

The Advisory Council on Quality Supports for Individuals with Developmental Disabilities and Their Families Meeting Minutes June 11, 2015

ACQ Members: Bill Myers, Danny Palma, Doris Husted, Jim Copeland, Joyce Munoz, Lily Martinez, Lori DeAnda and Patrick Anaya

State Staff: Chris Futey, Shari Roanhorse, Gayla Delgado, Christine Wester, Jen Rodriguez, Kathy Kinkel, Kimberly Riebsomer. Lisa Storti, Marc Kolman, Melanie Buenviaje, Regina Lewis, Roberta Duran, Ed Stallard, Iris Clevenger and Terri Cotter

Guests: Anna Otero Hatanaka. Fritz Hardy, Tina Storey, Juanita Watson, Phyllis MacCutcheon and Amanda Barrett

TOPIC	DISCUSSION	OUTCOME
<ul style="list-style-type: none"> a) Call to Order: b) Welcome and Introductions c) Approve Agenda d) Review/Approve Previous ACQ Summaries 	<ul style="list-style-type: none"> a. Bill Myers called to meeting to order b. Welcome and Introductions c. Approve Agenda- motion to approve by Doris Husted and second by Joyce Munoz. All in favor d. Review Summary from last meeting- motion to approve by Joyce Munoz and second by Danny Palma. All in favor. <p>Bill reminded folks to sign in and to review the ground rules and place their name tents on their side if they wanted to speak.</p>	<p>For clarity page 3 the Governor did sign the Foster Care bill for Medicaid for people transitioning out of Foster Care. This is not affiliated with the DDW Program. Lori DeAnda will fill in for Patrick in August not July.</p>
<p>Subcommittee Updates</p>	<p><u>DDW Renewal-</u> Jen Rodriguez stated that the DDW Renewal will be taking a different turn from what we had originally thought. With the settlement of the Waldrop Lawsuit. One of the items the settlement agreement required was the implementation of an Outside Reviewer. The Division needs to get a draft Scope of Work to the plaintiffs for the Outside Reviewer by June 19th. The Division would like to get ACQ input on the Scope of work for the Outside Reviewer as well. This will be sent to the ACQ on June 19th with a 7 day turnaround time.</p> <p><u>Central Registry- Doris Husted.</u> The committee has changed their name to the Wait List Committee. This is due to their being too many registry groups and they wanted to make sure there was not confusion between DDS, Human Services</p>	

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	<p>Department and Aging and Long Term Services Department. At their June 10th meeting they reviewed the SM 20 report recommendation on the flexible funding. They wanted to see if money is given early enough to those on the wait list will that reduce some of the long term services needed? Money from this project will be reverted this year due to people in the pilot not being able to spend the money because of the States requirement for a W-9 form. It was suggested that we look at the financial piece of this program to make sure people can spend the money they want/need to spend. This could be an issue with ACUMAN not the State. There have been great success stories from AAA even though people are under time pressure to get things purchased.</p> <p>It was stated that those on the wait list can get community Supports from their Salud but the Saluds are not advertising we.</p> <p>There were two partners forms submitted at the April 9th ACQ meeting that related to the Waiting list. Doris stated it was unclear what was being requested and how the data would be used so they did not provide information pertaining to the requests. Suggestion was to revise the form to require more explanation on reasons why. Lori suggested we tweak the form to include contact information and make the reason why a require field.</p> <p>Doris stated as of June 5th there are 6229 people on the wait list. Allocation dates are as follows: Metro April/2005--NE August/2005--NW November/2005--SE April/2007--SW September/2005.</p> <p>It was stated that having accurate numbers would be good as the Department takes these numbers to Legislation. Knowing what it will cost to serve everyone on the list is higher than serving those who are ready for services.</p> <p>The group was also tasked with looking at the brochure for Mi Via and the Traditional Waiver, however that was put on hold until after</p>	<p>ACQ Executive Committee will review the form at their July meeting.</p>
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	<p>July 1, due to budget issues. It is much more complicated than first thought as there was so much input.</p>	
	<p><u>Policy and Quality Subcommittee: Chris Futey</u> Chris Futey stated it he was not aware until recently that as Bureau of Systems Improvement, Bureau Chief he was in charge of the Policy and Quality Subcommittee of the ACQ, therefore was not able to give an update. He asked who had been on this committee and is willing to start it up again. Doris Husted, Bill Myers. Sallie Van Curen and Lori DeAnda had been members. He understood that the P&Q Summits took place in August and would try to get another one set up for this year.</p> <p><u>Mi Via Subcommittee: Doris Husted</u> At the last meeting they were working to get their group fully functional. They have 17 members now all positions are filled. They amended their By-laws to allow two Mi Via Consultant Agencies to hold a 2 year term, while all others will hold a 3 year term.</p>	
<p>State Updates</p>	<p><u>DDSD Jen Rodriguez</u> The current DDW will end June 2016 we will keep everyone posted as to when things are sent out for Public Comment. We have submitted our Transition Plan to CMS and resubmitted our Amendment. CMS has 90 days to respond to the amendment. There has been implementation of an Outside Reviewer due to the Waldrop Settlement agreement. The OR will be reviewing all services for clinical necessity, except for Children and Jackson Class members. We are working on the Service Criteria now for each service. We will send the service criteria to the ACQ for review. Continuum of Care will be the Outside Reviewer. They will make recommendations and forward to Qualis for data entry. This is due to start in the fall. DDSD will provide training on this process. We mailed out the Settlement agreement letter with the Notice of Right to Appeal, We have further communication sent to all those who were an A or B advising them they have an opportunity to go back to</p>	

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	<p>Family living or Supported living or they Day services they had prior to November 2012, this would be allowed until their next ISP. We will be mailing a Catch all letter to everyone in case someone other than those in DDW Group A or B felt they had a reduction in services.</p> <p>Ana Hatanaka Otero- notified the ACQ that they lobbied for funding to increase DDW Rates. DDS will Notify the ACQ of how this appropriation will be used.</p> <p><u>HSD Statewide Transition Plan</u> Kimberly Riebsomer The Statewide Transition Plan was submitted to CMS on June 1, 2015. We need to stay on track or we will have to resubmit our plan. We are at the Provider Survey point. On May 27th Providers received the survey and have until June 24th to complete. Once we have closed the survey we will analyze the data and start setting up training to help providers come into compliance with the new CMS Rule.</p> <p><u>Mi Via</u> Christine Wester Christine gave an update on the Committee that she, Iris Clevenger, Jen Rodriguez and several Mi Via Representatives who had been working on a Brochure that explains the differences between the Mi Via, DDW and MF Waiver. There has been a lot of work involved with this brochure. DOH needed to give approval on using the Logo which required additional time to obtain. There had been so many comments on the brochure it was overwhelming and The committee was not able to obtain the approval prior to the July 1, deadline. However the committee was able to obtain historical information and found a lot of things already in existence, They will try to bring some of them back to life.</p> <p>In Collaboration with HSD, Mi Via will put together an Employer of Record Handbook and an Employee of Record handbook may change the Support Guide this might allow us to create a better Support Guide.</p>	
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	<p><u>Provider Selection Guide/Provider Score Card</u> Chris Futey Chris spoke about the difference between the Provider Score Card and the Provider Selection Guide. The Provider Score Card is a guideline of questions that parents can use when interviewing Providers. The Score Card is something they can review to verify the answers given were accurate. The Provider Score Card deadline will be the end of January 2016. The Quality Management Bureau of The Department of Health Improvement (DHI) is not up and running with Data for this project at this time. The portion on Abuse, Neglect and Exploitation will be covered on the Score Card. Chris also spoke about the changes that were made to the Provider Selection Guide and gave the committee some time to review the document again. Chris had handouts on the changes to the Provider Selection Guide and stated this is on the ACT Website. See attached handout Several people stated they needed to think about the changes Chris spoke about and review the Provider Score Card prior to voting on this as a committee.</p> <ul style="list-style-type: none">• There was then discussion on the following:• How current the information from QMB will be• Families need to ask safety questions• How will they know what ANE is and what that means as there are some judgement questions that are concerns• How will this information get out to the public, If the public has questions or concerns about the information who are they going to contact• Concerns that the Quality Management Bureau survey report has a lot in interpretations in it• Concerns families will not understand the depth of questions this could be problematic• It's hard to find on the ACT Website• Will this also be published in Spanish <p>Chris stated he will bring this back to the committee for voting.</p> <p><u>Medically Fragile Waiver Iris Clevenger</u></p>	
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	<p>There was a handout of Frequently Asked Questions regarding the Medically Fragile Waiver moving to Centennial Care. The transition will occur on January 1, 2016. See attached handout.</p> <p><u>Legislative Update Marc Kolman</u></p> <ul style="list-style-type: none"> • Special Session was held on Monday June 8th where DDS D got 4 million for allocations. • Senate Bill 216 is a reporting requirement to the LFC but was not passed. DDS D will still report per this bill. Implementation is not yet figured out and plans are to start reporting in this manner starting July 1, 2015. • 450,000 was given for a rate increase for the FIT Program a memo was sent to HSD on June 10th to implement this increase. <p>A question was asked --If more money is needed to allow those folks who are in DDW Groups A&B to continue receiving Family Living or Supported Living where will that money come from and what will happen to future allocations. It was stated that the money to cover the services would come out of the allocation money.</p> <p><u>Spock Analysis Update Marc Kolman</u> Marc reviewed the results from the ACQ Spock Analysis that occurred in April with the Group.</p> <p>Marc explained that the Divisions planning session had been put on hold until after July 1. The Divisions draft would include the following:</p> <p>Strengths Staff and leadership, Guiding principles</p>	<p>This should be an Agenda item for the August meeting.</p> <p>ACQ is requesting that this be brought back to the committee once DDS D starts</p>
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	<p>Focus on Staying person and family centered, Using information wisely and Working in partnerships.</p> <p>Goals Systems capacity, Efficiency and improving DDS Staff Capacity.</p> <p>Marc also announced that HSD and DOH have been awarded a grant from CMS for 2 million dollars. A Health Systems Innovation committee is being pulled together and the Department would like an ACQ representative. This group will work on health system reform. Doris Husted is the representative for the ACQ on this committee.</p> <p><u>DHI/ Incident Management Bureau Teri Cotter</u> Teri Cotter reviewed a handout on the reportable incidents Incident Management Bureau (IMB) investigated from July 1, 2013 – July 1 2014 and from July 1, 2014 – June 1, 2015. See attached handout</p> <ul style="list-style-type: none"> • IMB has set up a 24 hour call system for immediate reporting. Britton Soloman and Ellen Carruthers answer from 4 pm to 7:59 am. • IMB has 21 positions state wide • IMB No longer investigates Emergency Medical Services or those that involve Law Enforcement unless there are allegations of Abuse Neglect and Exploitation. • IMB has created a new ANE guide and has a new trainer that they share with the Quality Management Bureau. <p>A couple of providers stated that the on line reporting system was not allowing them to submit the incident. IMB stated they would take this back to their IT to investigate the problem.</p> <p><u>HSD Update</u> Melanie Buenviaje</p> <p>Quails HSD has been working very closely with Qualis. HSD staff are physically at Qualis on a weekly basis providing Technical Assistance, Training and monitoring urgent cases. 2 times a week HSD and Quails have conference calls. HSD has a corrective Action</p>	<p>the process again as it is difficult to respond without seeing something in writing. ACQ needs to see the actions before we can determine if the goals can be met and how the goals will be reached.</p>
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	<p>Plan in place with Qualis regarding timelines for them to get caught up and back on track. We should see an improvement within the next two weeks. Qualis has hired additional staff and put a team of nurses together to assist with the back log. HSD have staff who are processing all revisions. DDW has over 200 and Mi Via has 43 annual reviews and 27 revision. HSD has approved a systems extension to extend all Level of Cares for 90 days.</p> <p>The State has put in place a process to provide advance payments to providers who are experiencing financial hardship. Kim Riebsomer at HSD can assist providers who need to obtain an advance.</p> <p>HSD has asked that providers do not call Qualis directly. Please go through the Case Manager. The calls to Qualis are overwhelming the system.</p> <p>What about timely filing requirements when budgets were not approved on time. Jen Rodriguez stated she would send out an update regarding timely filing.</p> <p>HSD Mi Via Melanie Buenviaje</p> <p>HSD is still awaiting feedback from CMS on the Mi Via renewal application. According to the review of the Mi Via Standards all but one meets the requirements of the new CMS Rule. Mi Via needs to modify the Customized Community Group Supports (CCGS) standards. To get CCGS in compliance with the Final rule, DOH and HSD are expanding the definition of CCGS in the Mi Via service standards to include information that CCGS are provided in an integrated community setting. HSD is also going to revise the CCGS provider packets to include an attestation that the services and supports provided will be delivered in a community-based integrated setting. The State will require all CCGS providers to submit the attestation.</p> <p>The State is working on trainings scheduled for July with consultants regarding a revised Quarterly tool the Consultants will use which</p>	
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	have an additional 9 or 10 questions which will help determine compliance. Trainings on the updated Standards are to take place prior to October in Farmington, Gallup, Taos, Santa Fe, Albuquerque, Roswell and Las Cruces.	
1.		
2. Future Agenda items		
3. Closing:		