem.	
	Options are service oriented and rigid; you lose the natural support focus.	
	Housing – inability to do CSLA in provider owned housing.	
	Lack of flexibility pushes people to more segregated services.	
	Self-direction should be for everyone – support all to make decisions.	
	Have full array for individuals with different situations.	
	Transition timeline is not being followed; it is getting worse and worse.	
	Sequencing of services – especially RC, and reasonable promptness standard.	
	System does not support a person's needs as the change and the person ages.	
	Regional differences a problem – varies from region to region.	
	Individuals with challenging behaviors, supports for provider to address this, training, payment options. Providers do not feel backed by DDA. Funding for one to one staffing is really problematic. Providers have to address things immediately to address a concern, and keep a person safe. Documentation is never enough!	
	RFSC process – there is a lack of funding and lack of a reimbursement for staffing this contributes to peril if provider is out of compliance with IP.	
	6 month fading – add on process is arduous.	
	Matrix score does not make sense. It may be different depending on the region you are in, if you move, that can be very difficult.	
	Eligibility issues between regions. People change regions just to get eligibility.	
	DDA does not bring things to scale.	
	NEW RC's do not quite know their role- setting a tone to providers it is not a team.	
	If there are issues, there needs to be a meeting.	

Areas for Improvement:		
	Very little confidence that DDA is working on regulations.	
	Would like to see greater flexibility with employment.	
	The current way transportation is paid does not make sense; it costs the provider too much money.	
	Resources are very different between regions.	
	Staff at DDA does not put things in writing.	
	RC is not a waiver service anymore, so the lag times are huge for families. This really holds up the process.	
	IP does not connect to funding. Peoples needs change, but funding is so hard to change without extensive documentation.	
Areas to keep and grow:		
	RC used to be strong – need to expand on this and get back to the way things used to be.	
	Outcomes of working even in enclaves are going well. People are happy, and collecting a living wage. (there is no one size fits all)	
	Transitioning youth – build and expand on – great concept.	
	Transition services (OTO)	
	Western region finding supportive. All staff does the best they can.	
	We have a good group of committed providers.	

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 lot of discussion centered around more flexibility with services so that they can become more individualized, a greater focus on person centered planning and using this to direct services and funding. Better timeline for add-on services for TY process.