



Developmental Disabilities Administration (DDA) Updates

Bernard Simons, DDA Deputy Secretary

December 4, 2020



Deputy Secretary's Agenda



- Opening Remarks
- Deputy Secretary Update
- COVID-19 Regional Update
- Electronic Visit Verification (EVV) 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

Deputy Secretary's Update

- During Governor Larry Hogan December 1 press conference, you heard that Dennis R. Schrader would be acting as the Secretary of Maryland Department of Health (MDH) since Bobby Neall's retirement effective December 2, 2020
- The current surge is affecting our direct support professional workforce
 - Providers have several options under the approved Appendix K related to staffing such as hiring family as staff, hiring requirement exception, and requesting staffing ratio exceptions that may help. Providers can reach out and work closely with their Regional Office for assistance

Deputy Secretary's Update

Personal Protective Equipment (PPE)

- The DDA has given out five (5) rounds of PPE across all regions and we've requested another round that will distribute to the regions by the end of next week for Microboards, Self-Direction and Providers
- If you are having a hard time getting PPE from your local health department, please contact your Regional Director
- Providers are urged to advocate at their local level as the Governor has encouraged county leaders to utilize some of their remaining CARES Act resources to build up the supplies of critical PPE, particularly gloves, gowns, and masks

Deputy Secretary's Update

Orders

- [MDH Order - Amended Various Health Care Matters Order \(Patient Surge Management III\) - December 1, 2020](#) Please see the Amended Directive and Order Regarding Various Healthcare Matters. Especially note item 10 on page 11 about surge capacity

Testing

- Please know that you can have people that your support get tested by their primary care physician and the local testing locations around the state. Please see the below Testing Sites link for information in your area at [MD COVID-19 Testing Sites](#)

Deputy Secretary's Update

Maryland's Vaccination Plan

- [Maryland's Draft COVID-19 Vaccination Plan](#) focuses on two major phases of vaccine distribution based on availability
 - Phase 1 - applies when there is limited vaccine available and will focus on priority groups to receive vaccination, and
 - Phase 2 - applies when there is wide-scale vaccine availability for the general population
- MDH will follow the recommendations of the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) as to who should be prioritized to receive COVID-19 vaccine once finalized

Deputy Secretary's Update

Maryland's Vaccination Plan

- As noted in the draft plan, Maryland's Vaccination Priority Group priorities include:
 - Phase 1 - includes high-risk health care workers; first responders; older adults in congregate or overcrowded settings; and people with specific comorbid and underlying conditions
 - Phase 2 - includes teacher; school staff; childcare worker; people in homeless shelters and Group Homes including staff; and people 65 and older

Reference: [Maryland's Draft COVID-19 Vaccination Plan](#) Appendix 3 on page 45

Deputy Secretary's Update

Maryland's Vaccination Plan

- Until MDH has a better idea of the number of doses and the administration method of the vaccine doses, we are unable to speculate as to exactly which groups will get the vaccine

Deputy Secretary's Update

Appendix K

- The DDA is working closely with our partners at Medicaid, CMS, and NASDDDS to continue to offer flexibilities through the Appendix K
- We are working with CMS and Medicaid to remove the requirement for consecutive days in our Appendix K so that providers can access up to 30 total days. We will share additional information and guidance once available
- We will also look to extend the Appendix K if a federal option. We will keep you informed as we learn more from CMS

Deputy Secretary's Update

- Since the current surge is affecting our direct support professional workforce, ROs have been reviewing Appendix K staffing flexibility options (e.g., hiring family as staff, hiring requirement exception, and requesting staffing ratio exceptions) with providers
 - [DDA Appendix K #6 - Staff Training and On-boarding Flexibility](#)
 - [DDA Appendix K #8 - Service Delivery in Alternative Settings and Out of State](#)
 - [DDA Appendix K #9 - Site Capacity \(Exceed License Maximum\)](#)
 - [DDA Appendix K #10 - Exceed Group Size and 1:1 & 2:1 Exception Request](#)

Deputy Secretary's Update

[DDA Appendix K #6 - Staff Training and On-boarding Flexibility include:](#)

- Hiring flexibilities including:
 - Service by Relatives or Legally Responsible Individuals
 - Staff Age Requirements;
 - Waiver of High School or GED Requirement;
 - Criminal Background Checks;
 - Training Requirements;
 - Waiving the Health Screen and PPD Test; and
 - Exception to Maryland Professional Licenses;
- Providers are encouraged to utilize all staff in the provision of direct support. This includes management and clerical staff, as examples

Deputy Secretary's Update

[DDA Appendix K #8 - Service Delivery in Alternative Settings and Out of State](#)

- Services may be provided in alternative site options including but are not limited to a participant's home, family or friends' homes, and staff or direct care worker home
- Reminder – providers can hire family and friend as staff to provide care in the family/friend's home

[DDA Appendix K #9 - Site Capacity \(Exceed License Maximum\)](#)

- Providers may exceed the current licensed site capacity
- Please refer to the guidance that includes the process

Deputy Secretary's Update

[DDA Appendix K #10 - Exceed Group Size and 1:1 & 2:1 Exception Request](#)

- The participant to staff ratio outlined in the participant's person-centered plan (e.g., 1:1 or 2:1) or required group size set forth in a Waiver program service definition may be exceeded due to staffing shortages
- Please refer to the guidance that includes the process to seek approval from the DDA for exceptions to 1:1 and 2:1 participant to staff ratios

Deputy Secretary's Update

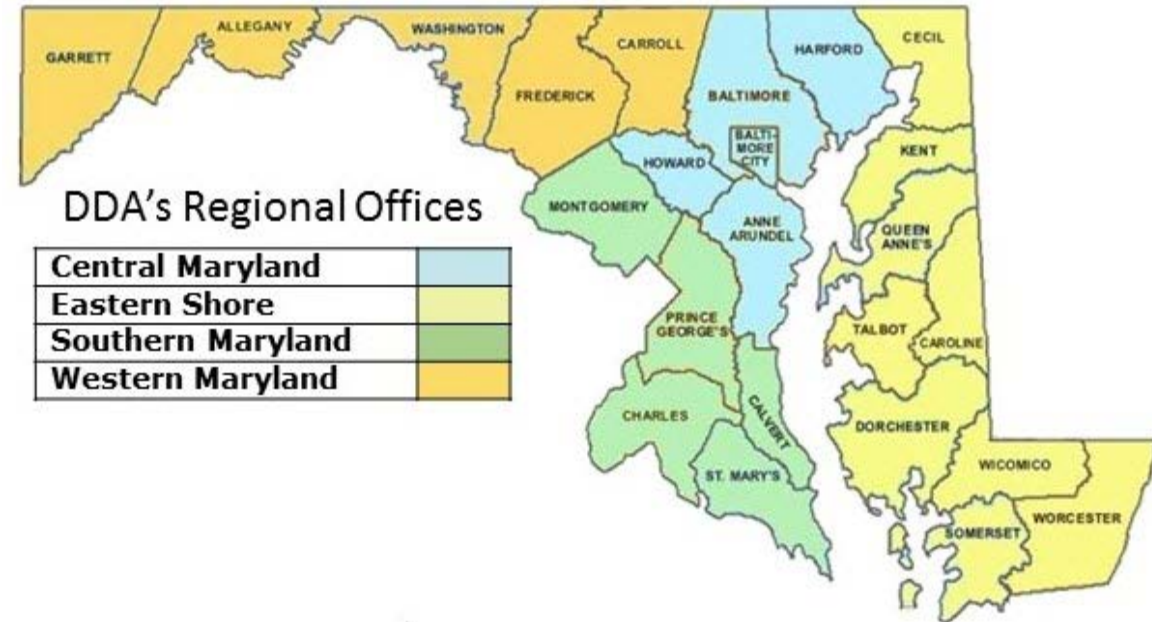
- When exploring staffing options, the DDA continues to encourage teams to use person-centered thinking skills to discuss each participant's current service needs, risk factors and ways to mitigate those risks including what technology, environmental, and staff supports will be provided
- Providers can reach out and work closely with their Regional Office for assistance as needed

Amendment #3 Update

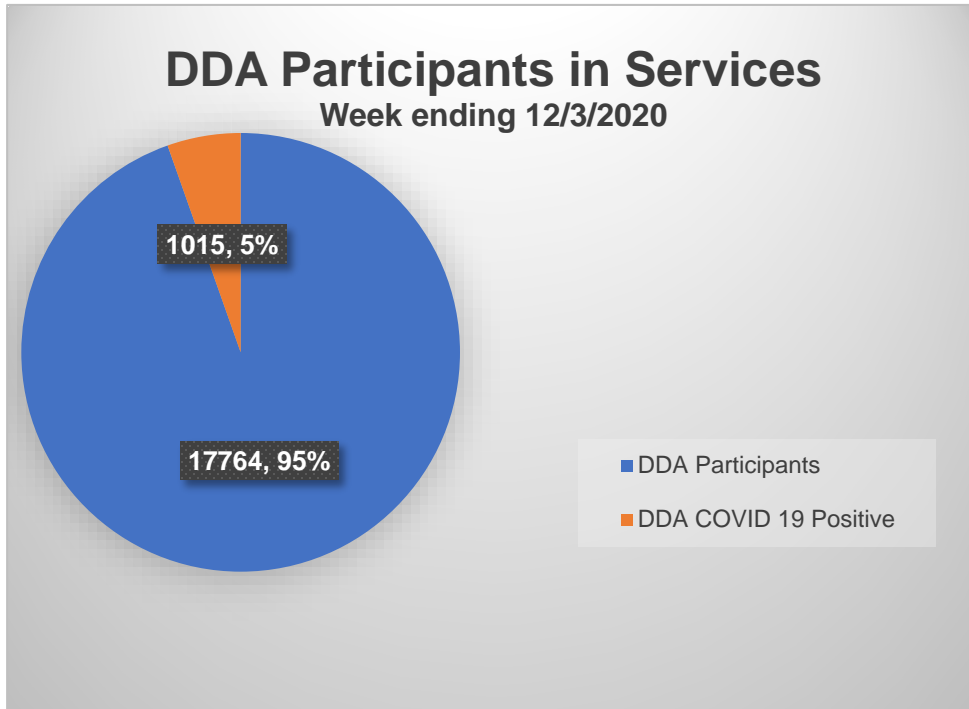
- DDA Waiver Amendments # 3 were submitted to CMS on October 30th
- CMS overview call on waivers was conducted on November 20th
- CMS questions on amendments are expected this week
- DDA Waiver Amendments # 3 proposed effective date January 1, 2021
- DDA will share information and guidance on amendments implementation and timelines

COVID-19 Regional Updates

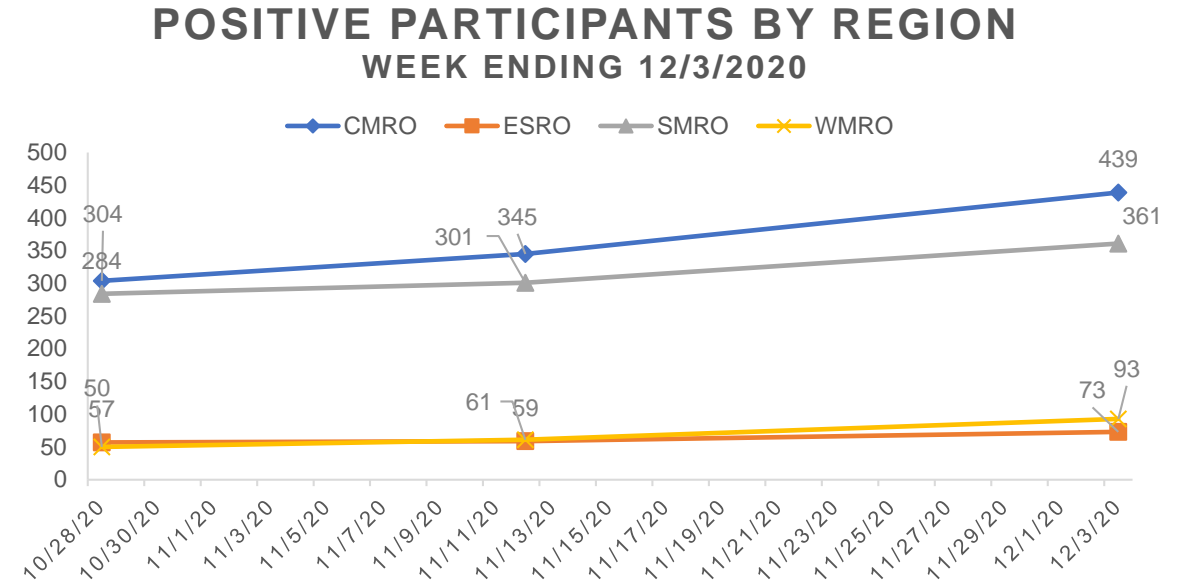
- **SMRO**- Onesta Duke
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- **ESRO**- Kim Gscheidle
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- **CMRO**- Nicholas Burton
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- **WMRO**- Cathy Marshall
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DDA Tracking



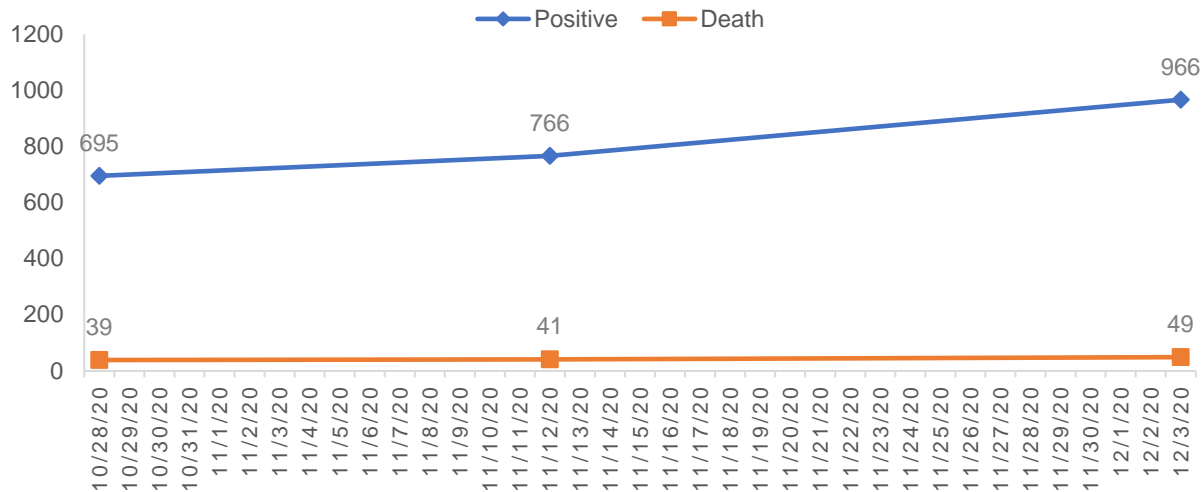
There are 17,764 people supported in services by the DDA of which 5% (1,015) have tested positive for COVID-19.



CMRO	439	Positive; Increase of	94
ESRO	73	Positive; Increase of	14
SMRO	361	Positive; Increase of	60
WMRO	93	Positive; Increase of	32

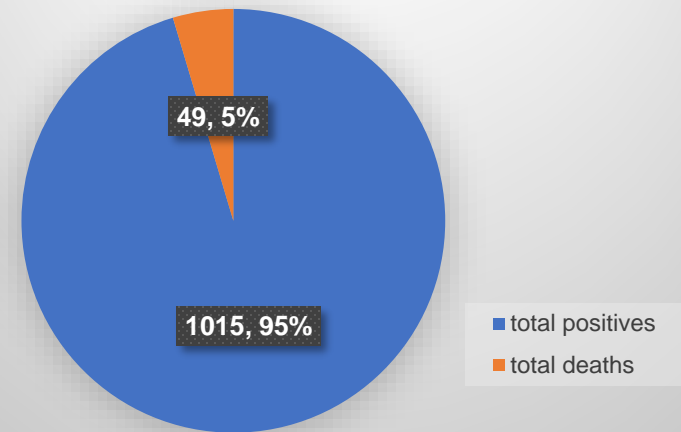
DDA Tracking

POSITIVE PARTICIPANTS STATEWIDE
WEEK ENDING 12/3/2020



There have been 966 participants reported as having tested positive for COVID-19 of which there have been 49 deaths.

DDA COVID-19
Positives and Deaths
Week ending 12/3/2020

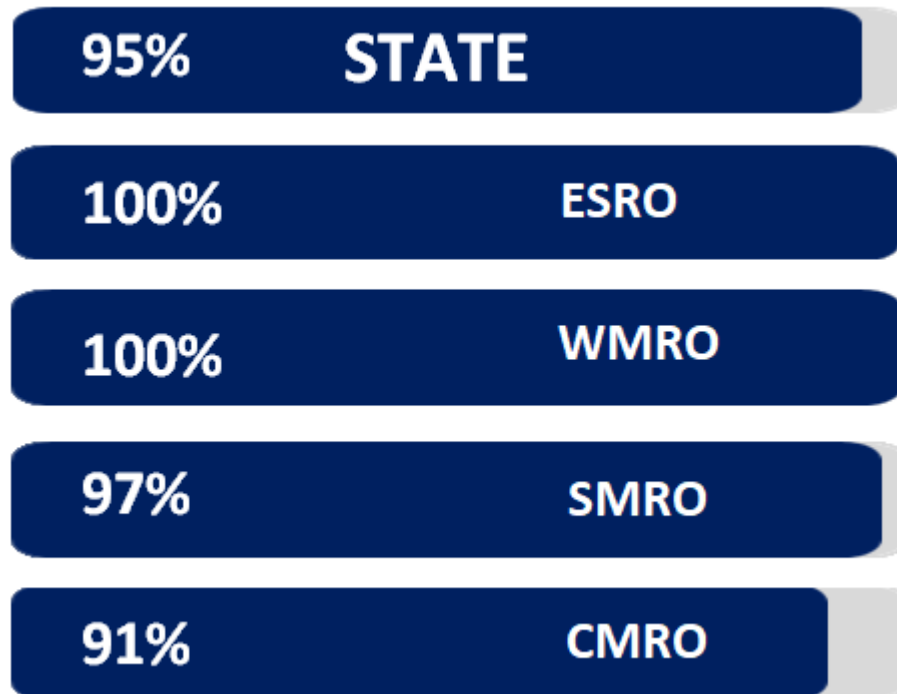


The 49 deaths represents approximately 5% of all (10) participants that tested positive.

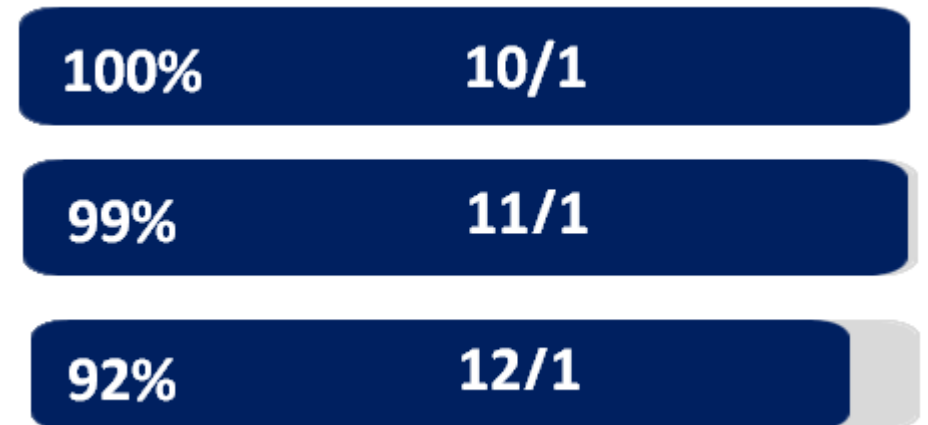
EVV Update

The following chart measures the % of Personal Supports PCPs that have been verified by regional office staff and data tracking from LTSSMaryland

By Region



By Go-Live Date



EVV Update

ISAS Billing Data

12/1/2020 Go-Live Summary				LTSS Maryland Data	
Last Updated Time:				12/3/2020 1:42 PM	
Region	Go-Live Date	Total Clients In Region	% IVR Usage	# of Clients Success	# of Successful Clock-in/Out
Total		4067	44.06%	1792	34287
Central	12/1/2020	2476	30.01%	743	2976
Eastern	10/1/2020	295	58.98%	174	7208
Western	10/1/2020	269	74.35%	200	6274
Southern	11/1/2020	1027	65.73%	675	17829

EVV Update

ESRO - Takeaways from the EVV Implementation

- It was so helpful to work with specific CCSs and corresponding Providers in reviewing the service acceptance together, especially as there are different LTSS screen views for CCSs, Providers and the Regional Office
- Regional Staff using Google Hangouts to review PCP spreadsheet information with CCSs to help them determine priorities and necessary action steps in resolving issues and completing PCPs effectively
- Having a tool to calculate the hours of service into units so that both Providers and CCSs were in agreement about what was being authorized
- Crosswalking the funded hours in PCIS2 and the actual usage of hours helped with the authorization decisions based on need

EVV Update

WMRO - Takeaways from the EVV Implementation

- Knowing the what, why and the how of the process and results of the final product was so important for all parties involved
- Because of the clear focus and goals, the regional offices were able to assist one another to get the PCPs approved
- Being humble within this task was important. This was a learning experience for all of us. The key in the midst of this was that all of us needed to acknowledge we could learn from others and we needed others to come along with us to get this monumental task done. Putting everyone on the same level and being transparent in what was being done and how was important
- Ongoing and regularly scheduled communication identified any concerns in advance and held everyone responsible for their part in the process

EVV Update

SMRO - Takeaways from the EVV Implementation

- Providing clear expectations, guidance and information to CCSs, Providers, and Regional office Program Staff assisted with understanding the transition process
- Utilizing tracking mechanisms and meeting regularly with coordination agencies helped to move the process along in a timely manner
- Being readily available to assist with resolving potential concerns and clarifying information when needed was essential
- Ongoing monitoring, communication, and collaboration is critical in maintaining a successful transition into the EVV system

EVV Update

CMRO - Takeaways from the EVV Implementation

- Collaboration among the Region, CCS, and provider agencies was critical in meeting our goal
- This collaborative effort provides us with a template for future projects big and small
- The Region is looking forward to debriefing with CCS/Provider agencies discussing what worked and lessons learned
- In the coming months the Region stands ready to assist with any EVV needs or questions that arise

Questions



Please Join us on **December 18th at 1pm** for our next webcast:

Dr. Feder will be joining us to share the most current CDC Guidelines, Holiday gatherings and travel considerations.