MEETING INFORMATION

Title: Community First Choice Implementation Council Meeting
Host: Maryland Department of Health and Mental Hygiene
Day/Time: Thursday, September 5, 2013 2pm-4pm
Location: Department of Health and Mental Hygiene, Rm L3

INTRODUCTIONS

- Welcome
- Attendance
- Guest speaker Lorraine Nawara

ANNOUNCEMENTS

Tentative date for the next Council meeting is September 19, 2013 from 1 to 3 pm. Possible presentation on budgets by Gayle at this meeting, but this has not been confirmed yet.

DISCUSSION

Regulations are still in draft form, but are close to submission. Some changes have been made based on feedback from CMS and other sources. Nurse monitoring as a service was added back into the regulations—there was an overview and discussion of the nurse monitoring section of the regulations.

- Nurse monitoring:
    - 1915(b)(4) authority to limit providers
    - Limitations—nurse monitors must be Local Health Departments (LHD) who can subcontract to other agencies. Right now any willing provider can participate—this will add an additional level of quality monitoring.
        - Question about independent providers
            - This only applies to nurse monitoring, not personal assistance providers.
        - How does this impact MAPC participant assessments?
            - LHDs already do all InterRAIs—under MAPC nurse monitors do both assessments and monitoring—we are moving toward housing all under one roof.
        - How does this differ from the current service?
            - Change from waivers which allowed any willing provider—under this reg only LHDs can provide the service. This provides better oversight and monitoring.
            - Will improve the quality of the service
            - Current paper process will be streamlined through the tracking system
            - Can waive nurse monitoring
        - How will referrals be handled? Will they only go through MAP sites?
            - Referrals will come through LHDs as they do now, the referral process will not change.
    - Nurse monitoring is currently written as can be waived except for one in person visit every 12 months and one phone call every six months
        - Concern about the exact role of the nurse monitor

- Role of the nurse monitor is not about teaching to live independently, is an essential function for delegated nursing tasks. In the least self directed model, a nurse monitor:
    - Does a health check through an in home visit
    - Observes the personal assistance provider
    - Offers provider training and guidance
    - Creates plan for provider
- Participants can waive or just use pieces of the service.
    - Nurse monitor must check in for Dept. quality assurance
    - Can waive provider instructions/supervision
    - Every six months is required for quality measurement
        - Question about how the redetermination process will be handled
            - Redetermination will still be done annually, but LHD will be able to coordinate visits and not have to duplicate them.
    - Flexibility to chose the level of support from nurse monitor—only required for nurse monitor to come when new personal assistance worker comes in if there are delegated nursing functions
    - Nurse is available to help when requested for things other than nurse monitoring.
- Question if LHDs are prepared to take on this function and if they are being trained.
    - LHDs currently serve a broad range of people, not just Medicaid recipients and are licensed clinicians. They will need to be trained on policies and procedures of CFC, but have been providing nurse monitoring for MAPC participants for years.
- Concern about level of self direction with agency involved
    - Asked for suggestions about what can be added to regs to require agencies to have this sort of flexibility/level of self direction
- Concern about emergency backup provider requirement—hard to have one on call because they are not getting paid
    - Federal regulations require at least one emergency back up on a plan of service, and a retainer cannot be paid with federal match.
    - Working on a registry with MDoA and MAP sites, an improved provider registry from what exists now.

- Council member voiced concern about taking parts of old programs and dumping them into a new program and calling it new.
    - Department responded that changes are being implemented but need to make incremental changes. Changes can continue after implementation, and the council will continue to meet. The regs can change and the program can grow and evolve.
- Council member feels regs do not reflect all the things that the council has discussed over the past 1 ½ years. Wants more opportunities for council members to be involved in the decision making process. Feels that Council suggestions have not been implemented. Requested a document showing all council feedback and what has been implemented or not implemented.
    - The Department will look into written records and correspondence to prepare a document like this.

- In response, another council member stated that things have been done well, but that the council needs to communicate more to build consensus among the council. Feels some people are confused about fundamental parts of the program.
- Request for clarification on the term family member as in the nurse monitoring section
    - Referred to definitions sections.
- Question about regs not excluding the provider as personal representative and the possible conflict of interest this could create
    - Federal regulations to not exclude this, and this allows for flexibility for participant as this may be an appropriate choice for them. To avoid conflict we have other roles such as supports planner and nurse monitor to check and ensure there is no conflict.
- Question about limitations on assistive technology, such as a communication device, and if caps had been placed on this category
    - Dollar amounts have not been place on limits. A communication device is coverable—items like these would be put on the plan of service and approved on a case by case basis. There will be an exception process.
- Moving forward the Department will take final comments over the next week and then regulations will be submitted for public comment.
- Clarification on Consumer Training
    - Currently offered as a waiver service but not used very much
    - Originally designed as independent living training and CILs were enrolled providers—the point was to increase independent living skills.
    - Planning to enroll more providers for CFC—provider qualifications are broad—further discussion on provider qualifications and what should be included in their training can occur.

PUBLIC COMMENTS

- Comment that the answer to CMS did not address consumer training and who these services will be provided by. Feeling that regs do not embody the spirit of the program and requested more spirited responses to CMS to show real understanding of independent living.

FINAL COMMENTS

- Timeframe for submission of regs is approaching—please get any comments to us ASAP. Reminder that changes can be made even after enacted.
- Clarification on consumer training vs. MDOD self direction training.

NEXT MEETING

- Tentative meeting date of September 19, 2013—email will be sent to confirm