Home and Community Based Services – Waiver Settings Transition Project

Advisory Taskforce Meeting

June 10, 2015 – 10am to 12 noon

UNH Institute on Disability, 56 Old Suncook Rd. Suite 2, Concord, NH

Minutes

Rosemary Simino, Adrienne Mallinson, Steve Woods, Robyn Magarian, Ryan Donnelly, Chris Selmer, Cynthia Gaudrault, Cheryl Steinberg, John Fenley, John Richards, Heather Hannafin, Mary Maggioncalda, Kaarla Weston, Eric Johnson (CSNI)

- Welcome – Kaarla Weston, BDS
  - Dan Klein is no longer working on this project. His work was focused on the establishment of the Advisory Committee. We appreciate the work he did.
  - Linda is traveling but is still managing the project including surveys and responses to inquiries while on the road.

- Provider Self-Assessment update
  - Instruction and link were sent Lorene at BDS on 5/28/15.
  - The deadline from to return/complete the assessments was moved from 6/12 to 6/26. Since CMS has an expectation that any facility receiving Medicaid HCBS funding participate in this survey, the instructions stated that completion was mandatory; as a result we expect to have 100% participation. There was some reaction to the language of the request, but we will clarify the CMS requirement, including a more thorough explanation of the federal requirements when we send the reminder.
  - The original instructions and expectation was that all responses were to be completed online. However, after requests for alternate means, FAX and mail responses are now permitted.
  - We have been receiving many inquiries and questions. These have all been handled by Linda Bimbo. As a result of these questions, we will develop an FAQ to send along with the reminder.
  - A table was provided to the group which reported the number of responses received so far.

Residential	Non-Residential	DD-Waiver	ABD-Waiver	CFI-Waiver	Other Waiver	Unknown Waiver
224	48	199	22	14	5	35

  - There is a concern that private homes will be shut down if they can't meet all the requirements.
- Participant Survey – update
  - Instructions and link were sent to Case Managers and Service Coordinator Supervisors on 6/1, with a requested due date of 6/30/15. There was a concern expressed that more time may be needed for folks to complete this.
  - The question of how can we make sure we don't miss people who are in temporary facilities was posed. We will work with Ombudsman's office to ensure we provide the opportunity for everyone to participate.
  - We are hoping to get as many people involved as can be. It's not "mandatory," but it's essential to the process.
  - A table was provided to the group which reported the number of responses received so far.

Residential	Non-Residential	DD-Waiver	ABD-Waiver	CFI-Waiver
5	6	9	0	0

- Validation Process. Validation will be done on site and in person. Validation process must be completed by the end of August. A sampling of responses will be chosen – some will be random, but sites with notable issues will be selected so that problem areas can be addressed.
  - There is general agreement that there needs to be a minimum of 2 people on each team.
  - Training to ensure that each person understands CMS guidelines and the new requirements is essential. HSRI was noted as a possible entity to provide the training.
  - Technology options will be explored to review the responses.
  - The existing self-assessment/survey tools will be used. The validation process will build on the original answers and obtain more specific and detailed comments, in order to confirm that the answers initially provided are accurate.
  - There is funding in the budget to perform this validation, and there are several options as to who will conduct this (see below).
- Additional comments provided by Taskforce Members:
  - Should be done by an outside person – not an employee of the group home or a DSP.

- It was suggested to have peers/advocates (e.g. person with a disability, etc.) as part of the validation team. Transportation may be an issue for this, but solutions will be considered.
- State of NJ is doing 100% sampling in their validation.
- Teams could be located regionally. This way, they would be able to cover the area more efficiently.
- CSNI has already been doing surveys and their staff has been trained in interview techniques. CSNI people don't work for a specific agency, but most people at one time worked with DD and/or ABD individuals. They could be impartial, as long as they don't work for the agency at which they are doing the validation. Eric Johnson will check on capacity of CSNI to see if this would be possible.
- It was expressed that utilizing CSNI folks for DD/ABD would be a conflict of interest. This could be resolved if the validation for CFI is conducted by CSNI and have LTC Ombudsman conduct validation for DD/ABD. Darlene Cray will be contacted regarding feasibility of the Ombudsman's office doing a portion of the validation.
- It would be valuable for a member of the team be familiar with the agency (case manager?).
- DRC was suggested as a possibility to perform validation, but there is a concern with their capacity.
- There is some merit in looking at the option of utilizing UNH graduate students; however, the hope is to use folks who have experience in these areas.
- Day programs are a totally different category, and the folks who do the validation will need to be specially trained on this.
- Training. Each individual conducting the validation will need to have thorough knowledge of the program requirements including: HCBS Settings Rules, CMS intentions and how is that demonstrated in NH sites, etc. Additionally, it's essential that everyone have extensive training on interviewing techniques.
    - We have lots of resources from CMS on training.
    - HSRI has been providing training to DHHS staff on interviewing techniques, as well as other area. Linda B. will contact them to obtain a list of their training opportunities.
- Data collection and input
    - Teams will collect data onsite and enter into Qualtrics database for analysis
    - Will be sent to DHHS as summarized results.
    - DHHS will then arrange for Data Analysis. The IOD has a staff member with Medicaid analysis experience. This person will most likely be conducting the analysis and submit a report of the Provider Self-Assessment and Participant Survey, including results of Validation Site

Visits. Analysis of data will be done by Waiver and include identification of trends, strengths, and gaps.

- Written report with summary of data, conclusions, recommendations – becomes ground work for development of NH Transition Plan

- Other Comments:
  - CMS will be consulted through the process to address the data points that arise. For example: Based on previous experience, it is understood that transportation is an issue with regard to many of the HCBS requirements. Since sites may need to address that in order to be in compliance, will CMS address and provide funding for transportation?
  - A question was asked about site certification, and how can we get someone into compliance that is not.
  - With regard to new programs: How do we make sure new programs are in compliance In the future? Kaarla responded that our regulations are in the process of being amended, and we will incorporate the new modifications to the regulations. This will be included in the Office of Program Support checklist. This process is already in place, and just needs to be modified. If, during the annual licensing survey, sites are not in compliance, they have a specified number of days to come into compliance.
  - A question was asked: Will the results of the participant surveys be provided to the facility so they know what has been reported? Answer: Any such issues will probably be addressed during the validation process. There will be some sort of exit interview where the issues will be itemized.
  - Clarification was requested on the extent of this group's responsibility with regard to writing the Regulations. This group will not be writing the regulations for CFCM or PCP, but will be responsible for only the settings. There will not be a separate rule revision process for this taskforce.
  - DHHS has enlisted attorneys to make sure we are in compliance with Conflict Free Case Management and Person Centered Planning, as well as CFI, DD, & ABD Waivers in terms of Conflict Free Case Management. We are expected to already be incompliance with these areas, and the attorneys are reviewing to see ensure that we are.