



Advisory Council

TO THE DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES

Advisory Council to the Division of Developmental Disabilities

September 19, 2019

10 a.m. – 12 p.m.

1056 Governor's Avenue, Dover, DE

Council Members	Terri Hancharick, Chair
	Susan Pereira
	Angela Sipple
	Gail Womble, via conference call
Staff Members	Marie Nonnenmacher, Director
	Marissa Catalon, Deputy Director
	Stacy Watkins, Assistant Director of Community Services, Operations
	Kami Giglio, Assistant Director of Community Services, Policy & Planning
	Katie, Howe, Director of Program Integrity
	Terry Macy, Director of Community Services
	Stephen Perales, Prg. Director of Data Systems & Analytics
	Vicky Gordy, Executive Secretary (minutes)
Other Attendees	Terry Olson, The ARC of Delaware
	Vivian Turner, C.E.R.T.S.

Review of Previous Meeting Minutes

Due to not having a quorum, review of July 18, 2019, minutes will occur during October's meeting.

Meeting Notes

DDDS FY2021 Budget Request Update

On August 9, 2019, DDDS submitted the door opener budget (things that must be funded) request for FY2021. Included in the DDDS door opener budget is funding for 75 residential placements and 121 people transitioning from school services to DDDS services (including related services). To calculate the approximate number of exiting students, the Department of Education and local education agencies share the count of upcoming graduates to which, DDDS subtracts 25 as some will seek residential services where day programming is included, and some opt not to receive services. The next step is to receive the target budget that includes percentage of limitations to grow the budget by per the Governor. The cabinet secretary decides within his/her Department how to allocate the growth percentages amongst the Divisions.

Action Plan for FY20 – deferred

LifeSpan Waiver Update

DDDS has enrolled 500 people living at home in the Lifespan Waiver since March of 2018. This is significant as the number of people annually enrolled is typically around 60.

In August, DDDS collaborated with Bank of America (BOA) to participate in an event for all BOA support services staff. DDDS staff presented information on the Lifespan Waiver and shared information about Delaware's Medicaid for Worker's with Disabilities Program (MWDP). BOA had staff members from the national team available to discuss benefits planning. A BOA national team member praised Delaware DDDS services compared to other states. BOA spoke about "trusts" in detail. Feedback from the event was positive. DDDS is scheduling private one-on-one appointments to assist BOA potential Lifespan Waiver applicants. DDDS support coordinators started process with approximately half of BOA support services employees who are enrolled in Residential Habilitation services.

DDDS assists people with gathering documents to apply for MWDP. DMMA reviews the applications for MWDP and either approves or denies the application. MWDP criteria limits monthly unearned income to no more than \$956. Unearned income includes SSDI payments. People may qualify based on his/her earned income but may not meet the criteria due to his/her unearned income due to receiving SSDI.

Since everybody's circumstances are different and determinations are made by DMMA, DDDS staff do their best to provide general guidance to people. If DMMA determines unearned income does not meet limits, DDDS suggests speaking to an elder law planner. DDDS does not recommend specific elder law planners or attorneys but may offer tips for what to ask an elder law planner/attorney; such as: "how often do you assist people to establish Able accounts (trust)?" and "how often do you provide Medicaid estate planning?" DDDS has had families that hired attorneys to establish trusts that do not meet criteria of an irrevocable trust, which is what is required.

DDDS is continuing to host Lifespan Waiver sessions and DDDS Information Nights. DDDS plans to do polling via Facebook for discussion topics for future "DDDS Information Nights".

Carving People enrolled in the Lifespan Waiver and living in a Provider managed residential setting into Managed Care - Update

This process continues to go smoothly. MCO's are extremely knowledgeable of the newly enrolled people and are actively engaged in the transition process. MCO's attended the recent DDDS Nurses Best Practice meeting to present and answer questions from the Consultative Nurses. MCO's continue to participate in the Residential Provider Advisory meetings to answer questions and/or concerns. Onsite visits by MCO representatives are occurring with service recipients. MCO's are developing comprehensive care plans by gathering outcomes and goals from people's Lifespan Plans and obtaining information about durable medical equipment needs, prescriptions, emergency preparedness needs, and completing screenings for social determinates of health.

MCO's are alerting DDDS of hospital/emergency visits per policy. This is helpful for DDDS as it is one of the items from the January 2018 DHHS/OIG/ACL/OCR joint report to monitor hospital admissions. MCO's have pharmacists and doctors on staff to assist with monitoring of medication to include flagging if medication is contraindicated.

Recently, a person served by MCO was in crisis at DPC and additional time was required for planning. The MCO pod manager quickly authorized additional time, this was not typical of the past in the old model. MCO's are also covering equine therapy and most psychiatric services.

Per DD Advisory Council Chairperson, AmeriHealth is developing training for their caseworkers on Supported Decision-Making. The Center for Special Healthcare Needs is presenting to AmeriHealth caseworkers about the supports provided and how they process referrals to their population. Durable medical equipment companies: NOT and New Motion are planning to present to AmeriHealth, as well.

Per DD Advisory Council Chairperson, Lt. Governor Bethany Hall-Long is collaborating with University of Delaware and the St. Francis Hospital Community Outreach program that supplies a van for mobile healthcare screens. This has potential to wrap together with Center for Special Healthcare Needs. The potential for improving the health status of people with IDD is just coming unlocked.

Both MCO's established DDDS "pods" where MCO employees attended training about IDD and "the fatal four". Employees understand that the needs people with IDD may be different from many other MCO enrollees. DDDS is meeting with leads from MCO's to speak about how social determinants of health information will reach front line staff. DDDS is investigating how to post trainings on the DDDS website and Facebook page.

Now that MCO's understand special needs of IDD populations it is within their ability to expand their new understanding to other people such as care coordinators.

DDDS is working with MCO's on age appropriate preventive screenings (i.e. mammograms, colonoscopy, prostate exam, etc.) to ensure people receive these screenings. Once DDDS gets better at using claims data to measure performance and to ensure people are getting demographically appropriate health screenings recommended by physician, it will alleviate the current cumbersome process of manually going through notes to ensure screenings occurred.

Councilmember stated her son has not received any MCO identification cards. Councilmember continues to pay for son's supplements and equine therapy and she is unsure what MCO covers and her role to ensure proper coverage for her son. MCO coverage did not begin until July 1, 2019. Providers have been told by LifeSpan Unit to share the names of people who did not receive MCO identification cards. The MCOs can mail identification cards the same day of a request. DDDS will contact MCO to send identification card, with Councilmember's permission. In reference to health needs coverage, a doctor must determine medical necessity for MCO to authorize. The MCO webpage can assist with locating covered healthcare services.

After the initial visit, MCO's meet with service recipients on a quarterly basis. Legal Guardians are notified of MCO's quarterly visits. Councilmember asked, "has that part been stricken out of the state law that said that families who are not guardians could participate legally in health areas". Families may participate if the service recipient gives permission or states that presence of family member is necessary for any engagements referring to health care. Council Chairperson stated in the healthcare field if you are the parent, guardianship is not required as parent considered next of kin. People are getting guardianship because of those laws, per Chairperson. Chairperson thinks that inviting parent to any healthcare discussions should occur unless individual states otherwise. Council wants DDDS to look up that part of the nursing home state law that gave families leeway. Chairperson advised that the DDDS Task Force is taking a closer look at law.

Community Navigator (Columbus) Staff Turnover Rate

In 2017, the turnover rate for community navigators (CN) was 18% with six terminations and three resignations. The year 2018 reflected 29% turnover rate with 17 terminations and 6 resignations and 2019 (thru August) turnover rate reflected as 44% with 10 terminations and 25 resignations (seven resignations in lieu of termination; half-correlated to change in Columbus leadership). CN's enter data in the electronic case record; therefore, the data is available when assignments change. DDDS recognizes that the frequent replacement of CN's is a disruption in people's lives.

Columbus is taking measures to slow turnover. They hired Shenika Kirby as Executive Director. Shenika began as a Community Navigator, then promoted to a lead navigator, which led to her promotion to a supervisor and now Executive Director. Ms. Kirby has developed a strong understanding of the CN role. Columbus has hired a full-time quality assurance administrator (former DDDS employee) and a full-time trainer who formerly filled the role of a CN. Columbus recently submitted a proposal to reduce caseload to 45 per CN instead of 60, for DDDS to review. Turnover may continue as DDDS continues to monitor performance. Columbus has been very responsive to expressed concerns. They develop and implement quality improvement strategies and monitor performance. Once CN's begin to consistently meet expectations, DDDS and Columbus feel that other CN's will rise as well and slow turnover rate.

DDDS and Columbus routinely meet to discuss service delivery needs and challenges. DDDS acknowledges the difficulty of the CN role: struggling to respond to the variety of needs expressed by families, mass enrollment of service recipients into the Lifespan Waiver, deadlines /meeting timelines, and routine crisis situations for service recipients. Locating community-based services for people living at home can be difficult (normal case management) and with the addition of the complexities of LifeSpan Waiver enrollment process, the work is challenging. DDDS works with Columbus to discuss how to reduce turnover but realizes that due to the complexities of the work of a CN and the large number of CNs, there will always be some turnover as everyone is not suited to fill a CN role and there is significant employment competition for this labor pool.

DDDS oversight includes researching and contacting Columbus for all complaints, issues, and concerns received. Columbus reports resolution to DDDS typically by the next business day. If significant, the resolution obtained the same day. DDDS routinely checks and monitors electronic record system for updates. DDDS completes quarterly reviews to assure person centered plans are complete and meet criteria. Columbus submits corrective action plans for issues found by DDDS with a turnaround time of 30 days. DDDS LifeSpan Unit takes and follows up on all feedback. Columbus is a national provider and reputation is important. DDDS is hopeful to see significant turnover improvement in the next six months.

DDDS Task Force

The DDDS Task Force was established by a concurrent resolution passed toward the end of the legislative session in June. The first meeting occurred on July 31, 2019. Meetings were expected to occur monthly but changed to twice a month during the first meeting. To date, three meetings have occurred. The DDDS Task Force reviewed the DDDS organizational charts at the first meeting and reviewed portions of the proposed Reportable Incident Management and Corrective Measures regulation during the second and third meetings. DDDS believes that during the next two meetings (9/25/19 and 10/9/19) the DDDS Task Force will continue to review the proposed regulation. DDDS understands that the DDDS Task Force may establish sub-committees which will increase the number of DDDS Task Force meetings.

Aaron Goldstein, State Solicitor from the Department of Justice was invited to present at the last DDDS Task Force meeting about the Peer Review Statue and why it exists. Lauren Maguire, DDDS DAG to attend the November 21, 2019, DDDS Advisory Council to discuss and answer Council's questions surrounding release of investigative information.

DDDS Reportable Incident Management and Corrective Measures Draft Regulation Update

DDDS posted the draft regulation for public comment, beginning June 30, and ending July 31, 2019. Due to the number and type of changes made to the draft as a result of public comment, DDDS opted to repost the revised draft for another public comment period which ends on September 30, 2019.

At the last DDDS Task Force, there was a suggestion that DDDS reopen the small provider workgroup that DDDS established earlier in the year to go back and review additional comments shared during the last two meetings. In addition to the small workgroup provider participants, the DDDS Task Force suggested inviting members of parent, self, and other advocacy groups to join workgroup. DDDS reached out to the small provider workgroup to reconvene and canvassed for advocates. Workgroup will talk about additional items discussed (not shared in the past) and items of concern expressed by DDDS Task Force. DDDS sent a poll to establish meeting date for workgroup; meeting date will be announced once poll outcome complete.

DDDS Abuse and Neglect Statistics

DDDS distributed the Incident Statistics Report for Fiscal Year 2019, to Council. Definitions mirror definitions that are in the proposed regulation. Total number of allegations recorded during FY19 was 851, of which 586 were determined non-opened as the criteria was not met to warrant a full investigation.

DDDS investigated 265 allegations in FY19, with 177 substantiated, 72 unsubstantiated, and with 16 still open. Out of the 177 substantiated incidents, 21 classified as abuse (physical 13, emotional 2, verbal 2, & verbal/emotional 4), six classified as unexpected deaths, 40 classified as medication error (5 classified as not critical), 10 classified as mismanagement of funds, 56 classified as neglect, 9 classified as other, and 35 classified as significant injury. Out of the 265 total investigated incidents, 132 were classified as critical and 133 were classified as non-critical. The report ended with monthly general statistics for quick trend identification.

Often significant injuries occur accidentally, without fault to anyone (i.e. broken toe from stubbing). The Mortality Committee reviews all deaths. DDDS director reviews all death reports and recently began work to review process for a report redesign to capture all necessary information in report, per CMS expectations. DDDS performs investigations for all unexpected deaths. DDDS plans to work with MCO's chief medical examiners and the Medical Society to inquire how DDDS can assist with discontinuing using a person's disability as the cause of death (i.e. Down syndrome, Autism, IDD, etc.).

Mismanagement of funds investigations led to several prosecutions for financial exploitation, with one offender placed on adult abuse registry for life. DDDS is researching the criteria and reporting mechanism for the national exclusion list maintained by the Office of Inspector General.

Councilmember questioned how theft happens at that level and had ideas to minimize future risk. Council reminded that some individual's serve as their own representative payee. DDDS to connect councilmember with Jennifer Tozer, DDDS Manager of Family Engagement to discuss ideas.

On September 1, 2019, DDDS is launching the Therap personal finance module. DDDS program evaluators will not site errors in Therap personal finance module until January 1, 2020, to allow provider staff to become proficient in use by end of year. Module will allow a real time view of funds for case managers, providers and guardians/approved family members. The use of this module is expected to reduce occurrences of financial exploitation.

Unless an extension is requested, investigations are expected to take up to five business days. DDDS investigators have five business days to compile information unless there are delays in receiving the information requested. The DDDS Office of Incident Resolution Administrator has 10-15 business days to review and process. DDDS just hired an additional Office of Incident Resolution Administrator that brings the total to two full-time staff in this role. DDDS has proposed shorter timeframes than recommended by Office of Inspector General (14 days for investigation and 14 days for processing). DDDS is working to develop a flow chart of investigation process to share with Council.

National Core Indicators (NCI) Staff Stability Survey

DDDS and the providers are participating in the NCI Staff Stability Survey beginning in January of 2020. By participating in this survey, DDDS and Service Providers will be able to compare Delaware staffing statistics with other states who participate in this national survey. DDDS will reach out to each of the providers who employ direct support professionals (DSP) to complete the survey. Council received the snapshot of the highlights from the 2017 DSP Workforce survey. DDDS hopes all providers participate in survey.

DDDS also participates annually in the NCI In-Person and Family surveys. Last year only those people who lived in a provider managed setting and their families participated in the two survey groups. In 2020, DDDS will include people living in their own home or in their family home and their families in the two survey groups. This will provide important data for the service system.

DDDS did not meet the required national data set for 2019 Family survey. Only 30 families responded out of approximately 500 invitations. DDDS plans to hold informational sessions about the survey hosted by the University of Delaware, Center for Disabilities Studies. The event will include activities, refreshments, and staff support so families/guardians can complete the survey.

This [link](#) takes you to the NCI Staff Stability Survey webpage. Steven Perales, DDDS Data Unit Director will include link to DDDS website as well.

Recipient Cost & Acuity Data - deferred

- **Residential Habilitation Cost Per person by Setting Type**
- **ICAP hours – frequency distribution**
 - **Residential Habilitation**
 - **Day Services**

Therap Enhancements & Procurement of New Electronic Case Record System Update

DDDS obtained short-term approval to contract with Therap for an Electronic Case Record effective March of 2019, while DDDS conducts formal procurement process a new electronic case record system. The contract with Therap runs from April 2019 through June 30, 2020, with an option to extend for an additional year.

The DDDS Data Unit is planning for a January – March 2020 rollout of a single comprehensive record. This is a change from the existing system. As of now, each Service Provider has a separate record within the system, so information is not shared across all of the service providers serving the individual person.

The Intake and Eligibility module is currently being tested. Intake and Eligibility is currently a paper-based system. The personal finance module had a soft rollout on September 1, 2019. DDDS is requesting provider volunteers (4-5 agencies) to assist with pilot for implementation of the Medication Administration Record (MAR) module, beginning in January. The Employment module rollout is slated to begin in January and the ACIST program has now been given a billable case note which helps the contractor electronically track services and provides a system for billing via Therap. Data can be recorded now, although claims submission is not yet ready, but will be soon once DXC makes a couple of modifications. Also, in the near future, Therap will automate a weekly Medicaid eligibility verification which currently requires a manual review.

Therap is holding a conference for providers on October 23, 2019, from 9 a.m. – 5 p.m. at the Embassy Suites in Newark. The following are conference highlights:

- Beginner, intermediate, and advanced level training
- Health Tracking Records
- Medication Administration Records (MAR)
- Person Centered Planning Tools
- Provider Administration
- Charting the LifeCourse Principles and Tools
- Interactive discussions
- Q & A and user sessions.

The conference is free to provider agencies.

The DDDS Data Unit has started to work on the procurement process for an Electronic Case Record (ECR) system. DDDS is completing the Implementation Advance Planning Document (IAPD), which will be routed through DMMA and submitted to CMS for consideration of enhanced financial participation. This would enable Delaware to leverage 90% federal match for the cost of the ECR planning process and throughout the selection process. Submission target date is mid-November.

RFP process will begin soon. DDDS is considering consultants to assist with business process mapping that includes the process now and into the future. Target date for release of RFP is February 2020, with a vendor selection by April 10, 2020, a contract signed with vendor by June 30, 2020, and implementation to begin by July 1, 2020. The current plan shows 12 months for implementation and a go-live target date of July 1, 2021. DDDS has the ability to extend Therap contract until June 30, 2021.

To overcome a design flaw from the last effort to procure an ECR, DDDS will be defining the business requirements first and including those requirements in the RFP. This will ensure a vendor knows up front if they can meet those requirements before bidding on RFP.

DSAAPD Personal Attendant Service Priority Criteria - deferred

DDDSAC Meeting Locations - deferred

Other Business/Announcements

After consult with DDDS' DAG, a quorum can include those council members who are participating via video conferencing as long as meeting is held in a public venue and meeting participants can see and hear each other. Therefore, Skype and Zoom may be options for councilmembers to participate in meetings. DDDS will work to develop instructions for how councilmembers may initiate Skype and/or Zoom video conferencing to participate in future meetings if they cannot attend in person.

Councilperson asked for detailed Therap navigation instructions for families. Jennifer Tozer, DDDS Manager of Family Engagement is working to host Therap Informational Sessions for families which will provide real time assistance to navigate Therap. Jennifer Tozer will attend the next DDDS Advisory Council meeting to discuss Therap and to gather information from Council to develop guides for specific Therap modules. Steve Perales, DDDS Data Unit Director, will assist in the development of informational slides to present to Council during next meeting.

The Council thank Dr. Terrence Macy for all the work he has accomplished during his 53 years working to support people with IDD and wished him a joyful retirement.

Adjournment

Meeting adjourned at 12:15 p.m.

Next Meetings

October 17, 2019	10 a.m. – 12 p.m.
November 21, 2019	10 a.m. – 12 p.m.
January 16, 2020	10 a.m. – 12 p.m.