MEETING INFORMATION

Title: Community First Choice Implementation Council Meeting
Host: Maryland Department of Health and Mental Hygiene
Day/Time: Thursday, September 19, 2013 1pm-3pm
Location: Department of Health and Mental Hygiene, Rm L3

INTRODUCTIONS

- Welcome
- Attendance
- Guest speaker Deputy Secretary Chuck Milligan

DISCUSSION

Chuck Milligan:

- 1. What is going to happen at the next couple meetings
  - Has received lots of feedback about growing frustration. Want Transparency about rates and services
  - Going through proposed regs and updates today
  - Next meeting – payment rates in CFC
    - Different rates for attendant care under different programs. There is wide variety in rates for similar services. CFC would like to even rates, and set a rate for services. We will propose a set rate that normalizes the different rates in to a single rate. We cant take the highest rate due to budget
    - We need advice from the council on the minimum and maximum rate that a self directed consumer will be able to pay. Have to ensure that the worker isn't exploited (not below minimum wage). Fed regs addressed this just this week. Also don't want a rate too high that the consumer would be extorted, possibly by a family member. We want a range that allows for self-direction but protects the worker and the consumer. We will present a proposed min and max before the next meeting and will be looking for feedback and advice.
  - 3rd meeting in series – will present the decision we have made and why. Will know at that meeting where the department landed. This will promote transparency in rate setting.
- Higher level issue: We do not have an infinite budget. We have to design a program that fits within the expectations that were set by the legislature and the governor.
  - The higher the rate, the more it eats into hours of services, supports that substitute for services
  - We have to take an incremental approach, knowing there is desire to build a robust community service model. We cannot expand packages and services where there would be a separate trade off.
  - Feedback to add additional service will cut in to hours and/or rates.

- Since the last time this council met, 2 states (LA and AZ) have withdrawn their CFC applications. There is fear about making this an entitlement program and the budget implications of CFC. In waivers, there are natural constraints due to individual cost neutrality tests. Moving to entitlement, it cuts into state budget. We don't want this program to explode the MA budget.
- Don't let perfect become the enemy of good or improvement. We want to serve people in consumer directed settings better. We want to expand services and provide more for workers. We need Council help to move this program forward – if we are trying to get all things fixed through this initial budget there is a real risk that the program cannot move forward at all. Please don't have this launch fix every part of the wish list because if we do, we may follow the path of AZ and LA because the budget office will get too nervous.

- Council Q&A
  - Please look at emergency back-up workers – this is important. Very hard to do with independent workers
    - False distinction between pure consumer direction and agency. We are working on adding an agency with choice model.
  - How early will materials go out?
    - One week ahead
  - What is puzzling for us is not that you have to make the choices, but that you haven't had council input on the choices. Frustrating part is that all of the decisions have been made by the government so the consumers don't feel like they have any buy in. Problem because its been too long and now the consumers can't get in line with you.
    - We have a document showing what regulatory changes we have made based on council feedback. Would be interested to hear which council suggestions the department has not given reasonable consideration to. What substantive areas do you want us to focus on before everything if finalized.
  - Please give some transparency to how you are arriving at the rate that you will propose. How will this work with the fed regs?
    - Can't get in to it today. Haven't had time to digest it. Can frame the dilemma/trade off: If you look at the data and across programs, for the same level of need there is disparity in hours that people are getting. Waivers get more hours and MAPC get less – even though same need. Rates follow the same trend. If we go to the bottom rate to increase hours, that will be a cut for so many workers. If we go to the high end, we would be cutting hours for many people. We still have to deal with federal DOL rule. We have a 0 sum game – we have a fixed budget that we have to work within. We will present lots of data and assumptions when we present the rates, but we can't raise all boats because of the budget issue.

- There are issues that will impact the rate threshold – such as different minimum wages in different counties. How will we deal with these issues? They must be taken into consideration.
- What role does the union play?
    - Independent providers of personal care are union represented, and the union is on the council. The state has to honor collective bargaining agreements. They are an interested party as well as consumers. What we are looking for in the next meeting is advice from the council about where the state should strike a balance.
- Budgeting and Flexible budgeting: this council has been conscious of the costs of services. Have offered lots of advice about how people can take control over their own lives, manage their own budgets, not need medical model staff… can save a lot of money and the medical services can be given to those on the program who need them. The regs as they are now allow for more opportunities for more self direction. For example, agency with choice etc. The dollars is going to come through those individuals who will chose to self-direct over those who don't have that opportunity.
    - That is good feedback. We don't have to assume that the same base rate is embedded in the agency model and the self directed model. If the assessment recommends 4 hours and the choice of self direct or not sets the budget. The hourly rate that is built up in a consumer directed model is not what we would have to build in to an agency rate. Agree that it is important to engage active consumers who want to protect their own autonomy and act as their own case managers. We understand that this can help save $ for the state.
- In the next meeting, would it be possible to provide context when looking at the rates over the global budget?
    - Yes, we do plan to do that. We have a sense of current hours by program. If we set a rate, we know how that compares to current hours. We know that with the constraint, as rates go up, hours go down and vice versa. We know that across programs there is a discrepancy between the hours and services that people are providing. There will be tradeoffs and we need the council to help take ownership of those tradeoffs with us.
- How will rate setting affect the timing and substance of the collective bargaining agreement?
    - AFSCME is very supportive of CFC and providing care. There is not an agreed upon collective bargaining agreement now, but there have been ongoing discussions. When we agree it will be effective January 1 and will reflect what emerges from this process.
- Consumer training – in MAPC it's really problematic now. We will need to get prepared for that.
- It is hard to set individual rates when we are looking at agency rates and knowing that agencies are exempt from AFSCME.

- We can't go forward with CFC with the variety of rates that we have now. We are moving forward to have a single agency rate. This is the conversation that we need to have next time after we have sent out additional information.

- Rebecca – chart of regulation changes (Sorry that we did not get this out sooner and that we don't have enough copies for everyone)
  - Change from personal care to personal assistance provider
  - IADLS – tried to capture communication which was a big issue for the council – above and beyond telephone
  - Changed "light meal" to "meal"
  - Local health department reassessment – this can be done upon significant change to health status
  - Person centered – language added throughout the regs to reflect person centered
  - Nurse monitoring – added into services and we tried to take in to consideration a participants right to waive nurse monitoring outside of required visits. Also, frequency established in conjunction with participant.
  - Consumer training/self-direction training – deleting language that is in the current waiver regulations. Changing content and adding additional training.
    - Consumer training – in regulation
    - Voluntary training – administrative
    - Issue – this does not reflect back the A2 enhancement, maintenance, acquisitions… have you made the language any clearer on this?
      - Language is not very robust, but in the future what we would like to do is look back at this and make it more robust as it is more used. We need to know what people want to see as we design the program.
  - CPR – likely don't have council consensus, but we discussed it at length and this is what we landed on. Can be waived, and provided at the consumer's request. All changes to someone's plan of services will need to be approved by the Department
  - Agency provider/agency with choice – we are adding agency with choice language and would like the council feedback on this proposed regulation. Agencies would need a modification to this because agencies have requirements.
    - This was not suggested to be a burden on existing agencies, but was proposed to allow a participant to self direct with the backup services of an agency. This is a well documented model and Dave will provide so we can discuss the issues that an agency would have with agency with choice.
    - Maybe we should add a phone call before the next meeting to discuss this topic.
- Public Question about waiver merger – to the extent that a waiver participant is a CFC participant, this document will apply to them as well. Public comment is always excepted. Likely when the waivers merge, the councils will merge as well and there will be a larger pool for input.
- General updates:
  - 1915K has gone to CMS, 1915 C has gone to CMS as well
  - MDOD training discussion on stakeholder process

- Program manager – Mallory Marty. Will be designing and running the self-directed training. Stakeholder for participants and other individuals who are interested in this process as well as professionals. Have had one meeting and have others scheduled. There will be additional options that will make timing, location, etc more flexible. They are offering to reimburse for transportation, call in option of participation, surveys. Trying to meet all needs and address all issues while we get as much information as possible in a short period of time.
    - Council issue – disappointed that this is based on timelines. Also disappointed that submissions went in without Council approval.
        - Chuck's response: there were not significant changes from the version shared with the council in July. The specificity of a program is not found in those documents, but is found on the state level. This is just the authority to design a program. We would like to know specifically what is wrong with the documents.

- Dave – when are the focus groups/etc. – Kelly will send out again after this meeting. There is one for professionals tomorrow afternoon.
- Question for Chuck – agree that rates should be written. Specificity regarding delivery of the services. How will we devise our policy going forward? Hope this will continue to stay transparent. Regarding the input – if we don't know what the thoughts and/or problems are, they can't help. Would like the process of getting information to the state to be more transparent – maybe emails to the state should be distributed to the council as well.
- Council would like information gathered at the training groups – Kelly will be able to provide after they have more focus groups and compile the information.

PUBLIC COMMENT

- Crystal from IMAGE center: personal attendant services and rates. One thing to consider is to pay an enhanced rate if the PA provider provides skill building or additional services. Also, what sort of information/education is available for consumers on the front end for what to do in the initial stages of this process. Will there be an ongoing, consumer driven, CFC council? Yes.
- Sid?? Many council members are very much in a position to self direct. There could be an impact of too much self-direction especially if the care giver is not certified ot not trained. Will the agency based model be similar to what we have today in LAH?
    - Changes are in draft regulations. Please direct comments on regs to us.
- Will CFC have a consumer driven process like LAH? Consumer led, driven, etc. Council likes this suggestion.
- Jim: agency with choice – not actually defined in the regulations. Can we define agency with choice? Table does not include changes that were suggested but not accepted and the rationale.

FINAL COMMENTS

- Lorraine's updates
    - Will send most recent regs – feedback by COB 9/26
    - Feedback to:
        - CFC mailbox – dhmh.cfc@maryland.gov
        - Rebecca – (410)767-6882
- Chuck: Please provide a deadline by which we need comments if we are going to make revisions. We will provide information about what we accept and if not, why.

NEXT MEETING

Thursday, October 3, 2013.