

3/8/23 HCBS Quarterly Committee Meeting

Agenda:

Introductions

5/11/23 Public Health Emergency Unwind, breakouts and report back

CMS Approvals for 3/1/23 presentation and Q&A

Steering Committee planning, updates and feedback

Introductions: Who are you, where are you located, How long have you been part of this committee?

Attendees:

Amal Grabinski, Ann Vasilev, Anna McEnery, Autumn Chancellor, Betty Schwieterman, Darci Ladwig, Dee Dee Garman, Debbie Chapman, Jaime Bond, Katrina Davis, Lance Morehouse, Les Parker, Scott Livengood, Lisa Robbe, Michelle Williams, Paul Davis, Sandi Gruberg, Stacy Dym, Teresa Boden, Shaw Seeman, Tracie Hoppis, Valerie Kindschy, Lori Gianetto Bare, Brandi Monts

5/11/23 Public Health Emergency Unwind: 1135 and 1115 and appendix K flexibilities all have different dates of when they need to be rolled back. DDA is preparing a doc to explain what will end when. It is very complicated. Medicaid financial eligibility reviews are also beginning again. The feds are allowing one year to look at the financial eligibility renewals based on the customer's natural cycle of renewal, but if people haven't responded to requests for information during the pandemic they have been given 90 day extensions that will result in Medicaid termination between May and July if they still don't respond. People will get a 45 day heads up letter.

They have around 600 people they are looking into to see if they can switch up their Medicaid and not lose benefits. DDA local office have waiver specialists that may be helpful so people know who to contact if needed. There were ideas shared for how to pinpoint/target the information to people based on who/how many will be affected about specific services. The group asked that clear plans and references be provided so providers and families understand what the changes are. Facebook groups and other hubs where people are getting information could also be useful to getting the information out. Echo Autism could also be a place to share that information. The group discussed how Planned Action Notices are stressful to receive and asked about limiting the number of these that go out.

People need to use a service monthly in order to keep their waiver. The Wellness Education Letter is one of the examples of how people can stay on the waiver by using a monthly service.

Breakout Groups: Reviewed end of Public Health Emergency (PHE) and waiver flexibilities coming to an end.

Breakout Group 1:

- Ideas for what would be helpful for communities and DDA customers as they prepare and go through these changes as a result of the PHE ending.
 - Real time communication for consumers (Informing Families bulletins, etc.) for families and individuals doing resource navigation (Parent to Parent, etc.).

- Communication. Multiple copies of communication come in. Something on exterior of envelope that gets attention (i.e. urgent, needs attention). Need to reach out by telephone, or however individuals communicate, and provide the information. Getting more personal outreach for individuals receiving those services.
- Case Managers should collaborate with each other. Cohort to talk about solutions, how they can share stories, learn from each other.
- DDA – try to get things out as quickly as possible. For some things, must go through DSHS communications to have things vetted. May be able to do better at giving folks a heads-up on what is coming. Love idea about cohorts. During pandemic, lost ability for staff to communicate in person with each other. Recently gone back to hybrid CARE academy, where people really learn how to conduct an assessment. Trying to formulate cohorts, re-establish connections. Open to more ideas/suggestions.
- Look at how many people who are using services that are going to change. Case Manager make calls if it is a smaller group. Something bigger that goes to everyone – tell everyone. Everyone doesn't need to hear about things that will not impact them. Sometimes there is too much information to filter through to determine if they will be impacted.
- Getting the information out quickly and concisely. Spreadsheet for flexibilities, end dates, new plans. Providers could reference this. Things are still very confusing for providers. Example – parent upset that masks are still in place. Will be going away soon. Need information out soon.
- Hubs – Parent to Parent, thousands of Facebook groups for parents. Clear handouts that could be circulated. Changes coming – call your DDA Case Manager. Planned Action Notice issue – waivers going away/use it or lose it – scary message for people.
- Use existing networks in the state to push out information to families. Families grow, information changes. Need multiple ways to get information to families, in multiple languages. Utilize existing networks. Create simple, plain language documents that are easy to understand.
- Plain language. Waivers are hard to read. Each one is over 350 pages. Gigantic project. If it was in more plain language, information to people in services might be more digestible.
- Shocking people are not using the service when you know they need it. Data around what services weren't used, look back and see what we could learn from what happened during the pandemic.
- Example of horse therapy that a family wanted to access but couldn't without supports/accommodation. Art therapy/music therapy – problem also exists because they don't have support to access it.
- Plain talk. Even those of us that do the work have difficulty understanding. Be very clear in what is being referenced and don't just use the title of the program.
- If Case Managers can't understand the waivers, families sure can't.
- Waiver amendments
 - Reviewed waiver changes that are effective March 1, 2023.
 - [DDA management bulletin](#) with changes outlined was reviewed.
 - DDA still has 1000-1500 cell phones available for clients. This is coming out of state dollars.
 - DDA is not able to pay for internet connections, per Centers for Medicare and Medicaid Services.
 - Question about teleservice: need equipment, service, and support to use it. Individuals may need supports to fully and authentically participate.

- DDA policy language regarding assistive technology was reviewed and when it can be purchased. Provider contract language states provider is responsible for high-level technical support. For some folks, teleservice delivery may not work. Over time, we may be able to tweak things when we notice gaps.
- Question about public comments. When would they have been requested for these amendments, and how are they used to influence the directions? Are the comments available and public?
 - They were posted for public comments somewhere around September 2022.
 - Public comments are summarized and put in the waiver application.
 - The team reviews every public comment, evaluates which they can make adjustments for, staff with leadership, and make changes when possible. Sometimes public comments are not pertinent to particular parts of the waiver that were opened up. Those comments are kept for future renewals, amendments, etc.
 - The public comment announcements go out via the DDA GovDelivery email system.
- Reviewed the draft DDA Teleservice Delivery policy.
 - DDA will look at adding language regarding working with the person to obtain technology.
 - Some people can't participate in the services by phone due to challenges around communication. Some people may not be able to access the services because they are not available in their community. Still a population that is not being served.
 - In-person service delivery costs approximately 10% more for in-person service delivery. The waiver team plans to put a request forward for this bump in rates.
 - If anything stands out to you, the DDA waiver team is open to feedback and modifying the policy where they can. Send feedback to Leila.Graves@dshs.wa.gov by next March 14.
- In home assessments – these are scheduled to resume in May 2023. There is a DDA management bulletin going out to DDA staff soon. Case Managers can give families the option of in-person assessments before then.

Breakout Group 2:

Ideas to get info out:

- Take advantage of advocacy organizations' guest speaker slots, when available
- Do a Train the Trainer for advocacy organizations to have enough info to share
- Utilize Informing Families to share simple flyers
- Case Manager training
- Send out Management Bulletins to providers
- Go back to the previous version of the Waiver Fact Sheets
- Use clear examples of the services that people can receive when describing them and use plain language
- For the financial reviews create information sheets that say when they will happen and what they will need to send in
- Use different colored envelopes for financial review notices

CMS Approvals for 3/1/23 presentation and Q&A

The HCBS waiver amendments add:

Remote Support as a new service on the Basic Plus, Individual and Family Services, and Core waivers for clients not receiving residential habilitation services.

- Remote Support provides supervision, coaching, and consultation from a contracted Remote Support provider to a DDA client from a distant, HIPAA-compliant location. The supervision, coaching or consultation allows an HCBS waiver participant to increase their independence and safety in their home and community.
- Remote support cannot be used to replace other HCBS services or informal supports that offer similar supports (personal care, etc.).
- Prior approval is required for this service.
- This service was previously referred to as “Distance-Based Observation and Reporting” (DBOR).

Teleservice Delivery as a new *service delivery method* that allows a provider to work with a client remotely from a distant location for the following services:

- Assistive Technology Services
- Community Engagement (one-on-one only)
- Individualized Supported Employment
- Individualized Technical Assistance
- Peer Mentoring
- Person-Centered Plan Facilitation
- Positive Behavior Support and Consultation until August 31, 2023
- Music Therapy
- Specialized Habilitation
- Specialized Evaluation and Consultation
- Staff and Family Consultation
- Supported Parenting
- Physical Therapy, Occupational Therapy, and Speech, Hearing, and Language Services (extended state plan services)

The HCBS waiver amendments modify:

Specialized Habilitation to allow clients on the Core waiver receiving residential habilitation from a companion home provider to be eligible to access specialized habilitation when a prior approval is approved.

The definition and service rules for Community Engagement to:

Redefine the service definition so it states: Community engagement connects a waiver participant to activities, resources, events, and services in the community that the participant is interested in exploring. It is intended to assist the participant with fully accessing their community and reducing social isolation.

- Add an option of small groups *up to four* when the clients have similar goals.

- Modify provider reporting requirements to eliminate initial and 90 day reports and replace with a quarterly progress summary and service log.
- Modify rates for Community Engagement at rate reduction of 25% per client when providing service to two people at a time and 50% per client when service is provided to three or more people at a time. This rate is a continuation of current public health emergency flexibilities.

Steering Committee planning, updates and feedback: Thanks to everyone who has volunteered and/or agreed to join the Steering Committee. This group will meet to review the feedback about ideas for the future of this Committee, to review the current charter listed on the DDC website and to develop a general process and/or template for meeting content and agendas going forward. Members of the Steering Committee will represent the general stakeholder groups from the larger Committee and be responsible for sharing and collecting information with their peers. We expect this Steering Committee to meet approximately four times starting this spring and going into the summer. Next steps will be to get meetings for the Steering Committee set and to begin working together. Identified members are:

- Self-advocate: Resa Hayes still to be confirmed
- Family members: Whitney Stroh (child) and Michelle Williams (adult)
- Community advocacy org: Arc of WA Stacy Dym
- DDO: Lisa Robbe
- Counties: Anna McEnery
- Providers: Amal Grabinski with Provail and CRSA
- DDA: Jaime Bond and Ann Vasilev
- DDC: Brandi Monts