

DEPARTMENT OF BEHAVIORAL HEALTH & DEVELOPMENTAL DISABILITIES
DIVISION OF DEVELOPMENTAL DISABILITIES
DD ADVISORY COUNCIL (DDAC) MEETING MINUTES

JANUARY 16, 2015

ADVISORY COUNCIL ATTENDEES: Estelle Duncan (Acting Chair), Dr. Bruce Lindemann, Heidi Moore, Rita Young, Sheryl Arno, Twana King (Participated via Phone) and Lynnette Bragg (Participated via Phone)

STATE OFFICE STAFF: Dan Howell, Sara Case, Frank Kirkland, Catherine Ivy, Byron Sartin, Fatma Ramadan-Jones, Mary Price, Eddie Towson (Participant via Phone), Fran Perrault-Strong (Participated via Phone) and Nikki Douglas (Recorder)

EXCUSED: Nandi Isaac, June DiPolito, Curt Harrison and Charles Harper

VISITORS: Kellie Roberts

Topic	Outcome
<p>Welcome & Introductions</p> <p>Ms. Estelle Duncan</p>	<ul style="list-style-type: none"> ❖ The meeting began at 9:36 AM. ❖ Ms. Duncan welcomed everyone and opened the meeting with a roundtable discussion with council members of what is going well. <ul style="list-style-type: none"> • Positive and enlightening stories were shared.
<p>Business: Approval of Minutes</p> <p>Ms. Estelle Duncan</p>	<ul style="list-style-type: none"> ❖ There was a motion to approve the November 21, 2014 meeting minutes. <ul style="list-style-type: none"> • Dr. Lindemann motioned to approve the minutes. • Ms. Moore seconded the motion. • Minutes were unanimously approved.
<p>Proxy Care</p> <p>Ms. Fran Perrault-Strong</p>	<ul style="list-style-type: none"> ❖ Ms. Perrault-Strong discussed her proxy caregiving efforts with the department. ❖ DCH regulates proxy caregiving in a licensed facility. ❖ Feedback was requested on the draft proxy caregiver policy in October 2014 from several different stakeholder groups and can be divided into <u>4</u> categories: <ul style="list-style-type: none"> • Policy and procedure and attachments: <ul style="list-style-type: none"> ▪ Suggested moving references to other policies that may impact the proxy process (for example, background checks, etc.). ▪ Clarification of proxy in unlicensed setting ▪ Hand over hand limitation-per HFR, not acceptable any longer. ▪ An evaluation form with nineteen questions as to whether a proxy is needed. <ul style="list-style-type: none"> • The policy was developed with <u>4</u> levels: <ul style="list-style-type: none"> ○ Medication administered by licensed personnel ○ Medication administered by a proxy

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	<ul style="list-style-type: none"> ○ An individual that needs some staff assistance but does not need a proxy. ○ Independent level of administration by the individual without staff assistance. • Troublesome issues from providers • General concerns about implementation • What some felt DBHDD should do about proxy caregiving and medication administration needs of our individuals. <p>❖ More of the concerns were toward the proxy law and part C HFR regulations and its applications than it was about the actual policies and procedures.</p> <p>❖ Other Concerns:</p> <ul style="list-style-type: none"> • Informed Consent and the information that would discourage the individual from choosing a proxy. • Training of a specific staff to a specific individual. HFR is not willing to discuss or redefine. Makes process very labor intensive. • Exclusion of an LPN in proxy caregiving was a concern. • Increase in nursing staff to meet proxy guidelines. • Cost of implementation is unfunded. • Lack of Medication Aid Certification program is problematic. This would require legislative action. • Care plan must be signed by a physician <p>❖ Feedback/concerns will be reevaluated at the next DCH/DBHDD meeting to determine next steps.</p> <p>❖ Mr. Howell wished everyone a Happy New Year.</p> <p>❖ Update on Reorganization of Divisions and Regions:</p> <ul style="list-style-type: none"> • In the process of reviewing the applications for DD membership. Once completed will go through Commissioner Berry for review and approval. • Mr. Howell discussed the reorganization of the regions. There are 5 division leads that have been announced within the division of DBHDD. • These roles will begin on January 1, 2015. • There are newly created divisions and division leads that have been announced: <ul style="list-style-type: none"> ▪ The Division of Compliance - Robert Dorr. ▪ Manager of Quality Improvement & Systems - Chris Gault ▪ Division of Developmental Disabilities – Dan Howell ▪ Division of Behavioral Health – Monica Parker ▪ Director of Hospital Operations & Chief Medical Officer – Dr. Emile Risby ▪ Deputy Assistant Commissioner Judy Fitzgerald’s title has changed to Chief of Staff for the Commissioner. ▪ Deputy Chief of Staff for Ms. Fitzgerald is Melissa Sperbeck.
Division Updates	
Mr. Dan Howell	

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	<ul style="list-style-type: none"> • All division leads will meet weekly until March 1, 2015. • Employee inventory will be done to assure employees are functioning in the best role. . • The goal for DD and BH is to provide consistency across all Regions. Answers to questions/processes should be the same regardless of Region. • The functional alignment will occur over the next 45 days. • Mr. Howell has met with some of the DDAC members individually. <ul style="list-style-type: none"> ▪ The others will be scheduled for an individual meeting to get their opinions. ▪ Will be meeting with outside stakeholders/groups to be transparent and honest and to promote open communication. ❖ Waiver Re-write: <ul style="list-style-type: none"> • Mr. Frank Kirkland and Ms. Catherine Ivy are a part of the waiver re-write process, including the following: • Ms. Lynnette Bragg and Ms. Heidi Moore representing the DD Advisory Council. • Experts Ms. Robin Cooper and Ms. Lynn Rucker. • GAO staff members were invited to attend. • Mr. Eric Jacobson from the Georgia Council of Developmental Disabilities (GCDD). • CRA Consultants • Public Forums are posted on the website. There will be six public forums – one in each region. <ul style="list-style-type: none"> ▪ Rita Young will assist in facilitating the public forums. ▪ Planning virtual forums with breakout sessions. ▪ Facilitators will provide detailed input on what is working well or not working well with the waivers. <ul style="list-style-type: none"> • If there is something not working well, will ask for recommendations to make changes. ▪ The minutes will be recorded and they will be made available on the DBHDD website. ▪ Mr. Kirkland, Ms. Ivy, Ms. Robin Cooper and Ms. Lynn Rucker will be writing the waiver-rewrite. ▪ Ms. Ivy will devote most of her time to the waiver-rewrite and should be complete by June 30, 2015. ▪ The waiver- rewrite must be submitted to CMS by September 30, 2015. Cost/Rate Study done with Burns & Associates – difference from previous cost study to now is that the scope will be changed. <ul style="list-style-type: none"> ▪ Stakeholders will be involved with the rate kickoff meeting. ▪ DD Advisory Council members will be included. <ul style="list-style-type: none"> • Mr. Howell would like names of volunteers from the DD Advisory Council sent to Mr. Kirkland or Ms. Price. ▪ Ms. Mary Price will spearhead the rate study supported by other staff members. <ul style="list-style-type: none"> • Ms. Price will begin with CLS, CRA and other services will be added.

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	<ul style="list-style-type: none"> ❖ Rate Increase: <ul style="list-style-type: none"> • The waiver amendment was approved by CMS on December 11, 2014. <ul style="list-style-type: none"> ▪ An annualized 2% increase. ❖ The New Rules and Regulations from CMS: <ul style="list-style-type: none"> • According to Mr. Kirkland, CMS continues to issue guidance around nonresidential services and questions to ask. The nonresidential portion is not as specific but as the waiver re-write is being completed, Mr. Kirkland states that this will be considered to ensure compliance. • Mr. Kirkland further added that the Supported Employment Leadership Network (SELN) team will be used to assist in thinking how to rewrite the waiver. ❖ SC Pioneer Project: a new way of doing business with the ADA Settlement. <ul style="list-style-type: none"> • Began with stabilization of providers in Region 2. • Made changes in how support coordination would be viewed. Ms. Twana King participated in this communication. • Early engagement by Support Coordinators for people leaving hospital settings. • Ms. Elizabeth Jones (DOJ) stated that it would be good if someone could transition in the community by December 31, 2015. <ul style="list-style-type: none"> ▪ On December 22, 2014, two ladies (have been in an institution for over 50 years and are in their sixty's) transitioned into a home in Augusta (Volunteers of America). This is the way it should happen. ▪ What worked; what didn't work; what can we do better? ▪ Hope to replicate in one to two other Regions within next 30-45 days. ▪ The department is really looking for a systemic change in the process. • Ms. Sheryl Arno asked about the status of changing roles of support coordination. <ul style="list-style-type: none"> ▪ Mr. Howell answered: <ul style="list-style-type: none"> • Early engagement • Recognizing issues and referring to appropriate resource for issues to be resolved. Example: Here is a great provider with well intentions... but the kitchen cabinets were locked and there were "no smoking signs" posted in the house. Suggestions were made for these things to be changed to make it more of a home life environment. <ul style="list-style-type: none"> ○ Mr. Howell feels that this is more guidance than an "I gotcha."
Supported Employment Mr. Frank Kirkland	<ul style="list-style-type: none"> ❖ Mr. Kirkland introduced Ms. Kellie Roberts, parent of a son with Autism. She presented a story of her son, who was diagnosed at two years old. ❖ Mr. Byron Sartin, the Supported Employment Coordinator, stated that they have tried to augment some of the supports through CLS. ❖ During the waiver rewrite, Mr. Kirkland and Mr. Sartin will discuss information regarding one-on-one and ensure compliance. ❖ Mr. Kirkland provided an update on the three (3) supported employment (SE) pilot projects:

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	<ul style="list-style-type: none"> • Legislative transition funding pilot has 55 individuals enrolled, 17 SE providers and 6 individuals employed as of December 2014. • The new pilot rate project has 43 individuals enrolled, 5 SE providers, 1 provider dropped out and 3 individuals employed as of December 2014. • Family Support pilot has 91 individuals enrolled, 4 SE providers and 4 individuals employed as of December 2014. <p>❖ Even though it is taking longer to receive services through these pilots, Mr. Sartin is happy with the results considering that six months ago, no one had services.</p> <p>❖ Ms. Case updated the council on the ASO project.</p> <p>❖ Required external review organization, which is Delmarva.</p> <p>❖ They are a subcontract for partner with Value Options, who was the selected vendor</p> <p>❖ There is also the Columbus Information System, also known as CIS or Case Management System which basically houses everything that we do for DD. It is a conduit to get the information to providers.</p> <p>❖ On January 28th, there will be an IDD kickoff of a portion of the ASO, the focus will be on the components in the Georgia Collaborative.</p> <p>❖ Currently working on workflows and has narrowed it down to the 12 top business operations of the department that are carried by the Regional offices.</p> <p>❖ Ms. Case stated that as all the information is built into the new system, there will be efficiencies put in place.</p> <p>❖ As of January, the system is still a work in progress.</p> <p>❖ Georgia Collaborative – they were called Value Options and merged with Beacon Health organization.</p> <ul style="list-style-type: none"> o Beacon Health Organization/Value Options o Georgia Crisis and Access Line o Delmarva <p>❖ Value Options has multiple systems.</p> <p>❖ Electronic application for services will be built; also the regional offices will be able to download information.</p> <p>❖ All Behavioral Health and DD information will be together. It is a collaborative among the entire department.</p> <ul style="list-style-type: none"> o The Georgia Collaborative will be accessible to... <ul style="list-style-type: none"> ▪ Providers, just as it was in CIS. ▪ Individuals – previously they did not have access. ▪ Family members/substitute decision makers <p>❖ There will be limitations or security clearances based on what you can see. For instance in the Notes section which is currently in the decision phase may be available to providers... but in “read only” status.</p> <p>❖ Each person in services will be re-registered on an annual basis.</p>
ASO	
Ms. Sara Case	

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<p>Policy Review Calendar</p> <p>Ms. Catherine Ivy</p>	<ul style="list-style-type: none"> ❖ Electronic ISP go live date has not been set. ❖ A 90-day notice will be given before training begins for the Georgia Collaborative. ❖ The new rate for claims billing will be rolled out during the week of January 19, 2015. The Prior Authorizations have been updated with the new rates and Mr. Ronald Singleton is the one to thank. ❖ The new rate was approved on December 11, 2014 so providers may only go back to that date. ❖ If providers go back past December 11th, the claims will be denied. ❖ Total amount allocated will be automatically adjusted. ❖ The term “budget” is not used any more. ❖ Transition Plan - Home community-based setting: <ul style="list-style-type: none"> ○ Finalized provider assessment tool was distributed to the group. <ul style="list-style-type: none"> ▪ It was sent to DCH in draft form and complies with the CMS rule that require provider sites to meet certain characteristics. ▪ Through the transition plan, CMS was told that every provider site would be reviewed to ensure compliance of CMS rules of no segregation, community inclusion, free choice, etc. ▪ Providers will complete self-assessments of each of their provider sites. For example, if a residential provider has 150 provider sites, they will have to complete an assessment on each of them. <ul style="list-style-type: none"> 1. Providers will have 60-90 days to complete self-assessments. ▪ CMS requires that you have a validation methodology because there is a conflict of interest in assessing your own site. <ul style="list-style-type: none"> 1. The existing support coordination/case management would validate the provider assessment (5% validation of a random sample of the actual site locations). 2. The results would have to be submitted to CMS collectively related to segregated environments. <ul style="list-style-type: none"> ○ What percentage of providers is in compliance? ○ What percentage of providers does not comply now but could? ○ What is the provider’s time frame for compliance? 3. If providers and validation proved that a certain percentage of providers were non-compliant in an area, a remediation plan would be required and the settings would be re-evaluated on a continuous basis. <ul style="list-style-type: none"> ▪ IT staff created a website to allow all providers to create only one per site assessments and the support coordinators will use the same website to validate the providers’ assessments. <ul style="list-style-type: none"> ▪ This does not apply to providers that supply in-home supports. <ul style="list-style-type: none"> ○ The first phase of the transition plan was accepted and approved. ❖ Waiver Amendment includes new services:

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	<ul style="list-style-type: none"> ○ Intensive support coordination (For individuals with HRST levels 4-6) ○ Behavioral support services ○ Skilled Nursing ○ The services have been approved, now policies have to be written. <ul style="list-style-type: none"> ▪ Ms. Ivy is pushing to have the policies put on the DCH website. ▪ She will try to have the policies to DDAC by February 16, 2015 for their review, no later than February 23rd. ▪ The skilled nursing services manual will be delivered no later than February 23rd. This manual will be much more technical and complex. ▪ Ms. Ivy proposed that the policy be submitted to DDAC and DCH simultaneously for concurrent review. ▪ The request was made from the DDAC for the Advisory Council to have an opportunity to provide input prior to the policies being sent to DCH. ▪ Ms. Duncan confirmed that policy comments from DDAC will be submitted to Ms. Ivy on February 18, 2015.
<p>Quality Indicators</p> <p>Mr. Eddie Towson</p>	<ul style="list-style-type: none"> ❖ Mr. Towson thanked everyone who participated on the quality indicators group. ❖ The final draft is complete but has to go through the Leadership team for review. <ul style="list-style-type: none"> ○ Mr. Towson will send it to the DDAC after the Leadership team's review. ❖ There are 26 indicators but all of them will not be used. ❖ Mr. Towson will have a part of the QI workgroup accompany him to the next DDAC meeting to explain how decisions were made. ❖ The quality indicators are for providers, the division of DD and in some cases support coordination. ❖ Ms. Duncan's recommendation for the by-laws is to create a draft and bring it to the next meeting for review. <ul style="list-style-type: none"> ○ Dr. Lindemann would like the members to receive the by-laws before the next meeting. ❖ Applications for membership have been received and the approval and invitations should be distributed before the next meeting. ❖ Ms. Duncan will send out reminders to the DDAC for conference calls with Mr. Howell. <ul style="list-style-type: none"> ○ February 20, 2015 will be the next scheduled conference call. ❖ An announcement of the new Chair, Vice Chair and Secretary should be forthcoming.
<p>By-Laws Revisions</p> <p>Ms. Estelle Duncan</p>	<ul style="list-style-type: none"> ❖ Ms. Sheryl Arno stated she is willing to help explore more information on secondary education as part of Supported Employment. <ul style="list-style-type: none"> ○ All states except five have post-secondary education inclusive programs. ○ Columbus State has started with two new students. Several other colleges (East Georgia, Georgia Tech and University of Georgia) are involved in some phase of the program. ○ Classes through post-secondary are for audit, not credit.
<p>Post-Secondary Education</p>	<ul style="list-style-type: none"> ❖ Ms. Arno is also looking at HOPE scholarships for individuals. ❖ Ms. Arno would like us to make sure everyone is nurturing and mentoring younger people that are getting into the DD field.
<p>Recognition</p>	<ul style="list-style-type: none"> ❖ Ms. Sonya Kuniandy passed away on December 24, 2014.

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	<ul style="list-style-type: none"> ○ She had a positive impact on the lives of the DD communities. ○ She knew how to make days count. ○ She was honored for her legacy during her funeral. ○ She was thanked for all of her services. ○ A lot of what we do today is because of Ms. Sonya Kuniansky. <p>❖ Ms. Duncan would like a letter and certification sent from Mr. Howell's office formally recognizing the time commitment and expertise of the previous members of the council that rolled off.</p>
Public Comment	<p>❖ Council members were thanked for all that they do.</p>
Adjournment	<p>❖ Dr. Lindemann feels that if everyone holds true to what has been said, progress will be made.</p> <p>❖ The meeting adjourned at 1:20 PM.</p>