



Developmental Disabilities Administration (DDA) Updates

Bernard Simons, DDA Deputy Secretary

April 16, 2021



Agenda



- Opening Remarks
- Deputy Secretary Update
- COVID-19 Regional Update
- Retainer Payments
- Questions



Deputy Secretary's Opening Remarks

- The DDA's highest priority is the health, safety, and wellbeing of people with intellectual and developmental disabilities, their families, staff, and providers
- The DDA is committed to transparency with all of our stakeholders to ensure we are all working with the same information to support our shared missions
- Thank you for your continued support in joining me during these webcast so that we can stay in-touch and be able to provide you with the most current information



- Governor Larry Hogan this week announced that, according to official Centers for Disease Control and Prevention (CDC) data, more than 80% of Marylanders 65 and older, and more than 50% of Marylanders 18 and older, have received at least one dose of a COVID-19 vaccine
- Marylanders can pre-register by visiting <u>covidvax.maryland.gov</u> or by calling 1-855-MD-GOVAX





- This week, the U.S. Food and Drug Administration (FDA) and the CDC issued the statement below about recent reports of adverse reactions to the Johnson & Johnson (Janssen) COVID-19 vaccine and its recommendation to pause administration of the Johnson & Johnson vaccine
- Based on the federal government's recommendation and out of an abundance of caution, the Maryland Department of Health (MDH) directs all Maryland COVID-19 vaccine providers to pause the administration of Johnson & Johnson COVID-19 vaccines until further federal guidance is issued



Deputy Secretary's Update-LTSSMaryland

- To date, the DDA has transitioned approximate 4,600 service participants, served by 159 providers, into LTSS*Maryland* in Personal Supports, Supported Living and the initial pilot group that went live on December 1, 2019. As of this month, LTSSMaryland has processed \$42.3 M in claims for Personal Supports and Supported Living services
- The DDA is moving forward with expanding use of LTSS*Maryland* with a pilot of five agencies that self-identified as interested in transitioning all services and participants into LTSS*Maryland*



- This group of providers is referred to as the Early Adopter Group (EAG) pilot. DDA has met on several occasions with these organizations to reassess their level of interest in moving forward and finalize the go-live plan for transitioning them from PCIS2 to LTSSMaryland. The EAG includes:
 - July 1, 2021 Penn-Mar; SEEC; and Jubilee
 - October 1, 2021 Jewish Foundation for Group Homes (JFGH); and Abilities Network



Deputy Secretary's Update- SB496 Recovery for the Economy, Livelihoods, Industries, Entrepreneurs, and Families (RELIEF) Act

- The DDA and the Maryland Community Health Resources Commission (CHRC), an independent commission within the MDH, are pleased to announce the Emergency Relief Call for Proposals for Title 7 Developmental Disabilities Administration Providers. <u>Click here for the Call for Proposals and RFP</u> <u>Webpage</u>
- The grant funds are to support one-time only uses to ensure service delivery, in accordance with the provision of the Relief Act focused on re-opening, transformation, or revenue loss
- Applications will be due to the CHRC no later than May 10, 2021. We are hosting an informational call on April 21, 2021, at 10 a.m.
- For more information see the <u>updated memo</u>



Maryland Office of Minority Health and Health Disparities and Maryland 3 Health Care Commission – Reporting Requirements

- SB 796 comprises a total of 39 citations with 37 requirements in total
 - 23 actionable/measurable requirements
 - 7 are complete and/or no longer relevant (EVV)
 - 9 require joint planning, response and/or implementation by the DDA and Medicaid
 - 7 require DDA only planning, response and/or implementation
 - 14 legislative reporting requirements
 - 4 of these requirements will require joint agency response by the DDA and Medicaid

9

DDA Frequently Asked Questions (FAQs) updated April 12, 2021

Table of Contents links to topic specific categories for easy access



Frequently Asked Questions (FAQs)

The Developmental Disabilities Administration (DDA) receives questions regarding programs, services, processes, and new initiatives directly and during topic specific webinars. These Frequently Asked Questions (FAQs) are organized into the topic specific categories to help you find those questions and responses most relevant to you. To go directly to a specific section, you can click on the link in the Table of Contents.

This is a live document which will be updated as categories and questions are added and updated. Questions received that are similar in nature were consolidated to best summarize the answers and resources.

Table of Contents

- I. Appendix K (New April 12, 2021)
- II. Billing (New April 12, 2021)
- III. DDA Communications (New April 12, 2021)
- IV. DDA Provider Applications (New April 12, 2021)

- Appendix K
- Billing
- DDA Communications
- DDA Provider Applications
- Eligibility and Application
- Person-Centered Planning
- Self-Direction
- Services
- Electronic Visit Verification
- Resources



Link: What's New - Frequently Asked Questions (FAQs)

National Core Indicators® Staff Stability Survey 2020



Deputy Secretary's Update

National Core Indicators[™] Staff Stability Survey 2020

 As the DDA continues to work towards building stronger and more robust home and community-based services systems, one of our core focuses must remain on the role that our Direct Support Professionals (DSPs) play in the provision of supports for people with Intellectual and Developmental Disabilities (I/DD). As you are aware, there is a growing need for DSPs in Maryland and across the country. Unfortunately, statistics show that this workforce continues to experience high rates of instability, including high turnover and vacancy rates







- The NCI Staff Stability Survey is operated by National Association of State Directors of Developmental Disabilities Services (NASDDDS) and Human Services Research Institute (HSRI). The survey collects information about DSP staffing levels, job stability, wages, and compensation. Each State is tasked with 100% provider participation in order to provide the most accurate data on the DSP workforce
- DDA providers should have received an email directly from HSRI (<u>dhiersteiner@hsri.org</u>) inviting you to participate in this important Staff Stability Survey by June 30, 2021. In the email, you will find a unique log-in that will enable you to enter your survey responses directly into HRSI's database. Results of the survey will only be reported to HRSI in the aggregate and your organization will remain anonymous





- In order for your agency to be compliant with the DDA Wage Survey requirement for FY2020, it is the expectation of the DDA that providers respond to the Staff Stability survey that is part of the NCI no later than June 30, 2021
- If you have any questions regarding the Staff Stability Survey or if you have not received your unique link from NCI to the survey portal, please contact Patricia Sastoque at <u>patricia.satoque@maryland.gov</u>





Reopening

- Our providers are leading discussions for the 'how and when' to reopen and resume in-person community services. Their careful planning is guided by a number of factors including individual and family interests and readiness, program and staffing capacity, transportation, and early provider experiences with scaled back openings this spring
- To shape these plans and timelines, please consider participation in a brief survey. The DDA recognizes that with the passing of time and with the COVID-19 vaccination roll-out, individual and family preferences may have changed. Thank you for your participation in this reopening survey which can be accessed <u>here</u>



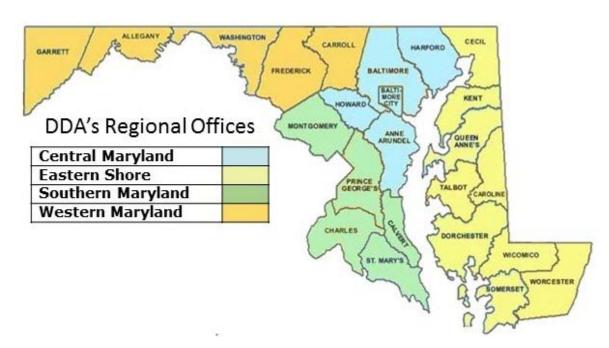
- The DDA continues to work with the Department's Public Health Services to coordinate disability specific clinics
- Kennedy Krieger (KKI) and Johns Hopkins Vaccine collaboration
 - Two in May and one in June 2021 clinics to start
 - First clinic will be 30-50 people, remaining clinics will be 300-500 depending on need
 - Clinics will be drive through
 - Easy and accessible online registration
 - Sensory supports will be available
 - DDA will communicate and share registration links
- 15 soon!





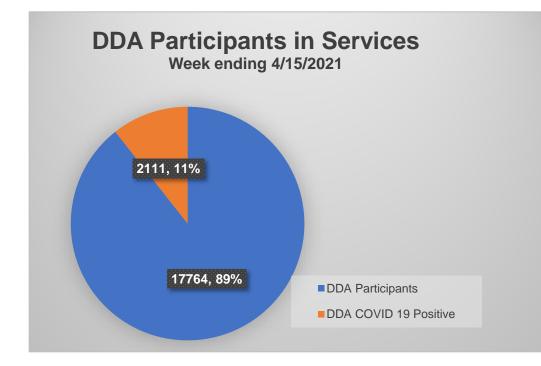
COVID-19 Regional Updates

- **SMRO** Onesta Duke <u>onesta.duke@maryland.gov</u>
- **ESRO** Kim Gscheidle <u>kimberly.gscheidle@maryland.gov</u>
- **CMRO** Nicholas Burton <u>nicholas.burton@maryland.gov</u>
- WMRO- Cathy Marshall cathy.marshall@maryland.gov



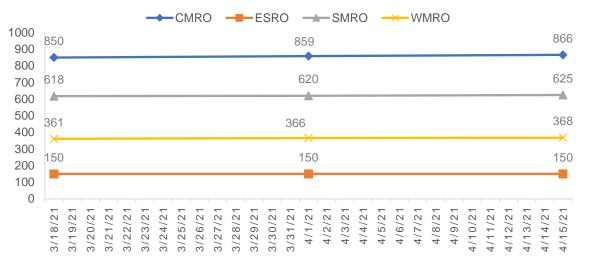


DDA Tracking



There are 17,764 people supported in services by the DDA of which 11% (2,097) have tested positive for COVID-19.

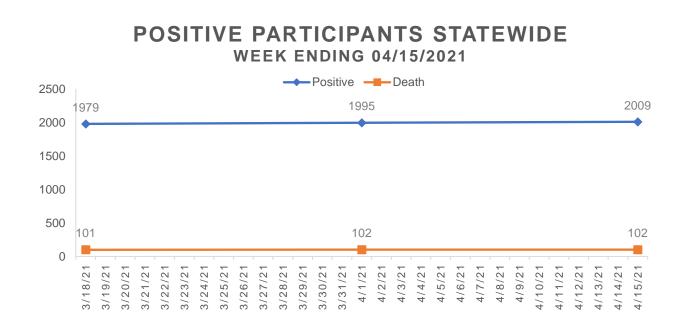
POSITIVE PARTICIPANTS BY REGION WEEK ENDING 4/15/2021



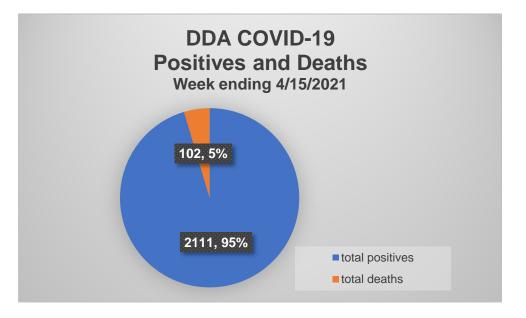
CMRO 866 Positive; Increase of 7 ESRO 150 Positive; Increase of 0 SMRO 625 Positive; Increase of 5 WMRO 368 Positive; Increase of 2



DDA Tracking



There have been 1,995 participants reported as having tested positive for COVID-19 of which there have been 102 deaths.

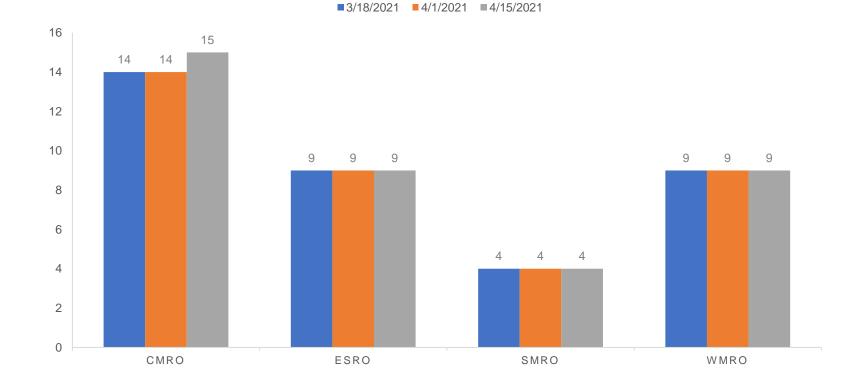


The 102 deaths represents approximately 5% of all (2111) participants that tested positive.



DDA Tracking

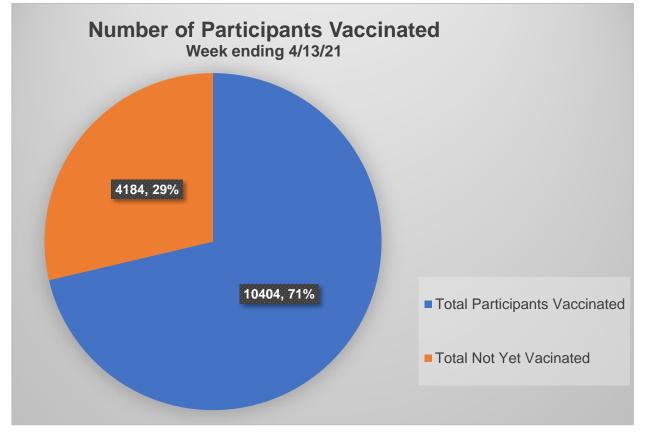
PARTICIPANTS IN SELF-DIRECTION WEEK ENDING 04/15/2021



37 COVID-19 Positive0 Deaths



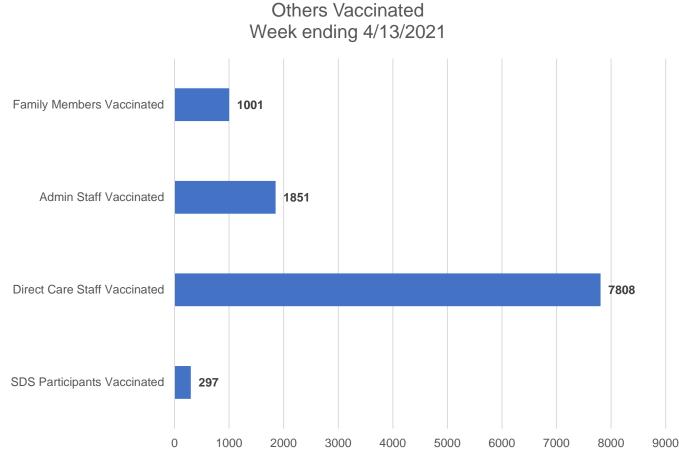
Vaccination Tracking



- Of the 14,588 participants that the agencies reported intending to have vaccinated, 10,404 (71%) have been vaccinated, 4,184 (29%) have not received a vaccine
- There have been 118 vaccination clinics held by the provider agencies with 22 currently scheduled



Vaccination Tracking



Others vaccinated include:

- 1,001 Family Members
- 1,851 Administrative staff
- 7,808 Direct Support Staff
- 297 Self Directed Participants



- Under the DDA's Appendix K authority, DDA providers can bill retainer days during the public health emergency as follows:
 - Community Living Group Home -up to 60 days at 100% of the rate
 - Meaningful Day up to 30 days at 80% of the rate
 - Personal Supports up to 120 or 30 days at 100% of the rate

Resource:

- CMS DDA Appendix K Amendment Approved January 7, 2021
- <u>Retainer Days PCIS2 Error Updates Guidance Revised April 15, 2021</u>
- <u>Retainer Days Guardrails Remaining FAQs April 15, 2021</u>



Guardrails and Attestation

- Under guidance provided by the Center for Medicare and Medicaid Services (CMS), providers are required to submit, quarterly, a completed attestation that will be verified by the DDA, to ensure compliance with the CMS "guardrails" for retainer payments under the provisions of the Appendix K
- CMS has advised us that the guardrails are effective retroactive to March 13, 2020

Reference: <u>Attestation of Provider Use of Retainer Days - Final 2-2-2021</u>



Guardrails and Attestation

- Further clarification from CMS revealed that states now have the flexibility to allow some retainer payments to cover base costs during period of times when staff were laid off
- Based upon this guidance, DDA has decided to allow providers to bill up to 60% of retainer day funding during staff layoffs to cover set non-staff related agency base costs



Guardrails and Attestation

Providers that have laid off staff during the reporting period should indicate "N" (meaning No) to the third guardrail question noted on the Attestation form as

shown below

Guardrail	Attestation	Y/N	Period (Start - End)	
Limit retainer payments to a reasonable amount and ensure their recoupment if other resources, once available, are used for the same purpose. A retainer payment cannot exceed the payment for the relevant service	(Provider Name) attests that this guardrail has been adhered to. If not please report the nature of the noncompliance to the appropriate DDA staff (Fiscal or Program)			
Retainer payments will be subject to recoupment if inappropriate billing or duplicate payments for services occurred as identified in a state or federal audit or any other authorized third-party review. Note that "duplicate uses of available funding streams" means using more than one funding stream for the same purpose.	(Provider Name) attests that this guardrail has been adhered to. If not please report the nature of the noncompliance to the appropriate DDA staff (Fiscal or Program)			
Require an attestation from the provider that it will not lay off staff and will maintain wages at existing levels.	(Provider Name) attests that this guardrail has been adhered to. If not please report the nature of the noncompliance to the appropriate DDA staff (Fiscal or Program)			DEF



Reconciliation and Recoupment

- Federal requirements are that providers cannot profit from the public health emergency (PHE)
- During the cost reporting year-end reconciliation process:
 - An assessment of revenues (whether from the additional revenue from PPP loans or other revenue sources along with revenue from retainer payments) for the same programs to see if it demonstrates a profit for the provider
 - If a provider received revenues in excess of the pre-PHE level, then any retainer payment amounts in excess will be recouped





Guardrails FAQs

Question: If we have laid off staff but have already submitted and been paid for Retainer Days, how will we notify DDA that we are now not eligible for these days. When can we expect recoupment of these days?

 Complete the quarterly attestation that notifies DDA that staff was laid off while retainer days were billed. Based upon the flexibility granted by CMS, DDA has decided to allow providers to bill up to 60% of retainer days even if the agency laid off staff during the time retainer days were billed. To effectuate this, DDA will recoup the difference of retainer day funds during year-end reconciliation through the cost reporting process





Guardrails FAQs

Question: How do we note this on the cost report as the days in PCIS2 will not match our cost report submission?

• The Schedule G on the cost report is used to note and explain attendance discrepancies between the provider record of attendance and PCIS2

Question: Funding cannot be used for the same program?

 One of the guardrails contained in the CMS guidance on the use of retainer days is that the agency cannot use revenue from retainer day billing and other sources of outside revenue for the same or duplicate purpose





FPARTMENT OF HEALTH

Retainer Payments

Guardrails FAQs

Question: Do the guardrails suggest we cannot have received other sources of funding at all during appendix K or those funds cannot be used for the same time period that the retainer days were billed for?

• The guardrails contained in the CMS guidance on use of retainer days stipulates that (1) the agency cannot use revenue from other sources and revenue from retainer day pays for the same program (duplicate uses),(2) revenue from retainer payments cannot cause an agency to exceed its revenue prior to the quarter before the PHE minus savings achieve from staff layoffs and/or furloughs, and (3) the agency cannot layoff staff at the same time as they are receiving retainer payments, or it will be subject to recoupment of retainer day payments



Guardrails FAQs

Question: What if you laid off staff in a different quarter during Appendix K than the quarter you are billing retainer days?

 The agency is able to bill up to 60% of the retainer day payment. If the total revenue as a result of the retainer days exceeds the amount of revenue earned the quarter prior to the PHE, minus savings as a result of staff layoffs or furloughs, then the DDA will recoup the difference





Guardrails FAQs

Question: Page 24 says, "Providers who entered up to 30 retainer days since March 13, 2020 do not need to take any action.

 Providers who entered up to 30 retainer days for Meaningful Day services since March 13, 2020 would not need to complete error updates to adjust attendance. However, the provider is required to complete the quarterly attestation in accordance with the CMS guidance pertaining to the guardrails





Guardrails FAQs

Question: Our retainer days were submitted correctly, but we did receive a PPP loan, what should we do at this point?

 If your retainer days were submitted correctly all you have to do is submit the quarterly attestations pertaining to the guardrails contained in the CMS guidance. During year-end reconciliation you will need to report the receipt of funding during this period of time to determine if you meet the federal requirements





Guardrails FAQs

Question: There is a guardrail that relates to revenue not exceeding the quarter prior to PHE. Is this revenue on a total level, or by program?

• This is total revenue



Retainer Days Attestation: Submission Schedule

Fiscal Year	Billing Period	Attestation Due Date
FY20	March 13, 2020 – June 30, 2020	June 30, 2021
FY 21 – Q4 Payment - April 2021	July 1, 2020 - March 31, 2021	June 30, 2021
FY 22 – Q1 Payment - July 2021	April 1, 2021 – June 30, 2021	July 10, 2021
FY 22 – Q2 Payment - October 2021	July 1, 2021 – September 30, 2021	October 10, 2021
FY 22 – Q3 Payment - January 2022	October 1, 2021 – December 31, 2021	January 10, 2022
FY 22 – Q4 Payment - April 2022	January 1, 2022 – March 31, 2022	April 10, 2022

Error Updates

Error updates that affect FY'20 retainer days need to be submitted to the regional offices by noon, May 3, 2021 for the following services:

- Residential/Community Living-Group Homes PCIS2
- Personal Support PCIS2 and LTSS
- Meaningful Day PCIS2



Questions



Please join us for our 2021 Webinar Series:

- April 30 at 1pm
- May 14 and 28 at 1pm

