Self-Direction Advisory Board

June 7, 2023

Board Members Attending

Nancy Alterio

Margaret Abrams

Liz Fahey

Ann Fracht

Karla Murphy

Michael Weiner

Barbara Pandolfi

Cindy Thomas

Julie Westwater

Julie Flaherty

Michelle Goody

Rich Santucci

Robin Foley

Jeff Keilson

Leo Sarkissian

DDS Staff

Jen Benoit

Ed Wilson

Amy Nazaire

Julia Wojciechowski

Teryl Smith

Gail Gillespie

Tim Cahill

Chris Thompson

Elizabeth Morse

Chris Klaskin

Laney Bruner-Canhoto

Jaclyn Grant

Guests

Materials

* OIG PowerPoint
* HSRI PowerPoint

Nancy Alterio called the meeting to order. Liz Sandblom read the roll call.

Nancy asked for motions to accept the 04.05.23 minutes.

First Motion: Rich Santucci

Second Motion: Robin Foley

No discussion. Motion passed unanimously.

**Commissioner Ryder’s Report**

Good morning, great to see everyone. We have a full agenda today. A couple updates to share: as far as the DDS budget for FY’24 the budget is currently in conference. DDS did very well with the Governor’s budget, house budget, senate budget, Things are looking good for DDS going into the next fiscal year. We continue to have challenges getting folks back into services. The workforce challenges across the board has been through. We continue to work with our provider agencies to do whatever we can, so they have the ability to bring folks back to services. Not only those from before the pandemic but also the folks who are turning 22. We’re very happy that as of July 1st we have increase our CBDS rates and supported employment rates. We hope that those increases can further assist our providers and recruiting retaining people in the human service field. Self-direction regs we have met with all plan to go back out to comment this summer. We will make you all aware of when public hearing will take place. It’s with mixed emotions that I let you know that Gail will be retiring this month after 43 years of service. Man of you know the incredible impact she has had on self-direction. She has been there since the beginning before the real lives. It’s going to be leaving a tremendous void in this agency. Wish you all the health and happiness in the world. Thank you for all you’ve done.

Nancy: Thank you again Gail. This is going to be some tough shoes to fill. Congratulations.

**Questions/ Comments**

**Regional Updates**

Amy: We had a successful support broker training day on May 18th. I think we mentioned this at our last meeting. Tried to time it with most if not all the new SB being onboard. We gathered in person at the EcoTarium in Worcester. It was a great day. It was interesting to hear about everyone. It’s such a range of people who are in the broker roles. It was satisfying to see that we are up and running with our support brokers. We started with opening remarks and then went into a presentation historical look at the larger context of self-direction. Got really great feedback from the brokers. John and Val talked about the SIS A in broad terms and what the roll out is going to look like. Very helpful context for the brokers. We had a great presentation from Donna and Rania did a wonderful overview of CTLC and specific ways brokers could use to think about designing their schedule and plan. There was a range of people who knew about CTLC. We also had a presentation form PPL talked about some of the improvements to the system they are working on and did Q&A. Small group activity and the small differences in the SB role. Do some self-reflection and brainstorming on how they can be key player in growing self-direction. Overall, it was a great day and got some great feedback. Created a great team atmosphere.

Julia: Last time we met we talked about the 1st info session being presented in Spanish. That took place in April and May. 5-10 people at first session. Really good connections were made. There were more Spanish speaking support brokers there than we expected. Learning more about the program in Spanish to speak with families about the program. The goal to reach more people and. We want to find communities of people to bring the presentation to them. Use the resources we have and family support centers to expand outreach. One of the area offices in the NE is planning to do n in person session as well.

**Questions/Comments**

Michelle Goody: Are all support brokers hired now?

Amy Nazaire: yes I think they are all on board now.

**Office of Inspector General (OIG) Presentation-Julie Flaherty, Bill Durkin, Matthew Bruering, David Henneck, Megan Mckenzie**

*Julie Flaherty: Director of Bureau of Program Integrity (BPI)*

*Meghan MacKenzie, Lead Counsel for OIG counsel of BPI*

*David Henig, Matthew Bruening, Bill Durkin: Civil Recovery Office*

Julie Flaherty: We have a great partnership w/ DDS and appreciate all opportunity to be on board and represent their department. Great work being done with DDS’ Program Integrity Bureau. We are lucky to learn about this program and humbled by the critically important work that all do (all community) to support Self-Determination and self-direction and watch that work evolve. Important to protect the mission of DDS, ensure people receive the services they are supposed to receive and confirm that they are receiving them. When problems come up, it provides opportunities for learning.

Best way to confirm documentation to have true and accurate documentation.

Bill Durkin: The risk to program integrity or lack of integrity means it isn’t operating as it should or is not fair to everyone. It’s not always a violation of law, but could be carelessness, poor performance, mistake, or more serious offenses. If we prioritize program integrity, we can learn how we can work together to promote overall quality and integrity which is essential to ensuring public funds are used by people that need them. First step, we have high expectations for integrity for all involved. Most importantly, we need to understand and enforce program integrity rules and regulations, who benefits, what services are allowed, how it’s supposed to be paid, and the process surrounding this.

Confirming this is documentation: of how, whom, when, by whom, where.

Stop and check: have I taken all the necessary steps and verified everything? Also, can I answer questions down the line? Procedures and rules only work when people follow them, they cannot just live on paper. Enforcement and compliance is essential, and then become automatic. We need to set a tone at top and make sure it trickles down. Set high expectations, we cannot be asked to excuse noncompliance.

False claims: requests for public finds (timesheets, invoices), then DDS submits claims to Medicaid for reimbursement. If it does not comply it may not get paid. There is no flexibility to their rules and failure to comply, could result in claw back of money. Medicaid may deny reimbursement and make DDS responsible or take funds away from programs and individuals. If you encounter errors, it’s best to speak up in moment. Some people may be concerned about getting someone in trouble and you shouldn’t be. We should just be concerned with claims being accurately paid.

Dave Henig: An example of false claiming is when someone overcharges for a service. For example, someone requesting 4 hours of pay, but only providing 3 hours of service. Other examples include services not performed as required, double billing, or providers not meeting minim professional qualifications.

Providing false information is also a false claim. This includes lying about qualifications, experience, degrees, licensing, certify that they are in compliance, but do not exist, false timesheet, documents, or receipts.

Bill Durkin: Detection and prevention are key. Documents need to be official. Medicaid is not flexible, rules are reality, public funds do not allow flexibility or cutting corners. Prevention is the best approach, and we need to ensure everyone is aware and follows the rules. If DDS pays a claim that is not allowed, they will need to give that money back. DDS requires participants to provide documentation.

Dave Henig: We all have role to play to ensure services provided as intended. Learning to spot signs when something is not going the way it should. Consumer awareness is important as well. Examples: complaints from individuals/families, changes of behavior, unprofessional, quality of services, unwillingness to provide info when requested. We should be able to tell w/out being asked, but if asked you should receive verification if needed.

Julie Flaherty: We welcome feedback, applicable to DDS. Providers cannot be the primary focus. The individuals are always our primary focus.

Be creative when educating providers and participants on what this looks like. Demystify that when there are problems, how to put heads together to think of opportunities. It is important we are setting clear rules, even for family members. We need to be consistent about setting program rules. If flags pop up, provide immediate attention before it escalates. Do not bend/break rules. If quality is dropping off, address these asap. In this group we work on these protection materials, setting rules, providing information, implementing rules and then enforcing them consistently. It’s important to get documentation of services and these are official docs. They should be used to pay accurately and to claim public funds.

Why we talked about this today – importance of true and accurate documentation.

Follow up on complaints, when not go right, follow up. You need to trust your instincts. Reaching out the DDS service coordinator is important step. We provide partnership and problem-solving options.

Rich Santucci: We want to protect self-directed services flexibility, creativity, but also have an obligation to follow the rules/regulations and keep integrity. DDS does not make all the rules and we cannot waive certain things. We are accountable to CMS to follow their chain of rules. We still have flexibility within our framework but have to comply.

**Questions/ Comments**

Rich Santucci: We have to focus on Elizabeth. Even though family members situations are important, they are not receiving services form us.

Jena Shea: Learn the skills to provide childcare. Especially with self-direction, maybe that becomes part of her program. Learning new skills and being out in the community with her family.

Julie F.: Thank you for that perspective. That/s really valuable input.

Rich: We have self-direction and want to allow for maximum flexibility, but we have to do that within the context of regulatory compliance. There is a problem-solving process that needs to be figured out. There may be different way to access services people need. Creativity doesn’t mean that we are going to go against the regulations. DDS doesn’t make all the rules here. We have to response and are accountable to Medicaid who pays for the services. Compliance chain that forces us to work within that framework, Within that framework there is flexibility.

Julie F. Thanks Rich

Michael W: how often are the audits done?

Julie: we do not have a mandated audit from the IGO. Defer to DDS on frequency of Medicaid audits.

Michael: pragmatically: only involved when something is sent to your office.

Julie: When we receive complaints we respond. We have an online portal. Identify systemic issues and address those with DDS with specific recommendations and follow up There are other parts of our work within the IGO. We have ongoing oversight of quality integrity and efficiency of programs. We can perform audits and reviews whenever we see fit.

**Human Service Research Institute (HSRI) Updates-Val Bradley & John Agosta**

Tim Cahill: The HSRI Year 3 Report the Independent Review identified the need to simplify the self-direction processes, provide transparency in the support budget process, and address inclusion of minority and low-income families. Importantly it recommended a measurable, reliable, valid assessment of each person’s support needs that included sufficient demographic information, that also had an easy to use, well-constructed data system. You were introduced to the SIS A assessment a the last meeting and now John will go over how a supports budget will be developed.

Please see attached PowerPoint Presentation

**Questions/ Comments**

Liz Fahey: Thank you Oh. Is this budget analysis only for self-direction participants.

John: only self-direction

Jaclyn: it will be expanded to all people receiving services in the future

Jane: it will be a major change for the department as whole. Because this is such a massive undertaking we are starting out with folks self-directing. Then we will shift our focus to the turning 22 populations. We are prioritizing selfd0irection right now and will keep everyone informed.

Barbra Pandolfi: When we first heard about the SIS selection. Are there going to public meetings for feedback?

Tim: this is brand new so we are hoping to get all. Get as much input as possible Use the SDAB to get feedback.

Fran: We don’t get the word out on self-direction well. We are trying to advocate what we want. This should be brought up automatically by your service coordinator. One of the barriers of individuals and families is not knowing about the program

Jane: I’m going to be contacting you directly along with the MASS community. We can do better and we will be doing better. And I look forward to getting your input.

Nancy asked for motions to adjourn.

First motion: Robin Foley

Second motion: Julie Flaherty

Nancy thanked the committee and adjourned the meeting.

Next Meeting: September 6, 2023

Respectfully submitted,

Jaclyn Grant