MARYLAND DEPARTMENT OF HEALTH (MDH)/DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA) RATE REVIEW ADVISORY GROUP

DATE: Friday, May 20, 2022
TIME: 12:30 to 2:30 p.m.
LOCATION: GoToWebinar

Due to COVID-19, this meeting was held through GoToWebinar only.

Registration for the Rate Review Advisory Group Meeting on Friday, May 20, 2022 12:30 p.m. EST was available at: Maryland Department of Health DDA Rate Review Advisory Group (constantcontact.com)

After registering, participants received a confirmation email containing information about joining the webinar.

AGENDA

1. **Welcome**
   Jennifer McIlvaine, Director of Finance, Medicaid, MDH

2. **Approval of Meeting Minutes**
   Jennifer McIlvaine, Director of Finance, Medicaid, MDH

3. **Rate Review Advisory Group Bylaws**
   Jennifer McIlvaine, Director of Finance, Medicaid, MDH

4. **FIAT Report Summary**
   Kris Welch, Consultant, CBIZ Optumas
   Morgan Henderson, PHD, Consultant, The Hilltop Institute

5. **FY24 Focus Areas**
   Lesley Le, Consultant, CBIZ Optumas/DDA

6. **Next Steps and Adjournment**
   Jennifer McIlvaine, Director of Finance, Medicaid, MDH

Next meeting is Friday, June 17, 2022 12:30 pm to 2:30 pm. Members of the public who would like to observe the meetings, can register through the DDA Training Calendar at Constant Contact Events. Register once and get reminders for each meeting via GoToMeeting

Meeting connection links will be sent one day and one hour prior to the meeting. Meeting minutes will be made available following the meeting. If you have any questions or would like to request accommodations, please contact Donna Will at donna.will@maryland.gov.

Next Meeting: Friday, June 17, 2022, 12:30 to 2:30 p.m.
Staff Contact: Ms. Donna Will
Donna.Will@maryland.gov

MDH/DDA RATE REVIEW ADVISORY GROUP MINUTES
May 20, 2022

Co-Chairs

1. Jennifer McIlvaine, Director of Finance, Medicaid, MDH
2. Robert White, Director of Administrative Services, DDA

Advisory Group Members Present

1. Donna Retzlaff, Spring Dell Center
2. Shauna Mulcahy, The Arc Frederick County
3. Scott Hollingsworth, Appalachian Crossroads
4. Gregory Miller, Penn-Mar
5. Karen Adams-Gilchrist, Providence Center
6. Laura Howell, MACS
    a. Sharon Lewis, MACS (Support invited)
    b. Maria Dominiak, MACS (Support attended)
7. Christian Parks, Somerset Community Services
8. Karen Lee, SEEC/EAG
9. Carol Custer, SDAN
10. Ken Capone, People on the Go

DDA Panelists

1. Patricia Sastoque, Director of Programs, DDA
2. Rhonda Workman, Director of Federal Programs, DDA

State Medicaid Panelists

1. Steve Schuh, MDH Deputy Secretary of Health Care Financing and Medicaid

The Hilltop Institute and CBIZ Optumas Panelists

1. Steve Schramm, CBIZ Optumas
2. Lesley Le, CBIZ Optumas
3. Christin Diehl, The Hilltop Institute
4. Todd Switzer, The Hilltop Institute
5. Kris Welch, CBIZ Optumas
6. Morgan Henderson, The Hilltop Institute

DDA Office of Change Management Panelist

1. Kerri Zanchi, Consultant, DDA
2. Emily Ornstein, Consultant, DDA

Rate Review Advisory Group

May 20, 2022

Welcome

Ms. Jennifer McIlvaine, Director of Finance, Medicaid, MDH called the meeting to order at 12:32 p.m. As part of the welcome address, Ms. McIlvaine shared that moving forward, MDH will provide a process for members to make requests for agenda topics for consideration.

Approval of Meeting Minutes

Members voted to approve the April 19, 2022 meeting minutes with two revisions noted on page nine (9) pertaining to the application of the supplemental budget and clarification that rate work informs the FY24 DDA budget development.

Mr. Scott Hollingsworth, Appalachian Crossroads, proposed adding items to track in the next steps section of subsequent meeting minutes. Mr. Christian Parks, Somerset Community Services, seconded this suggestion. Ms. McIlvaine accepted that feedback.

Rate Review Advisory Group Bylaws

Ms. McIlvaine reminded the group that the state team is committed to developing bylaws so everyone will have the same expectations and guidance to clarify roles and responsibilities while providing the opportunity to review the practices of the advisory group as a public engagement tool. Bylaws are currently under review. A summary of the proposed structure and draft language specific to communication and engagement outside of the RRAG was shared with the group.

Ms. McIlvaine said that the team will discuss how members can offer feedback on the bylaws and that the complete document will be shared with members after internal review is complete. Ms. McIlvaine shared that the intent is to share the whole document with members for their review and state team consideration.

Ms. Howell, MACS, asked if there is any guidance or requirements for how someone requests the opportunity to clearly define in advance the scope/topic. She asked if there will be some flexibility around this item. Ms. McIlvaine asked if Ms. Howell wanted to know more about what the state thinks is clearly defined in advance and limited in scope and what kind of communication this allows for. Ms. Howell clarified that she would hope the bylaws around communications would not be burdensome, such as requiring two (2) weeks' notice. She would like some flexibility to send an email with emerging items. Ms. McIlvaine said that the team will make sure to capture that feedback and make it clear in the final document.

Mr. Hollingsworth, asked if the bylaws address the contact between RRAG members. Ms. McIlvaine stated that it does not. She, while stating that this was not legal advice, continued by reminding everyone that the Maryland Open Meetings Act does have provisions that define what a meeting is. If a group meets that threshold, it is considered a meeting that needs to be open to the public. One of the major elements there is the number of people involved. If two (2) people have a conversation, it is fine but members should avoid having many people talking to each other as this may inadvertently create the appearance of a meeting outside of the public meeting. Some of those details around quorum and such will be in the bylaws.

Mr. Parks asked if the bylaws address the work group's ability to provide information and the timing that is required for members to submit information to the state chairs for consideration. Ms. McIlvaine confirmed that the bylaws will include a clear process. Mr. Parks asked about this time frame and if members could submit items for consideration two (2) to three (3) days in advance of the meeting versus two (2) weeks. Ms. McIlvaine explained that the state team needs enough time to look at what is submitted and make discussions about updating the agenda. She added that the team tries to have the agenda posted on the DDA website a week in advance of the meeting. Mr. Parks asked to have some flexibility in the timeline for submitting topics.

Ms. McIlvaine thanked the group for their comments.

FIAT Report Summary

Mr. Steven Schramm, CBIZ Optumas, opened the presentation on the fiscal impact analysis tool (FIAT) summary. He shared background on the FIAT. The FIAT is very important as it allows MDH/DDA to receive feedback from the provider community about rate changes. He said that Mr. Parks mentioned two (2) meetings prior that the FIAT does have some limitations because of the timing of information. An example of one (1) of the limitations is that the state contracted rate setting consultants are not able to sit with each one of the providers as they fill out the FIAT. Therefore there may be varying assumptions among providers when completing the tool.

Another consideration for the team reviewing the information that comes out of the FIAT is that some of the rates have changed since the FIAT was released. In general, those have resulted in an increase to the rates but that is something to consider in reviewing the information. The state team is using this information to look at projected revenue under LTSS Maryland in relation to the PCIS2 revenue. There are some differences in service definitions and units in these systems. This will need adjustment as we think about the information received in the FIATs.

Mr. Schramm offered that as the FIATs are analyzed the state team understands the feedback from members of the RRAG that the FIAT's are not a perfect source of information. That team also hears the need to continue to improve the FIAT process but also recognizes this is an important step in establishing a feedback loop with the provider community. This is in order to get a data point on the rates moving forward and how rates impact providers.

Mr. Parks reiterated his request for an updated FIAT tool with new rates so providers can maintain those projections. He offered that it is beneficial that each time the state distributes new rates, it also distributes FIAT tools. This would be a tool for the provider to manage. Mr. Robert White, Director of Administrative Services, DDA, MDH said that DDA can commit to taking the FIAT tool and updating it to reflect the April 1, 2022 LTSS rates for providers to use internally to make business decisions. Ms. Howell and Ms. Donna Retzlaff, Spring Dell Center, supported this suggestion.

Ms. Karen Lee, SEEC, shared that providers filled out the tool multiple times. Rather than having a new tool, she asked to unlock the current tool so providers can make the changes themselves and not have to add new data. She continued that if providers can get an unlocked tool to plug the rates into when they change, that would be the preferences as opposed to a whole new tool.

Dr. Morgan Henderson, Data Scientist, The Hilltop Institute, reviewed the FIAT report summary. He shared that Hilltop conducted an analysis on the FIAT submissions received earlier this year. Highlights of the analysis were presented. The team analyzed eighty-four (84) FIAT submissions from separate providers. On average, provider revenue is expected to increase by 18%. This is largely driven by increases in community living-group home (CLGH) revenue. Hilltop discovered that there was a negative correlation between the percentage of PCIS2 revenue derived from meaningful day services and the percentage change for total revenue. The higher the percentage of revenue derived from meaningful day services in PCIS2, the lower the percentage increase in revenue derived from fee-for-service billing in LTSSMaryland using the FFS rates, with some providers seeing a decrease.

Dr. Henderson continued with some limitations in this analysis. First limitation is that this is not necessarily representative of a random or universal sample. Findings only relate to the limited scope of providers who submitted FIATs. Second limitation noted is that FIAT submissions are self-reported and not audited. As Hilltop did a data check, the team found little glitches in the template but did not complete a systematic search for these. Finally, FIAT submissions do not include cost revenue. A decrease in projected revenue does not necessarily mean a decrease in net income.

Ms. Lee asked if Hilltop noticed any trends around utilization, specifically for people who had a decrease or a non-material increase. Dr. Henderson answered that the analysis is limited to what the team could look at and what the spreadsheets contained. This was more of a higher level analysis of meaningful day services and did not look at that specific service utilization.

Ms. Howell asked if there is more analysis available. Mr. White shared that Mr. Kris Welch, CBIZ Optumas will provide an overview of the analysis and may answer additional questions.

Ms. Retzlaff asked if the providers projected for loss of revenue provided meaningful day services only. Dr. Henderson answered that those providers offered quite a high portion of meaningful day services. It was disproportionately high in meaningful day services. Ms. Retzlaff would like to know more about the percent change in revenue separated for meaningful day and residential services.

Ms. Howell stated that the group was clear that each service should be financially viable in itself. It would be helpful to get a sense of what Hilltop saw in the FIATs for the community living-group home service. She shared that the biggest concern is day habilitation and employment services but there are concerns with community development services (CDS) as well.

Ms. Lee asked if there is an opportunity to go back and dive into individual services. Mr. White shared that approximately twenty-one (21) providers are receiving 100% of revenue from PCIS2 for meaningful day services. Of that twenty-one (21), approximately nine (9) showed losses, meaning that the majority were showing gains. What was interesting to note of those demonstrating a projected loss, two (2) have volunteered to be a part of the LTSSMaryland transition pilot.

Ms. Retzlaff asked if the day only service providers completed the FIAT correctly and did not assume 100% utilization. Ms. Lee asked about the number of submissions analyzed. Ms. Maria Dominiak, MACS, asked about the total providers and the percentage of revenue.

Mr. Welch shared that CBIZ Optumas has looked at the FIATs and is in the process of getting into the nuanced information. The team is asking the same kinds of questions as members. For example, for day providers, the team is looking at identifying an average of what it looks like per person, per day. Trying to hone in on those 15 meaningful day service providers. The Optumas team is seeing a positive correlation with average daily hours served per person for meaningful day and the revenue impact. They are also seeing providers showing a projected reduction in revenue–tending to be more focused on meaningful day services. Mr. Welch shared that the team is still working through the analysis.

Mr. Welch shared a graph of the preliminary providers and will show additional detail as the team has more time with the tool. Reading the graph left to right demonstrates the average hours per person per day. The four (4) hour marks a milestone where providers to the left show a projected negative. Whereas providers offering five (5) to six (6) hours of day services will see a revenue increase.

Ms. Lee shared that it would be helpful to see this information in units and not hours. She posited that people are starting to see an increase in revenue when providers get to 16 units a day and an average loss if less than 16 units. She continued that in her experience, there may be people receiving supports some days at 16 units, others 24, etc. She stated that the units cannot be changed in the FIAT. Another thing is that people have stacked funding and providers may not have all services in one location.

Mr. Welch acknowledged that the FIAT certainly has limitations like that, but that the team is trying to account for if those people served have milestones. This is still in process, but if members have other things for CBIZ Optumas to show or any specific way to tease information out, feel free to share. While the data is not reflective of individual people enrolled in services, this data can help to get insight.

Ms. Howell asked if the more solid line is for providers that gained versus lost revenue. Mr. Welch explained that the Y Axis is percent of revenue gained versus loss. The dotted line that goes through all of the data points is the trend and shows the average correlation. Ms. Howell shared that this does not look that simple in terms of the impact of adding more hours.

Mr. Schramm stated that any dot on the graph that is above the 0% line is someone who has seen a positive change in total projected revenue. Remember the comment that this is a projection/estimate going forward and will not be perfect. He flagged that the right-hand side demonstrates the bulk of providers projecting a positive increase to revenue. Ms. Howell wanted to know why there are significant differences between those data points. Mr. Welch responded that specifically for this, the thought is the provider that is indicated as having a very high revenue growth was largely/entirely providing CDS services. It is surmised that these are the providers whose rates were bumped higher. Revenue changes might be based on distribution of CDS, Day Hab, Employment Services, etc.

Mr. Welch shared that some of the movement up and down depends on the provider's specific mix of services offered. One limitation is that in the past it was possible to compare revenue to revenue. This can not be done for specific services like CDS. Limited to looking at meaningful day services overall. The team is trying to see if there is a condition that may move providers one way or another.

Mr. Parks said that it appears the majority of providers are projecting four and a half (4.5) hours or less. Within that group and considering the impact of different services, Mr. Parks said there is value in looking at the impact of individuals in a service. For example, look at the group above zero (0) and less than four (4), it is either CDS or one-to-one services. Mr. Parks continued that the group does not want a situation where a day provider is able to show a positive gain because they have a large amount of one-to-one support.

Mr. Gregory Miller, Penn-Mar, shared that he is not sure how concerning this data is until there is an ability to see LTSS utilization. Mr. Miller asked if DDA has a plan for looking at data in real time as organizations transition into LTSS. He emphasized the importance of getting ahead of the data including utilization. For example, if twenty (20) percent of providers think they are losing money, even if breaking even, there are significant headwinds that will need to be dealt with on a timely basis. Lots of bandwidth on this group to navigate that, but do not want to walk into a future meeting and not be prepared. Want to know how DDA is looking at the whole big picture issue.

Mr. White shared that Mr. Miller offered some valid points and that DDA is aware of the challenges providers are facing. Part of this process in working with providers in this structured rate review process is to collaborate and figure these things out together.

Ms. Lee shared that when her agency went into LTSS as an early adopter, they changed business processes based on billing developments. One thing to be on the side of speculating, but providers have the ability as independent businesses to change practices and have conversations about the amount of service hours needed to support people. For example, sharing that the provider needs 4 hours a day. Ms. Lee acknowledged situations where someone has significant needs, but in her team's personal experience, they changed their practices. Another example of a change is that her finance and programs departments talk more regularly.

Mr. Miller shared agreement that providers must adapt business processes, however around day services there are concerns and values issues. Always an opportunity to change business models, but that the group should not change system values. The group should also consider the impact the public health emergency had on day service providers. Looking at data quickly and making good decisions on how to manage that over the course of the next year or two is important.

Ms. Retzlaff shared that her business model/practice is person-centered and individualized. She needs a system to support person-centered planning and individualized services. Responding to Ms. Lee's previous point, she offered that there are many reasons why someone can only participate two (2) or six (6) hours a day. When the group talks about the day program rate, the business model term keeps coming up and these are people her agency is currently supporting who are counting on us for support. Those people deserve more time and discussion on this rate issue.

Ms. Howell stated that the whole point to hourly and fifteen (15) minute billing is to create more flexibility. It is fine to expect that a provider community will learn and adapt business practices to function in a new fee for payment system. However, changing business models is moving backwards of the values and stated goals of this entire rate system.

Ms. McIlvaine shared appreciation for the feedback.

FY24 Focus Areas

Mr. Schramm summarized that rates are set on policy established by MDH/DDA. Meaning, it is not that rates are set and then policy is established to match the rates. Ms. Lesley Le, CBIZ Optumas, summarized the list of priorities identified during the last meeting – day habilitation, acuity, career ladders, and employment services.

Ms. Le updated that the priority interest list has been reviewed and narrowed down to what can be feasibly addressed for FY24 and what would need to be pushed to future rate setting cycles. For day habilitation, the rates will be reviewed after data is collected and the team will adjust the data collection tool from the feedback from RRAG. The timeline is June to enable collection of data through June and mid-July. Following collection, data will be analyzed to inform policy decisions.

Ms. Howell questioned the timeline with concern around end of fiscal year demands on the provider fiscal resources. Also expressed concern related to the length of time for data collection related to the FIAT. Ms. Le responded that the goal is to get the data collection tool out by the June RRAG meeting and support collecting data through June and July.

Mr. Hollingsworth asked if this data collection would include data for transportation. Ms. Le clarified that the data tool referred to is the one shared at a prior meeting that has a narrow scope for data collection focused on day habilitation and specifically the staffing ratios and transportation. Adjustments to the template will be made based on the feedback received from RRAG members.

Ms. Karen Adams-Gilchrist, Providence Center, asked if there will be an opportunity to see that tool again as this would help guide the timeline. Ms. Le confirmed this will be shared when the adjustments are completed. Mr. Parks asked if this will go to the RRAG members first or if it will be widely distributed. Ms. Le responded that this will be discussed internally because it depends on how extensive the changes are to the tool. Depending on that, a decision will be made regarding the timeline.

Mr. Parks asked if there are significant changes to the tool, then the June 17 meeting date is not really valid. This goes back to the bylaws and being able to address these types of issues in-between meetings.

Ms. Howell summarized the significance of inflation and how comparing rates to PCIS2 revenue is becoming less and less meaningful – more about the adequacy of the new rates. She asked if the new rates are getting us far enough along to be able to provide quality support.

Mr. Parks supported that the goal was not to get back to breakeven but be able to provide direct support professionals an adequate living wage. The purpose was to design a rate that would get us there and look to the state to figure out how to fund it.

Mr. White appreciated the comments and shared the commitment to ensuring that services appropriately support individuals with varying needs and to do so in a flexible way. In each of the categories of LTSS services, DDA developed ways to support people with higher needs. He continued that as DDA transitions to new services and rates, we will continue to work in future rate setting cycles to assess outcomes/impacts. DDA remains a resource for providers to use this new array of service flexibility to meet a person's needs.

DDA Deputy Secretary Simons summarized the past work to re-energize Employment First and continued focus on employment services. This includes grants, national support to assist us with technical assistance, bringing subject matter experts into Maryland, and creating good public policies. Deputy Secretary Simons recommended that as the system moves from legacy services into the current waiver services, we need to go back and confirm that we are incentivizing competitive employment.

DDA Deputy Secretary Simons continued by summarizing areas including wages, customized supported employment, funding model, and creating services that include people who are not working full time. He recommended that the group identify specific employment services that might be presenting some questions or concerns, specifically, what are the barriers and recommendations to overcome those. Deputy Secretary Simons praised the many contributors for the progress and great work on the Employment First initiative.

Ms. Howell asked if it is possible to consider any kind of sub work groups to do work in different areas given how pressing some of the issues are.

Ms. McIlvaine summarized that the bylaws will include information about the potential creation of sub-committees and confirmed that this is something being contemplated.

Mr. Hollingsworth referred to the graph shared previously and said that the breakeven was somewhere around 4 hours. He expressed that providers run into difficulties with employment because people do not often need four (4) hours a day, instead maybe six (6) hours a week. Providers are concerned about employment. Ms. Shauna Mulcahy, The Arc Frederick County, echoed Ms. Hollingsworth.

Mr. White clarified that the graph showed did not illustrate a breakeven point. Rather, in reference to the graph, Mr. Welch was stating that based on our observations, providers delivering more than four (4) hours saw more positive results from a revenue perspective.

Deputy Secretary Simons shared that as was stated earlier, there are mutual goals around DSP recruitment and retention. He continued that a Maryland DSP Training Consortium pilot was set up a while ago and we need to continue to look at that. The DDA is also looking at the national alliance for direct support competencies, etc. The Consortium has Laura from MACS, as well as DDA, MDOD and the Department of Labor and the focus is to look at how we move forward with this important work. The recommendations from this Consortium will be brought back to the RRAG as future rate priorities to examine.

Mr. Miller shared that his agency has a career ladders program and works with the National Alliance for Direct Support Professionals (NADSP) as a national partner. His agency has almost one-hundred (100) people that have become DSP certified. What he has seen is that the retention rate for those who have gone through that program is eighty-six (86) percent. It is around fifty (50) percent for people who have completed the training program. This model works and his agency is available to support an expansion of this program.

Ms. Lee shared that the Consortium had a retreat and came up with a set of recommendations. She and Mr. Miller discussed connecting PennMar to the Consortium. She also shared that the NADSP is using the Centers for Medicaid and Medicare Services (CMS) competencies and now the Maryland DSP training consortium uses them as well.

Ms. Howell stated that clearly the data shows training makes a difference, and that the group should ensure the cost is accounted for in rates. To this point, Deputy Secretary Simons noted that the DDA had that conversation with JVGA previously noting this concern especially around still providing support to people while DSPs are in training. He posited that the group may want to revisit that and see if replacement staff are at a high enough rate so that we can continue to train the workforce and have agencies meet obligations.

Ms. Howell shared that somewhere along the way, providers were told where to look in the rate system for a DSP2 for enhanced services. She does not think the group wants this only for enhanced services. Clearly DSPs for enhanced services have a higher training need, but thinks providers would want to see that across the board. Deputy Secretary Simons said the group has talked about that. For example, if staff enter as DSP1, career advancement is through enhanced service. This does not account for DSPs well matched with the current people supported. There is a need for flexibility.

Mr. Welch said that when developing the rates, they are based on a wage that is assumed from DDA. The intent of this wage is to represent a mix of DSPs providing services, whether DSP1 or DSP2. The intent is to have the rates blended for an expected mix. There are some pros and cons to that the team wanted to talk through and see if there are any ideas around that. For example, if there is the blend, from a purely financial perspective and not taking into context retention or turnover, providers might focus on only paying the lower wage. This may be to have potentially better revenue with fewer costs. If not blended, there would need to be a separate rate for the level of training that each individual has which could be administratively complex.

Mr. Miller asked if a blend is already built into these rates for this type of career ladder for DSPs and if these are the two ways to approach the creation of an initiative. Mr. Welch responded affirmatively to both - clarifying that the intent behind the wages selected was to represent the average of the range of wages paid to those DSPs regardless of being DSP1 or DSP2 – blended mix. Mr. Welch explained that the group could explore whether or not those assumptions are appropriate or how this can be potentially re-visited in the future to understand and assess the appropriateness of the current blended rate. Another way is to say there should be a different rate for people who have a higher level of certification or training. The intent of this discussion is to provide that context and solicit guidance from the RRAG.

Ms. Lee responded that having been involved in this discussion for quite some time in creating the framework, one of the problems with the glide path is that it mutes the differentiation in rates. The differentiations may be in the core rate, but in the glide path of the percentages, this is muted and difficult to tell it is an averaged rate. Ms. Lee summarized that she would not want to mandate people to complete this training. Her agency is at about ninety-three (93) percent retention of DSP2 staff which is over 300 people across the state. Ms. Lee encouraged that whatever way this is addressed, it would need to be well communicated because some people might look at that rate and not choose to create the ladder despite data which shows this is a viable way for recruitment and retention.

Ms. Howell summarized that there was intensive discussion about building in the different levels of DSPs. Having been part of this process, it would be difficult to identify an analysis that built in assumptions around what it would take in terms of the BLS wage to achieve a blended rate to adequately fund and incentivise career ladders. If that is the intended direction, there needs to be a really good look at it. She also shared that she would not think that providers want the increased complexity in billing – lean towards a blended rate.

Mr. Welch responded that there is agreement there, and probably not as much information for what the group would like to have regarding what is currently built in for percentages. If the group is interested in pursuing that information, and seeing how it correlates to assumptions built in, that is certainly a viable path. He agreed with the great point around disseminating the appropriate communication to build appropriate wages for what provider needs are to support development. It is likely not a feasible option to double or triple the number of rates and then to have providers keep track of staff time but rather look at the blending and the wages against current assumptions.

Ms. Dominiak added the recommendation for some transparency here on the assumptions for individuals not part of the rate methodology. Shared that she has seen use of a separate add-on in other states for a higher level DSP worker.

<u>Next Steps and Adjournment</u>

Ms. McIlvaine appreciated the input and productive discussion. She acknowledged the thoughtful feedback and expertise brought to the RRAG. The following next steps were summarized:

1. Release a google form for submitting topics/presentations for consideration for future meetings.
2. Finalize the bylaws for sharing with RRAG members.
3. Provide a link to the updated FIAT tool for provider internal use.
4. Release and request for completion of a google form specific to employment services to provide us additional information on that area.

The next meeting is **Friday, June 17th at 12:30 PM**. Members of the public can register through the DDA training calendar. Minutes will be made available following the meeting. Any requests/accomodations for the meeting will need to be made to Donna Will.

Ms. Howell asked if there would be a September meeting date. Ms. McIlvaine responded that there is no meeting planned for September, but one may be called if there are specific additional issues that we want to get feedback on at that time. The state team has regular meetings planned through August and September for any final information gathering needed.

Mr. Parks asked to add a few requested follow-up items to the parking lot. Specifically encouraged that there be consideration for additional FIAT analysis including the break out of the gains/losses per program, analysis of day program providers and the type of individuals being served, and the revised transportation tool ahead of distribution to providers.

Items to Track (Not an Agenda Item)

1. Feedback from RRAG members on bylaws
2. Updating FIAT to the LTSS rates
3. Additional FIAT analysis
4. Sharing revised Day Hab data collection tool (transportation/staffing) with RRAG members
5. Collection of data for FY24 priorities
6. Maryland DSP Training Consortium sharing recommendations with RRAG