

**DEPARTMENT OF DEVELOPMENTAL SERVICES  
SELF-DETERMINATION WORKGROUP MEETING**

**Tuesday, September 26<sup>th</sup>, 2017 – 10:00 a.m. to 4:00 p.m.**

**Bateson Building  
1600 Ninth Street – Room 360  
Sacramento, CA 95814**

**WELCOME AND INTRODUCTIONS**

Nancy Bargmann, Director of the Department of Developmental Services (DDS), welcomed everyone to the meeting. Members of the workgroup, as well as DDS employees, introduced themselves. Director Bargmann explained the main goal for the meeting was to capture information regarding what needs to be done before the waiver is approved, in order to be ready for implementation of the Self-Determination Program (SDP). She also stated that a “parking lot” list of remaining questions/issues to be addressed will be kept. Additionally, Director Bargmann stated that DDS will commit to monthly calls and quarterly in-person meetings with the workgroup.

Director Bargmann turned the meeting over to Jim Knight, Assistant Deputy Director, who reviewed the agenda for the day. Mr. Knight also introduced a flow-chart (attachment) representing tasks that must be completed prior to approval of the SDP waiver application, as well as what needs to be done after the waiver is approved.

The questions, comments and suggestions regarding this topic were as follows:

- Person-centered planning should be added as an agenda item.
- The SDP Waiver should be a top priority
- Requested realistic, hard dates on goals and reflection on the reasons any goal is not met on-time; communication of bad news is better than no news.
- Waiver development and submission should be added to the flowchart document.
- No action in the past four years has created a sense of false hope around the SDP rollout and people are losing faith.
- There are an equal amount of people who are frustrated as there are people who still do not know about the Self-Determination Program; we need more outreach to happen.

**WAIVER APPLICATION STATUS**

The first update given was regarding the California Self-Determination Program Waiver for Individuals with Developmental Disabilities (SDP Waiver) application by Mr. Knight. The SDP Waiver application is pending approval by the Centers for Medicare and Medicaid Services (CMS). The SDP Waiver services must also comply with the Home and Community-Based Services (HCBS) Final Rule.

After the SDP Waiver application was first reviewed by CMS, DDS was given 180 questions to which The Department needed to respond. Since then, DDS has been working closely with CMS to resolve remaining questions. The most recent response was sent to CMS informally in July 2017.

Mr. Knight discussed CMS' remaining questions from the SDP Waiver application.

- CMS requested clarification on how the SDP waiver meets HCBS settings requirements. CMS advised that assessments be completed in full on all settings.
  - DDS response – it is anticipated that most SDP participants will live in their own homes or in rentals under the State's landlord tenant laws. It is also anticipated that SDP participants will choose to receive non-residential services in settings that are not designed primarily for individuals with disabilities. In these instances, the State presumes the settings meet the characteristics of HCBS requirements.

The questions, comments and suggestions regarding this topic were as follows:

- In the various examples of community employment, support workers should be assessed, not necessarily the physical community setting.
  - Suggestions were made that in order to move the waiver process forward, the SDP Waiver application should indicate that community employment settings will be assessed and then the waiver should be amended, at a later date, after it is approved.
  - Discussion revolved around the fact that we should not submit an application that will eventually have to be amended at a later date.
- CMS suggested to define the timeframe of a "short-term" crisis to 30 days or less.
    - When less intensive services fail to meet the needs of the individual, crisis intervention in a location other than the individual's typical residence can be used. The transition back to the individual's residence begins immediately, however, the time it takes to stabilize the crisis situation and to make sure that supports are in place to prevent a reoccurrence of the crisis may extend beyond 30 days. The State proposed to CMS that the use of a crisis intervention facility not exceed 180 consecutive days unless a crisis still exists and/or the services and support needs cannot be met without continued crisis facility services.

The questions, comments and suggestions regarding this topic were as follows:

- What have other states done to address these items (Michigan)?
- Suggested 30 days for crisis home placement but past that, the participant would be temporarily off the waiver; during that time, the participant would still have access to planning under SDP to develop a plan for transitioning out of crisis placement.

- It was further discussed that participants could be on-hold while on crisis placement but not lose their place in the program, since payment for crisis placement is from the state general fund.
  - We can look to IHSS as an example; IHSS participants do not lose their slot when in crisis.
  - We need to differentiate between healthcare challenges and behavioral challenges; additionally we need to look at how to protect and retain staff.
- CMS stated that a 1915(c) waiver service cannot cover the cost of conferences and/or training materials for conferences unless it is participant-specific and necessary for the participant to avoid institutionalization.
    - DDS responded to CMS that only trainings that are related to participant-specific needs identified in the participant's person-centered service plan are included in this service.
  - CMS requested that Community Integration and Employment Supports be separated into different waiver services. CMS requested differentiation between Community Integration and Employment Supports so that duplicate billing will be avoided.
    - DDS responded to CMS that these two services will be separated into two separate waiver services.
  - CMS asked how regional centers would monitor special incident reporting for non-vendored providers. CMS requested that the State clarify the process in which both vendored and non-vendored providers assure health and welfare of waiver participants in regards to incident management.
    - Upon clarification and discussion with CMS, DDS responded that reporting of incidents by providers does not represent the entire system for oversight of health and welfare of individuals. Recognizing the signs of potential neglect, abuse or exploitation as well as the response to these situations, will be added to the topics included in the orientation required for self-determination participants.

The questions, comments and suggestions regarding this topic were as follows:

- Monitoring of health and safety, as well as incident reporting guidelines, is something that needs to be addressed as well.
- Recommendation made that participants and their support teams annually review their plan and other important topics, such as incident reporting.
- CMS requested clarification/explanation of various fiscal calculations and projections of service usage.
  - DDS provided clarification to this issue.

Mr. Knight also noted that the Home and Community-Based Services Waiver for the Developmentally Disabled (HCBS-DD), which is being renewed, would be formally resubmitted by the end of the week. Once the waiver is resubmitted, CMS will have 90 days to respond. A question was raised regarding the Statewide Transition Plan and if it will create a barrier or cause a delay for approval of the DD Waiver. Mr. Knight clarified that the DD waiver does not have to comply with the HCBS Final Rule at this time because the DD Waiver is not a new waiver. New waiver applications, like the Self-Determination waiver, are required to comply at the time of application.

#### **OTHER IMPLEMENTATION NEEDS:**

The workgroup discussed the process by which consumers will indicate their interest in the Self-Determination Program and be placed on a list from which DDS will select participants for the program. The plan was discussed for consumers to list their Unique Client Identifier (UCI) when signing up to be placed on the list. There was some concern among members of the workgroup that consumers may not know their UCI and/or may not know how to access that information. There was discussion about how to make it clear to consumers and families where their UCI can be located. Another topic of discussion was the method by which DDS will obtain a representative sample – accounting for the demographics of each regional center catchment area – in selecting the first 2,500 participants.

Again, the workgroup discussed the possibility of setting a target date for waiver approval. Director Bargmann stated that DDS will continue to demonstrate progress towards waiver approval.

The questions and comments regarding this topic were as follows:

- We need more specificity on what we need to do before we are ready to implement self-determination.
- Suggestion to create a Frequently Asked Questions document specific to the enrollment process, including questions on where to find the UCI number, etc.
- Caution against setting dates; consumers and families will be disappointed and may lose hope if a target date is missed.

#### **Financial Management Services**

The workgroup discussed the maximum rate for Financial Management Services (FMS). It was suggested that Victor Lira, workgroup member and FMS authority, provide DDS with a suggested tiered rate structure for future discussion. Other issues relating to FMS were discussed; including possible CPA oversight, the 25% bond requirement, and vendorization with multiple regional centers.

The questions, comments and suggestions regarding this topic were as follows:

- It would benefit consumers to offer health insurance, even when they do not have to, in order to retain employees.

- It is the market that will ultimately determine rates for FMS providers; setting strict rates could keep some people out of self-determination.
- Expressed concern that disparities may prevent certain groups from participating due to budgetary reasons.

### **Independent Facilitator / Trainings**

Mr. Knight opened the topic of training for Independent Facilitators (IF) by acknowledging the work that had been done previously by the members of the group. The workgroup discussed potential qualifications of those who wish to serve as independent facilitators and the parameters of the IF role. It was determined that the Independent Facilitator Subgroup and Training Subgroup, comprised of any willing participants from the larger Self-Determination Workgroup, would reconvene to discuss next steps.

The questions, comments and suggestions regarding this topic were as follows:

- Person-Centered Planning should be the largest focus of IF training; independent facilitators should know the regional center system and have knowledge of what resources are in communities.
- IF training should not be overly regulated and the qualifications of potential independent facilitators must stay open; there should be a required minimum amount of training; certification, though something that should not be required, may make independent facilitators more marketable to the community.
- There should be a broad outline for trainings, minimum qualifications that are simple for the IF role, and the individuals should be trained in Person-Centered Planning.
- If regional center service coordinators act as independent facilitators, they should also go through training.
- There should be quarterly information-sharing/networking between independent facilitators.
- Give local volunteer advisory committees direct updates via the Statewide Self-Determination Advisory Committee so they can develop an agenda.

### **COMMUNICATION PLAN**

DDS will hold quarterly in-person meetings, monthly workgroup calls, and notify stakeholders of website updates to facilitate communication regarding the status of the SDP.

### **NEXT MEETINGS**

- Next workgroup meeting, by conference call, is on October 30, 2017.
- Next in person workgroup meeting is for December 6, 2017.