# Developmental Disabilities Advisory Council (DDAC) Meeting

**Thursday, September 24, 2020**

**11 a.m. to 1 p.m.**

**WebEx Meeting Transcription**

**Welcome and Update: Roger Bearden**

Good morning everyone, it's September 24.

This Roger Bearden, Executive Deputy Commissioner at OPWDD, welcoming folks to this quarterly meeting of the Developmental Disabilities Advisory Council. And we have been joined by members of the council remotely as we continue our journey towards virtual meetings. We will do our very best to accommodate folks as we navigate technology and those of you who may have logged in right at the 11 o'clock hour, there appears to be a challenge right now with audio-only call ins and that is something that the WebEx folks are trying to solve as we speak. Apologies to anyone who is having those challenges but hopefully we will be able to resolve that.

That would conclude the welcome and update portion of the agenda and move to a COVID-19 update, certainly one to acknowledge that it has been a few months that we have been together as a group, the DDAC. There are multiple communications mechanisms that OPWDD has employed, and is employing, to try to communicate our progress in the fight against COVID-19, both as an agency and in collaboration with our other state partners. I won't necessarily belabor that point terribly. I just wanted to give an opportunity to any DDAC members to ask any questions, provide any information that they want to provide. Certainly at the Phase we are in right now, we have gone over the mountain and are in a phase of relatively low infection in the OPWDD-regulated service system. We are engaged in substantial preparatory work to plan in the event of a second wave, and to make sure that we benefit from the information and the experience that was learned in the first wave starting back in early March, to continue

this fight. So, I wanted then just to give an opportunity to the DDAC members who may choose to provide any kind of comment or question with respect to COVID-19, obviously respecting that it has been a major topic of conversation throughout the public health crisis.

Are there any members of the DDAC that have any questions, thoughts, observations, concerns that they want to raise at this point on the COVID-19 agenda item?

Sounds like that's a no.

**Michelle Juda:** Can you clarify are we going to hear an update from staff or is this the agenda item, you just wanted to hear from us?

**Roger Bearden:** I just wanted to hear from you. There have been frequent updates. I know the update I wanted to give was obviously, and I know that you and other DDAC committee members do participate in other stakeholder discussions which are geared towards providing timely information around the COVID-19 response. The intention behind this item on the agenda was to certainly acknowledge that has been a significant reality for all of us, including those of us who touch the OPWDD system and to give an opportunity for any conversation or discussion that any of the DDAC committee members had, acknowledging certainly that folks would be familiar already with the multitudes of guidance documents that have been issued, the multitude of phases in terms of both the closing of day programs and the suspension of visitation and the home visits and then the resumption of those activities now. So I just wanted to give an opportunity in the event that any of the DDAC committee members had questions or concerns they wanted to raise as part of their advisory role that they could do so at this moment.

**Michelle Juda:** OK, so I am surprised if we don't hear from people because I know that there have been… and it makes me a little worried about the technology. I know that there have been conversations and a desire to have some more information about what's actually happening in regards to the provision of services on the ground, you know with the most recent guidance documents and changes that have been made in terms of what can be opened and not. Some of the things that I hear from people relate

to where are services being provided? How many services have resumed? How many people are being served with the services that they were previously receiving? There is also a lot of conversation about what's happening for folks who are trying to get eligibility for OPWDD services right now and whether that is moving forward in the COVID environment as it used to or what might be the current status about that. And then, looking at our agenda, items about budget and fiscal sustainability of the providers is also obviously top of mind for everyone. I will be quiet and see if other people will jump in. I would be surprised there would be no comment on that agenda item.

**Roger:** Yeah and I am seeing Dolores McFadden is putting into the chat that she is having audio issues. So, once again, those of you who know me know that a tech is not my speciality so I know there are folks who are working on it presently.

So, let me just take note of the three things I think you mentioned, Michelle. One is what I would call the business process of being able to access services through the Regional Office processes. The second was in fact opening in terms of services that may have been suspended or limited during the pandemic. And then the third has to do with budget issues, which would partially be covered with the Waiver Amendment update, but we can certainly speak to that now.

Abiba, I thought perhaps you could address the first question around the RO access to services and the business processes.

**Abiba Kindo:** Sure. Absolutely. So, we have maintained staff in the regional offices, and certainly there are those who have worked remotely, but our staff continue to authorize services, determine eligibility for folks who reach out through the Front Door. Those activities have never been suspended. We know that we have received some feedback from providers and some families about some of the rules associated with service authorization in light of COVID, and we have certainly attempted to clarify those concerns or those misunderstandings. But, all of the activities related to service authorization, Front Door, eligibility, service amendment remain in effect and we encourage folks to reach out to our regional offices if there are specific concerns related to accessing services.

**Roger Bearden:** Thanks, Abiba. I am hoping you would also be able to address the second question, which is the question around what programs have reopened. I think we have been collecting some data on that topic that would be useful perhaps to share with folks.

**Abiba Kindo:** Sure, Roger. We know that a number of providers have reopened their site-based programs. Folks have submitted safety plans based on the guidance documents that we had issued, I think maybe about two months ago, if that's correct. And we also know that there are a number of providers who are still working on their safety plans to reopen site-based day program. We are going to be issuing a survey to collect information more specifically so that we understand what providers numbers sort of look like in terms of the people they were supporting pre-COVID and certainly now during the pandemic to give us a better sense of where the gaps are and what programmatic flexibilities need to be in place to better address those issues. But we know that there are a variety of programs across the spectrum that have opened, from respite to pre-voc to site-based day program and without walls programs. We have heard from families and certain individuals about challenges related to returning to their site-based day program. I am not sure if folks are aware, but we did have a quarterly care management meeting on the 16th where this was considered a hot topic. We really spoke to the care managers to underscore and emphasize their role in helping individuals who want to return to their site-based day program, making sure a person-centered process is followed. And so, as we gather additional information, we can certainly share that with folks.

**Roger Bearden:** Thank you very much for that, Abiba. So, I can see that there are a number of comments coming in the chat box. What I am going to try to do is near the end of the agenda, see if we can't piece those together and try to provide some information there. It is a little challenging to manage, but we are going to see what we can do so we can get those comments addressed over the course of our time together.

So, I think the third question, Michelle, had to do with provider viability. I don't know if you wanted to articulate that in more detail.

**Michelle Juda:** Sure. I think that obviously, everybody is operating in not a great place to be operating from, which is really kind of a sense of fear, panic, desperation. There has been a series of budget actions that have been taken. There were concerns about provider viability and fiscal sustainability back to the first bump in the road when the retainer day payments needed to end. And my understanding in talking to providers is that there have been huge outlays of cash in response to the COVID crisis and since then there was some support provided obviously to them in terms of getting PPE and whatnot. But the budget actions have put everybody in just an even tighter squeeze. And we know that before COVID there were problems with getting services to people because of workforce issues. We have been having those conversations for years. And now we are in the situation with 20 percent withholds, the budget actions that are going forth on October 1st. And the people running the organizations are operating from a panic mode and the families are also worried about whether providers are going to be able to continue to provide services. And I can't wrap my head around an outcome other than there is going to be some fiscal crashes and there are going to be providers that close as a result of this. And I know that what get's done at the budget, what you get told you need to do is what you have to do, but what are we doing for planning for people. I think it is important for everyone to know what is being done for planning for people who might end up being served by agencies and providers who are going to have to discontinue some of their services and/or all of their services. And these are the things that families are worried about and talking about and I think that there needs to be some conversation about that. And I would also be remiss not to just say that families are having their own personal fiscal pressures because of COVID. You know people aren't working, they're not working as many hours, maybe the type of job they were doing they can't even do anymore. They certainly have pressures in regards to services aren't being provided, so some people can't even work because they are providing care for their loved ones. And I don't think – and this is the last thing I will say -- that in anything we are doing, I really do not think that OPWDD and the Governor's Office and the Department of Health and everyone involved in this can lose sight of the fact that if it were not for families who were taking care of their loved ones through the worst crisis we have experienced to date, where would OPWDD be if it wasn't for those families stepping in and keeping people safe and providing the services that could not

otherwise be provided by the more traditional models that we have always had. So we have to recognize that families are an unpaid part of the service delivery system, they're our backbone to it, and all of these actions end up impacting them and we do have to think about how we can support those families and how we can make sure that we are planning that if there is going to be a fiscal crash how are we going to get as much services to them as possible to them and make sure there is some continuity of care. Those are the things I am concerned about.

**Roger Bearden:** There was a lot in what you said, Michelle. And absolutely the focus, given these extraordinarily challenging fiscal times, is always how do we support individuals and families, if we need to make budget cuts, where do we do that in a way that creates the least impact on services that families and individuals are benefiting from. One of the things we have been able to preserve, despite some of the budget actions that have been taken, is the DSP wage increases that were contemplated in the enacted budget. That is something were we believe that kind of support is vital. So, where we do need to make those cuts, we are looking where we can do that in the least damaging way. Obviously, any cut is a challenge and it is one that we must navigate.

I think Margaret Puddington, if I am not mistaken, has her hand up?

**Margaret Puddington:** Yes, I do. Michelle, that was very well said. I completely agree with all of the concerns. That's what's on everyone's mind is what's going to happen when agencies can no longer provide services. I just wanted to ask whether OPW is going to collect data on any possible infections with the reopening of the day services. Is that going on now? I mean, I know day programs are underattended at this moment, but as attendance increases, it is going to be critical to know specifically where any hot spots emerge. And even not hot spots, even just cases.

**Roger Bearden:** Absolutely. And Margaret, I'm glad that you brought that up. So, our data tracking on COVID infection, something that was put in place in early March, allows us to know when there is either an infection or presumed positive, whether there is isolation or quarantine. So, when we learn of that event, we are able then to deploy our DQI staff. And I am seeing, Leslie, you look like you are both on the panel and

unmuted, if I am seeing correctly. So, maybe you could speak to how we take that information and take action.

**Leslie Fuld:** Sure. Thank you, Roger. So, Margaret, yes, we have reporting for all of the programs in our service system. And as you know we put some things in place in IRMA to collect data. We use things like reports of positives at our certified sites to go out and visit them, and we have been doing that with the residential sites because our day programs have been closed. But we are working to be able to also do that with our day programs, and in addition, we are looking at just being careful and setting out kind of an organized manner to report these. Because now we are dealing with people who this may affect more than one program. So, we absolutely are preparing for that. Day programs are reporting exposures as we speak, we are getting that data.

**Margaret:** Thank you. Good.

**Roger Bearden:** Are there other hands up from members of the DDAC? Any comments that folks want to offer in terms of the COVID-19 update agenda item?

Donna?

**Donna Colonna:** I just want to follow up to Michelle's comment. So, Michelle and Dolores, who is going to present later on around the waiver amendment or the DDAC recommendations. We mostly focused on the waiver amendment in terms of the committee's work, but a lot of what Michelle pointed out was discussed in the subcommittee with respect to the waiver and the key waiver extension. So, I am wondering – and I don't want to put Michelle or Dolores on the spot – but whether or not the Systems subcommittee could take one of the issues Michelle identified and make some recommendations to the Council.

**Roger Bearden:** So, I think that is maybe a recommendation for you to discuss internally, if I am understanding it correctly?

**Donna Colonna:** Yes, I am assuming that if the subcommittee could take some of those issues on and make some recommendations to the full Council. Michelle identified a lot of issues that came up, particularly from family members and some

providers at the Systems subcommittee. I think they are all very important issues that she raised. I am just wondering how we could add to potentially some of the recommendations to address some of the concerns.

**Roger Bearden:** Absolutely.

Dolores, please go ahead.

**Michelle:** She is sending chats to you and Josie.

**Nick Cappoletti:** Can I suggest the issues that Michelle raised, and to Donna's point, and given the technical issues here, is that we regroup the Systems subcommittee and put these recommendations in writing and we can send them out to the Council and get them to raise any issues or questions they have and do a vote to formally submit them to OPWDD. Does that make sense following the guidelines that you have shared?

**Roger:** I think that does make a lot of sense. Thank you, Nick.

**Michelle:** I have Delores on another line, let's try this.

**Delores McFadden:** I am sorry that I could not dial in, as planned. I wanted to say a few things, if I could? I echo everything that Michelle and Donna have said. Our subcommittee has been in the process of gathering information about how people have experienced the system over the past six months. And we're gathering questions and concerns and suggestions that we hope will inform OPWDD's preparation for another wave. So, I can share a couple of those, if time permits. But we are not finished, we are just in the process of gathering that info.

**Roger Bearden:** Dolores, since we happen to be able to hear you right now, would you like to share those thoughts at this point, in the event that we are not able to hear you subsequently?

**Delores McFadden:** Sure, I will just point out a couple of things. One concern is in general there is a significant uptick in substance abuse, depression, anxiety, domestic and child abuse due to COVID, social unrest, unemployment and food insecurity. We

are concerned that the care managers and staff may not have the tools and resources they need to recognize the signs of victims of people they support, provide opportunities to talk about those issues, and have the difficult conversations.

**Roger Bearden:** Thank you.

**Delores McFadden:** So, that's one. And of-course similarly we are concerned some providers may not have the tools that they need to recognize the same stressors impacting their workforce.

**Roger Bearden:** Gotcha.

**Delores McFadden:** The second thing is that many folks that we support who are employed are essential workers, so who or what service has the responsibility to watch out for their health and safety, ensuring that their employer is providing them with adequate protections, and helping them understand precautions to take when they return home. Is it ISS, SEMP, Com Hab, Care Management? There seems to be some confusion over who's responsible.

**Roger Bearden:** I'm not sure I understand what that issue was, I'm sorry.

**Delores McFadden:** Ok, so many of the people we support are employed as essential workers, working in supermarkets and places like that. Who has the responsibility to watch out for their health and safety? What service is it? ISS, SEMP, Com Hab, Care Management?  There is confusion out there about who should be taking the lead.

**Roger Bearden:** I think that's a good question. I would think that individuals who are employed and receive a support from of that employment, that would be a primary service that would be assistive to them. I don't know, Abiba, if you have a view on that.

**Abiba Kindo:** I am entirely not sure I heard the question, but what I think is who should take the lead as it relates to health and safety needs for individuals who are employed and working, is that accurate?

**Roger Bearden:** Yes, that is the question, Abiba.

**Abiba Kindo:** I know that for certain individuals who have resumed work, the care manager has worked with the employer to complete an assessment that would outline expectations on the job to ensure that there is safety practices in place for the individual – whether that's wearing a mask, taking breaks to make sure people wash their hands, making sure that the individual, while working, is able to maintain social distancing, etc. So, if the person is receiving supports on the job by a job coach or if a habilitation worker is involved to assist that person, then certainly if there are health and safety concerns, that individual would be primary and would make sure that they are communicating directly with the employer and then to the extent needed, communicating to the care manager so that there can be additional follow up to make sure that the safety issues and concerns are addressed.

**Roger Bearden:** Thank you, Abiba.

**Delores McFadden:** I just wanted to point that out because there is confusion in the field about that.

**Roger Bearden:** So, why don't we take that back and see if there is a way we can help alleviate that confusion through some appropriate communications mechanism.

**Delores McFadden:** I would like to get clarification on process. The subcommittee is gathering this information and we would like to send it to the DDAC to take a look at and then move it forward to OPW, but we don't want to wait until the next quarterly meeting.

**Roger Bearden:** We can certainly work to expedite that with Michelle and Nick, as respectively vice chair and chair. There are multiple initiatives happening right now, and I will attempt to segue way into the third item on the agenda, which is our waiver amendment. There are two components to that: one is that we have some actions that we are contemplating to be effective October 1, 2020, so we can talk a little about that. And in addition, we have been engaging, through a multiplicity of forums, our stakeholders in seeking to understand the emergency amendments that were made through the Appendix K. Those were made in early March, with an initial expiration date of early September. We then extended that with a discussion with CMS, the federal partner, to the end of March. But under the terms of that emergency waiver, that

Appendix K, we would be able to potentially look at making some of those flexibilities a permanent feature of our waiver. So that is a process where if we were to make those decisions, that we would be seeking that authority sometime in October. So, it is a process we had engaged in with a variety of stakeholders and we wanted to bring to the DDAC that both elements, and this does fit into also part of the discussion around the DDAC recommendations. But we first want to make sure there was an understanding of where we were at on each of those two things.

For the first piece, which is the 10-1 waiver actions, I believe we have Kate Marlay cued up to be able to discuss that. And in terms of the stakeholder process that we have been doing in order to understand what of the Appendix K should be extended into the permanent waiver, I believe Allison McCarthy, you were going to speak to that.

**Kate Marlay:** I think folks are certainly well aware of the amendment intended for October 1st. It is now in front of CMS for final review. We are anticipating that will occur prior to October 1st which is our anticipated effective date of that action. This amendment was really driven by the budget process and the need to create savings. and I think just writ large, the approach that was taken—and I am certainly not an expert in this area – was to look at the necessary savings and to avoid taking systemwide, across-the-board cuts with the hopes that we were really minimizing the affect on direct care staffing reimbursement. That was sort of the overall strategy that was taken in terms of looking at the savings actions that would be taken via the waiver. The actions that are included are really focused on, from a savings perspective, supervised residential habilitation. The first element that is included is a setting of the occupancy factor to zero. The occupancy factor is part of the rate-setting build that looked at the historical what they called “true vacancies” for a provider. So, a “true vacancy” was not a temporary absence from the home, but rather a bed that is not filled if, for example someone moved, and there was a period of time before the next person moved in, that period of time would be considered a true vacancy. The occupancy factor, up until October 1, looked at that historical data and then inflated the rate a little bit to offset what would be anticipated to happen in terms of vacancies going forward. That is set to zero. It was limited to a fairly small percentage. While that is certainly an impact on

providers – and I don't mean to minimize it – in and of itself it wasn't the largest factor that we are addressing here.

The other portion of actions that were taken were to address days when the person was not in the residence. And there are two types of days when a person is not in the residence. The first one is called a Retainer Day, and that is paid to an agency when a person is, for example, in a hospital or a nursing home, and it is limited already and will continue to be limited to 14 days times the certified capacity. So, we still have flexibility, somebody might use none in a year, another person might have more than 14 days. The provider has that resource to spread amongst its residents, as needed. The change that we are making effective 10-1 is that the reimbursement rate for those days will not be 100 percent of the rate, it will be 50 percent of the rate.

The other type of change that we are making to the rate-setting structure is around therapeutic leave days. Therapeutic leave days were, prior to this, unlimited and were reimbursed at 100 percent of the provider's rate. Effective 10-1 the change is that it will be reimbursed at 50 percent of the provider's rate and there is a per-person cap of 96 days a year. Which it really sort of returns…it's a similar math… to when we had a monthly unit of service and there were a certain number of days required to build that month. We essentially sort of went back to that same therapeutic leave day analysis or calculation when we had the monthly unit of service.

Those are the major actions in this 10-1 amendment. There were some other what I would call minor administrative changes. We eliminated some of the signatures required on the Documentation of Choices form. It is still of course required as part of the waiver enrollment process and it has to be signed by the individual and family. It really was just a bit of administrative streamlining. We did include clarifying language in the waiver around the start of a more formal process and more consistent process across the DDROs for evaluating the decision-making around looking at authorization for new folks coming into community habilitation. That was included in the waiver and that work will be proceeding over the course of 2021.

Other than that, I think that is pretty much the highlight for the 10-1 changes. Again, it is terribly difficult times and nobody at all enjoys these kinds of changes. But I think our

strategy was, to the best of our abilities, to try to limit it from a broad-spread impact on our service system, understanding that it is just a really difficult time financially for the state, and obviously as we have just heard quite eloquently, for everyone in our service system. It has certainly been a challenging year.

That is kind of where we are at in terms of our baseline. I can take questions as long as people are understanding that I am not a rate setter, but I can answer questions as a non-rate setter.

**Roger Bearden:** So, let me do my best, Kate. There are a number of comments that are coming in the chat box. What we are going to try to do is grab those, put those and have sort of a read out of public comment to the degree that there are questions. We will pivot back to items on the agenda. There is too much flowing in the chat box to be able to meaningfully read it out one at a time. So that is what we are going to try to do. I am going to first ask for members of the DDAC committee if you have questions. Let me see if there are members of the committee that would like to ask questions, share comment with respect to the briefing that Kate Marlay just gave.

**Margaret Puddington:** These particular 10-1 cuts come on top of the huge outlay of expenses for PPE, for hazard pay, and many other things – extra staff in hospitals and so on – that providers have had to pay with no support whatsoever from OPW or from the state, no fiscal support. It just appears that there have to be other ways to realize the same degree of savings. I think OPW would have benefitted from advice from the provider community especially, on ways that would have been less harmful to take some of these cuts and realize savings. The damage is going to be really great, I hate to say that, but it's clear.

**Roger Bearden:** Thank you, Margaret. Are there other comments that members of the committee want to offer at this point?

**Mary Somoza:** I have a number of issues that families are facing, particularly regarding self-direction, and also we heard that certain CCOs have made dramatic layoffs and or cut down on hiring and so a lot of families are without case managers right now for their CCOs or their case is being sent on to other case managers who are seemingly pretty

overwhelmed. And I wonder if you could, number one, give us some update on what is going on with the CCOs as far as layoffs of staff is concerned. And secondly, regarding self-direction, are our budgets being left intact or are they subject to this 20 percent cut. Because these are monies that are already being put aside and a lot of the families have not been able to access a lot of their budget obviously gyms and certain community activities are no longer possible. We would just like to have an update on what is going on regarding self-direction budgets and also the CCO issue.

**Roger Bearden:** On the CCO issue, I am aware that I believe there is one care management organization that has undertaken some restructuring. I don't have the particular details. Allison McCarthy are you on the line? I know we have engaged a CCO and just out of a process perspective it's best not to necessarily get into too many of the details. But I know we have engaged that CCO to make sure that whatever restructurings that they are undertaking do not impact care management of services. I believe that conversation is ongoing, in terms of assuring ourselves that the families and individuals will not be negatively impacted. Allison, is that a fair summary of where we are that with respect to that question?

**Allison McCarthy:** Yes, Roger, it is. We have engaged with the CCO who has undergone some restructuring. They are doing this at a quite rapid pace so the transition can occur quickly and there can be minimum disruption. In the restructure, they have maintained all current care managers and they are actually adding additional care managers to the workforce. There are instances where people were laid off. They are in some cases being rehired in an appropriate role, in some cases to the care management role. We are continuing that dialogue and understanding with the CCO and working to ensure that their communication is flowing to providers, regional office and families and individuals, and they have assured us that they have reached out to all individuals who are enrolled in their CCO and we continue to dialogue, to follow up and confirm the completion of that transition. The goal is that they have assured us to not impact families and individuals directly, but they have also offered communication methods if in fact there is impact.

**Roger Bearden:** Thank you, Allison. Mary, I think what you were speaking about with respect to the 20 percent withhold, which has been imposed with respect to state-only funds. That is something that has been implemented as part of the state's cash-management strategy given the extraordinary financial situation the state has been experiencing and the lack of federal support for addressing that. So I believe that the application of that is to those funds that do not have a federal match, so within the self-direction model there are certain funds that do not have that federal match and therefore there has been a withhold of 20 percent imposed upon those payments.

**Mary Somoza:** State funds?

**Roger Bearden:** That's correct. With a couple of exemptions, most importantly I think for a lot of folks is we were able to exempt the ISS, the housing subsidies….

**Mary Somoza:** Rent subsidies.

**Roger Bearden:** …rent subsidies, thank you, from the withhold. But other types of state funds have been subject to that withhold. Once again as a consequence of the state fiscal situation and the lack of federal support to support us.

**Michelle Juda:** Mary, can you just clarify because I think I heard another aspect of your question about the self-directed budgets. You were mentioning how in some cases the budgets just cannot be used because some of those things that would have been under the IDGS services they are just not operational. And I heard in your question a concern that was it going to impact future budgets, you know the current year budget is underspent. I could have misinterpreted you, but that is what I heard.

**Mary Somoza:** Michelle, you are correct. There is a lot of budgets that currently cannot be accessed because of COVID restrictions. So, obviously that money is not being used. So, the 20 percent is taken out of that or it just comes out of the overall state-funded parts of the budget. Can it be applied to the, not individually to each item, but to the items we can't use, well, we can't use them, so the money is not being used anyway, at present. With some of the restrictions being taken off now, that will change.

**Roger Bearden:** Right, so I did see in the chat room request for clarification. Yes, the 20 percent withhold has not been applied to the rent subsidy. So that is a question that was posed. In terms of the question that you are asking, Mary, no the withhold is being applied to categories of payment. It depends upon what the nature of the payment is. My understanding is that it is applied to categories of spending.

**Mary Somoza:** Do you know, Roger, how long the exemption for rent subsidies will continue? Because this has caused great anxiety amongst families, particularly not knowing from month to month. The rent becomes due and landlords are not interested in what the state is doing. Families need to really have some guidance on will this continue through the end of the year, for example, or until further notice? Is there any guidance on that?

**Roger Bearden:** We have heard from a lot of folks that some guidance would be very, very helpful and we are working to be able to provide that. As folks may know, the fiscal the second quarter of fiscal will expire September 30th, so we would anticipate we would be able to provide additional guidance in anticipation of the third quarter. We just don't have that formal guidance yet. And I do respect what you are saying, Mary. That being able to provide that guidance is very important and we absolutely understand that. We are working to be able to achieve that.

**Mary Somoza:** As soon as you know Roger can you let me know so at least the families I have contact with and some of the different parent groups around the state we can let them know because we can get the word out quickly.

Roger Bearden: As soon as we have that information, we will certainly broadcast it far and wide. Thank you.

Anything that we can do, any members of the committee that are trying to get a voice in?

Let us then proceed to Allison, I believe was going to help give some brief out on the stakeholder process that we have been engaged on over the last six weeks or so. And

to try to understand what of the Appendix K crisis flexibilities ought to be extended as part of the permanent waiver process.

**Allison McCarthy:** As Roger mentioned, we have been engaging stakeholders in a series of ways over the last several weeks. The purpose, again, is to inform the future of federal agreements in support of delivery our post-COVID day service delivery. We really are also looking to understand what's happening out there, so to address some of the questions that Michelle noted, we are looking to send a survey to providers that identifies who is actually receiving day services, what programs, how many programs are open, how many programs are not open and if an individual is receiving virtual services or not receiving virtual services or in the residence receiving community habilitation or perhaps already in a site-based program. We are trying to get a good look to understand what's happening out there. I think that helps address some of the concerns, Michelle, you may have raised. We had a multi-pronged approach. We began with regional focus group discussions and then we also convened a series of individual stakeholder groups that were led by our Commissioner. And then we received several written comments and input from stakeholders that I will touch on.

The five regional focus groups were held between August 19th and 21st. They were hosted by our regional offices and a small group of local representatives and individuals and families were invited. And the discussions were facilitated by an independent entity, the Developmental Disabilities Planning Council, so they were able to collect and gather information. They are currently refining those documents that are in draft and then they will be shared back with OPWDD. OPWDD is discussing how best to share back information with our stakeholders. The focus was really the experience of individuals and families during the emergency shut down of day services and the experience as day services reopened. We really received a lot of positive feedback from participants in just the opportunity to be heard and for OPWDD to listen. Much input was received around prepared discussion questions related to what worked well during the emergency and what didn't work. And how do we take that experience, and the experience of reopening, and inform future recommendations for our Appendix K. Stakeholders also requested more opportunities for discussion like the focus group discussions that occurred.

In addition to the focus group discussions we had, again, the Commissioner was able to meet separately with several stakeholder groups from August 31st through September 9th. The groups included NYADD, MHANYS, DDAWNY, Grow, New York City FAIR, so I think it was a much-needed discussion and we were able to gain a lot of input. We are talking internally about how best to consolidate the input from both those meetings and the focus group discussions to then inform our future amendment that Kate spoke to earlier.

So, what did we hear? We heard that communication was critical and depending on if individuals and families were hearing from providers, hearing from OPWDD, hearing from CCOs, really dictated whether they were able to experience with some information what was happening and feel comfortable about any next steps or about the reopening. But if information wasn't getting to individuals and families, it was difficult. It was a scary time. So, I think we learned clearly that communication flowing down from OPWDD to providers to CCOs, and that consistent and early communication was key. That was a theme, a takeaway that OPWDD has heard and is taking seriously.

It was also very clear that people's perspective and desire to return to services was dependent on the individual and families. Some really wanted to get back to services, and others still felt it was too early and they weren't comfortable returning to services. Provider outreach, provider reopening, it was also very varying. Some providers got up to date quickly and were able to open doors and reach out to individuals and families; and others may still be planning their reopening and submitting their safety plan, as Abiba mentioned earlier.

Another key theme was telehealth and remote services. Some were able to take advantage and experience the use of technology very effectively and others may have not had access to technology and or may have not had the internet connection while others were able to, and in other cases individuals may have not been able to use technology due to their disability and it just not just being a good fit. So, a varying level of experiences from a telehealth, remote service delivery perspective.

One of the other key findings that we heard was that those who live at home experienced a more significant drop off of support, leaving caregivers to meet the

needs, which was reiterated earlier in today's conversation. Clearly, if you are a family at home, you took on the role and responsibility of caring for your loved one and it was very difficult to be served, in some cases.

We also heard more recently through the discussions with the Commissioner that people want care management to return to face to face and they are looking forward to that. CCOs are expected to begin and engage individuals and families on a face-to-face basis, as appropriate.

Transportation, a key theme that we heard and a key challenge that I think we all have heard and discussed previously, but with COVID and the risks to health and safety, becoming more of a challenge for our system.

Lastly, I just want to mention, which was also mentioned earlier, the concern for serious crisis and mental health impacting people who are isolated and stressed and not able to have a regular routine and missing their connection with the community.

I think those are some of the key themes and takeaways from the focus group discussions that I thought were worth noting. But again, OPWDD is working internally to bring all of this information together, and use it to inform our next amendment, which will integrate some of those Appendix K flexibilities that you are aware of.

Lastly, I just wanted to touch on the day program survey. Again, we are looking to understand what is happening out there today – who is being served, how many people are being served, how many programs are open or not open. We are disseminating those surveys to our providers and then we will be collecting them. We are going to ask our provider associations to encourage participation from the providers and support their members in completing that survey, as needed. Again, we really looking to inform input around COVID flexibilities, and which have been most important and what do we want to carry forward into that next waiver amendment. We will continue to engage in that survey process and probably close that out early October to then form the timeline for the waiver amendment following the 10-1 amendment that we hope is about to be approved. I think that is about it. I am happy to take any questions should there be any.

**Roger Bearden:** Thanks so much, Allison. I think that is important to emphasize that the destination here is an understanding of what we want to continue. I had the opportunity to read through the chat box comments and in response to one of the questions: The current Appendix K expires at the end of March. So, to avail ourselves of the flexibilities beyond the end of March 2021, would require further amendment of the permanent waiver and this process is intended to inform that. With that I would like to ask whether any members of the committee have any questions or comments. We will get to the part of the agenda where we are talking to the DDAC recommendations and I know the Services subcommittee, and hopefully we can benefit from audio with Delores to be able to talk that through because certainly that is going to help inform part of our thoughts and judgement there. Let me just pause there and see if there is any comments or questions people may have with respect to what Allison just shared.

**Michelle Juda:** This is Michelle. Allison, thank you. That was very helpful and I appreciated hearing that really detailed breakout of the types of things you heard in the focus group and it will be interesting to hear and see what the responses to the survey are that you are doing with the providers. Just two things that I have been thinking about a little bit. One is I think it is great that you guys did those focus groups and went directly to people being served to get feedback from folks. My experience is that as many times as you do that through other entities, you kind of were talking directly to folks. I think it is a great model and we should think about doing some more. You may want to consider doing a post focus group, satisfaction survey of the people who attended to see what their thoughts were on how the meetings went and if they had any things that were particularly positive or things that they thought could be better because that could inform doing that type of thing in the future. What I have heard of those meetings, and I didn't participate in any of them, but it does sound like a conversation started happening, which is great because sometimes when state agencies do those types of things, they are very heavily presentation focused and you don't actually hear back from people so I think that's good that happened. But it would be great to hear from the people who did participate to see if there was any feedback on just how it was facilitated and the questions and the process. Just for looking to continue to be doing it in the future would be great.

Then, the second comment I have does not have anything to do directly with Allison's work, but the fact that we need to do a provider survey to find out who is being served is problematic. And I know we know that. We have been talking, kind of since Commissioner Kastner came on board about data capacity and how much information actually exists at the statewide OPWDD level about whose getting what services and when. Given the magnitude of the budget crisis we are in, it just really points to how do you manage a budget when you are not really able to tell us how many people are getting day hab services right now. I think we have to continue, and I know you are working on those data connections and that ability to have more real-time information about that. But this is just really exposing what a huge Achilles heel it is that we don't have access to that type of information in the real time. And if there is any ability of getting any special funding or things to continue pushing that project along, I do think it's critical.

**Roger Bearden:** Anything more on the stakeholder process? And I appreciate the point that you made, Michelle, in terms of both understanding whether that engagement wasn't as effective as we thought it was through some sort of post survey kind of activity. There is a note in the chat box about the surveys and whether they would be available in other languages. These are surveys that we are reaching out directly to the providers themselves, not service recipients so I believe that survey will be one that is in English because it is going to the regulated providers not directly to individuals or families.

Any more comments on the stakeholder proves and then I am going to pivot back which is I think an item on the COVID-19 update and I want to make sure I address a couple of things that I was able to read through the chat room for comment and get some feedback there. So, let me go to you, Gary.

**Gary Goldstein:** I was just wondering if there has been any feedback related to accessibility of dental services. Of-course everybody has had decreased accessibility during COVID and even up until now due to capacity issues. And what is the update on the Article 16 clinics? And following up with that, we know that some of the locations such as Helen Hayes, are closed down, some of their programs and really reduced

capacity. So, if there's feedback coming, what could we do to help improve that, if possible and hear what's going on? We ran a task force meeting of dentists around the state to get their impression of things but impressions from this group would be very helpful.

**Roger Bearden:** Thanks very much, Gary. I don't believe that was a specific focus of the outreach that we engaged in. Jill, I can see that you are on the line and muted. I don't know if you have information and you want to take that offline. I know that many if not most of our Article 16 clinics continue to operate even through the pandemic with understandable restrictions that were imposed. I don't know if you have any further information in response to Gary's question or whether that is something we should look into.

**Jill Pettinger:** I don't have anything further. Gary, if I knew that you wanted to have some of that information in more detail I would have done some reconnaissance on that point and I can certainly follow up to do that and perhaps you and I can have a quick call to follow up from the results of the meeting that you had with the Dental Task Force recently. That will give me some focus areas to look at. But again, we had, and continue to have, some clinic services happening. I think the capacity and catching up from the backlog of delays that we had continues to be an issue and just broadly for everybody and certainly including those served in our clinics.

**Gary Goldstein:** That is to be expected. Our concern of-course is the clinics that were running marginally, not so much even the Article 16s, but the other clinics that treat people who were marginal to begin with financially, are now kind of devastated and may not be able to come back. So, this is a topic for future discussion or in certain cases if it is acute, maybe in a more backroom discussion.

**Roger Bearden:** A couple of items that we are trying to keep abreast of the chat room while also moving the meeting agenda forward, first of all there were several questions regarding the 10-1 rate actions and the potential impact on the self-direction program. Nothing in the 10-1 actions that Kate Marlay described impact the self-direction program. There is a separate issue, which is the 20 percent withhold, which is what Mary Somoza, who is one of the committee members, brought up. But that's unrelated

to the rate actions, which address occupancy factors and other related payments for vacant opportunities and those are obviously not relevant to the self-directed model.

There was a question in the chat room around due process and there was a recent memo within the last week or two that was issued. It was with a reminder memo. It is one that has issued every year or two, I believe. And it was a reminder to providers that if they believe they cannot serve an individual then they have to follow the appropriate processes under 633.12 of our regulations, which include notice an opportunity to contest the discharge notice. That is something that is germane to any of our service systems.

And then, I think that there were a couple of questions around safety protocols when it comes to both day programming and community habilitation. Those questions I guess I would refer the questioners to the OPWDD website. There is a thing you can click on which will take you to all the COVID-19 guidance documents, including the kinds of precautions that must be undertaken in various program types. So, rather than spending a lot of time there, I would recommend that resource. I saw that Josie also put into the chat room how you can sign up for updates from OPWDD through our listserv for folks who may be participating in this and would like to able to continue to be informed about information that we may be sharing.

I would like then to see if there are any more comments on presentations by either Kate or Allison before we pivot over to the last item on our agenda.

**Michelle Juda:** The COVID update – there is one more thing I wanted to bring up that I didn't earlier, and it goes to accessibility for all families in New York State. We have talked about it a couple of times, but the guidance documents, the summaries of what's happening, here's what's open and not open, here's what you should expect in terms of a safety plan, we really need to be getting those from OPWDD translated into the top languages that are spoken in New York State so that all families have access to that information. It's critical for keeping their loved ones safe or understanding what's going on and it doesn't always happen in a timely fashion. Those families should be able to get information in the same time other people are. We're serving a very large group of Spanish-speaking immigrant families, they need to know what's happening with their

kids' services as well. And also, the issue of accessibility for the deaf community to any of the public meetings and things that are going on. There are people who do need that, the sign language interpretation, in order to be able to participate and know what's happening on an equal footing with others. We are hearing that more and more and more from the people that we are serving. People are really kind of clamoring for what is just a justice issue of making sure they have equal access.

**Roger Bearden:** Absolutely appreciated and absolutely vital, Michelle. I know that in addition to what you shared, we certainly have feedback from the self-advocacy community that there needed to be, and needs to be, more timely plain language materials to the degree to which we're issuing guidance documents that are in language that may not be fully accessible for individuals that we've done some work on that but we can improve. I think that was one of the key takeaways, as well, from the stakeholder engagement that we undertook. That communication is key. There was a lot of communication, but we could be more effective. I think we are going to look very closely in this moment that we have right now where fortunately we have a low level of a virus and infection to avail ourselves of those opportunities to improve in that area.

I am going to try to move on to the fourth agenda item. There were several subcommittees of the DDAC that had been established by the DDAC to look into specific issues. They developed and submitted recommendations to OPWDD. We are developing a formal written response to each committee's recommendations. In the last quarter's meeting the DDAC adopted those recommendations as recommendations of the DDAC. We are developing formal written responses, which we anticipate having shortly to the members of the DDAC. We wanted to, in this part of the agenda to give our current thoughts on those recommendations and out of that discussion that I hope will ensue, we can certainly finalize our written responses.

Nick and or Michelle, does that make sense to you as a way of proceeding? And I don't know if you want to have each committee head summarize briefly their recommendations or whether you would like us to go immediately into the response component of it.

**Nick Capoletti:** Roger, I think given the technical issues we may not be able to have everybody summarize. I think maybe if in the response you can be aware of that or whoever is responding can just be a little bit more elaborate in their response. I think it would help inform the people who were not at the last meeting and avoid the technical issues of having three different subcommittees to try to chime back in.

**Roger Bearden:** Totally fair. I don't like to give someone else's opinions. We can certainly do that and accomplish the objectives.

There were three subcommittees, one on the Front Door, a second on residential, and a third on medical, if I am not mistaken. Those are three subcommittee reports we received, Nick? Is that consistent with your listing?

**Nick Capoletti:** Yes, we have three subcommittees. The Systems subcommittee presented a series of recommendations that included the Front Door. The Residential Services subcommittee presented a number of recommendations that had been made last year and then were re-issued this year. Also, we had the Healthcare subcommittee under Gary Goldstein that also presented some recommendations.

**Roger Bearden:** Let's start with the Front Door recommendations, the Front Door obviously being the branding, if you will, for how one would access services through the regional office. I was hoping to pivot to Abiba Kindo, who is our deputy commissioner for Regional Offices, for sort of a top-level overview of our reactions and then we can maybe dig in to whatever specifics makes sense in anticipation of a more formal point-by-point response, which we would be sending shortly to you.

**Abiba Kindo:** I just wanted to highlight for folks the Front Door recommendations that were put forward, just so that we are all on the same page. Overall, there were recommendations regarding a document outlining the process for families. There were recommendations that we make specific content changes to the slides that are used in the Front Door Information session to clarify and simplify the information for families. There were also recommendations about making sure that we include language that provides folks with an understanding of the eligibility appeals process, and that we provide online sessions and that there be training for our facilitators and a tracking

process to ensure that as people move through the Front Door process that no one sort of slips through the cracks. And so we have been doing a significant amount of work internally on the Front Door process, not only as a result of these recommendations, but because we have a process where we issue surveys to families at the conclusion of the Front Door process and certainly take that feedback and look to incorporate that in any process improvements within the Front Door process.

I just want to speak very quickly to the recommendations that I had outlined. As it relates to a document outlining the process, we have created a two-page welcome document that outlines and defines key steps. That document is certainly sent to individuals and families, and also so that families can be informed. In terms of the tracking process, the Front Door has an electronic tracking tool that tracks the progress of an individual as they move throughout the Front Door process. Our staff can check at any time where an individual is in the process. And our Front Door staff usually will make, and are required to make, three attempts to contact someone if that individual has lost contact with the Front Door. So, there is a mechanism to track folks as they move through that process.

In terms of the appeal rights regarding eligibility, individuals do receive this information when they receive the approval or denial of eligibility through a notice of decision. So, that certainly is available for folks and we want to make sure people understand their rights as it relates to that.

In terms of the online presentation, I think that folks know, especially in light of COVID, we have certainly provided our Front Door sessions via Webex. We will be continuing this approach and certainly are looking at developing modules that people can access on specific topics like eligibility, Medicaid, CCOs and Services for Children.

I am going to stop there and see if people have reaction to the information I shared. I know that there are some other recommendations that we certainly have addressed through process improvements that we will share in writing with folks.

**Roger Bearden:** Thanks very much, Abiba. Let me ask the committee members, in particular those who led this process, to give any feedback they have. And certainly, as

I noted, we wanted to use this opportunity of the engagement to the degree of which we're misunderstanding or not responding to know that before we provide the writing that will follow with.

**Delores McFadden:** I want to thank you for touching on each of the opening recommendations. And thank you for your response. It sounds like there is going to be some significant improvements.

**Roger Bearden:** I should definitely have no more comments after that definitely positive comment. Are there any other comments on that particular topic?

So, the next component would be the residential recommendations. Once again, let me give an opportunity, I don't know if John Maltby, who is chair of that committee wants to give a top-line summary or whether we would just prefer some response there.

**John Maltby:** I think we have gone over it very frequently and in very extensive detail so if there is any clarification that would be helpful.

**Roger Bearden:** A couple of things that we are working and on in large part I think what drives the housing subcommittee recommendation is trying to in a way re-understand the relationship between OPW supports and the type of housing supports we provide. Rough numbers, I believe we spend about $8 billion annually, and about $5.3 billion of it is spent on the certified residential. Increasingly, we are seeing the demand for additional residential supports and the challenge in meeting that need. I think the housing subcommittee is pointing to is a couple of things.

One is making the rental subsidy more attractive as an option as well as the supports that surround that. I would like to say that I have a definitive response to that. We understand the recommendation, at this point it's fitting it within our budget-making discussion as to what can be recommended and afforded as part of the budget discussion that is happening presently in anticipation of the fiscal 21-22 budget. Our intention is to try to make the, what's typically referred to as non-certified housing, an attractive option both because it is more community integrated, as well as more cost effective from a state budget perspective. But I don't want to over commit at this

moment since the budget-making has not fully completed yet. But it is something that we take very, very seriously as we are approaching that decision making.

In terms of a larger strategy, one of the things that we are looking at as part of a stakeholder strategy, and beginning mid-October to late October we really do want to engage our stakeholders around the residential supports in particular thinking about what the alternatives and trying to effectuate some of the culture change that I think the residential subcommittee was pointing to. But once again this is in turn quite dependent, as the analysis provides, on what we are able to do within the budgeting process.

So, I think that it is where we are right there. The third component, which is related, it's on the self-direction model, we have been engaging some of our self-direction stakeholders around that continuum of care and the support that can be done. Right now, the question we have is whether we might want to explore some enhancements to the self-direction model as part of the mid-to-late October waiver amendment or whether that's something that would really need to potentially wait until the following one. Once again, that has a fiscal component to it, as well.

On housing navigation as a waiver service, one of the questions that I think we want to discuss a little with the committee to promote that as one of the allowable services. It certainly wouldn't be applicable to those who not beneficiaries of the self-direction model. But I think we have nearly 20,000 enrollees in the self-direction model at this point. We would be a place where we could make some substantial progress. And so I was curious, John or others who were part of the residential subcommittee, as to whether that is an effective avenue of attack, if you will or whether it is something that, for one reason or another, you think is not a productive line of inquiry.

**John Maltby:** My view on that would be that if we were able to use IDGS and to engage a housing navigator as a skilled person to provide somebody with the ability to move into a more community-based setting, or to fulfill their desire for more independence, I think that would accomplish what we have been seeking to accomplish. We do have in OPWDD's house a full proposal that was prepared, I am guessing about two and a half years ago, to create housing navigation as a waiver service. The language in that would certainly be adaptable to fulfill the requirements of IDGS and if we could do that then I

think it would achieve the objective that we are trying to achieve without necessarily having to amend the waiver.

**Roger Bearden:** And obviously, the simpler solution is often the one to be preferred when trying to do something of this nature. I am pleased that that would be potentially responsive obviously to what you're saying.

**Nick Capoletti**: I wanted to insert one thing. When we look at trying to offer people who may have current housing through certified services that usually those individuals don't have self-direction plans and you may actually want to have housing navigators work with them to look at alternatives, if they are interested in pursuing those. We may want to look at a workaround for that population who may not have access to self-direction, if you want to make this service available. Just a thought.

**John Maltby:** That is a terrific point, Nick because currently, as part of a DDPC funding grant we are working to help about 40 people move from out of their family home or an existing certified setting into the community, and the people with the biggest challenge are coming from supervised IRAs. But they are also the ones who achieved the highest cost savings, if they are successful. It takes time, but without the services of a housing navigator, it's not going to happen.

**Roger Bearden:** The last of the three subcommittee recommendations had to do with the medical subcommittee and once again, I think Gary Goldstein was the chair of that subcommittee and I don't know if he wanted to give a 30-second overview of those recommendations, giving that opportunity. Gary?

**Gary Goldstein:** One was that there was a gap in end-of-life care wishes being fulfilled, especially on weekends. And there was hope that could be investigated and fixed. That was kind of a low-hanging fruit type of item. And a lot of the other items are related to medical needs. Necessary to achieve was the request to develop a medical task force, similar to what we did on the dental side. If that could be supported it would address issues that were identified such as choking, preventing emergency room visits, poly-pharmacies, improving training in medical school, etc.

**Roger Bearden:** The first issue relates to the availability of off-hours attorneys. I know that we have had some engagement with the Mental Hygiene Legal Services, which is an independent agency, independent of OPWDD. I see Willow, you have unmuted yourself and you can report out on what we have been able to achieve on that side.

**Willow Baer:** I think it is more complicated than just the MHLS piece. At the height of the pandemic, in the late winter, early spring, in response to what was an unfortunate uptick in individuals' hospitalizations and end-of-life questions, we took three actions that I think are relevant to the after-hours completion of the MOLST checklist, which is the legal requirement we are talking about for individuals who lack the capacity to make healthcare decisions and don't have a healthcare proxy.

So, the three actions we took around the same time: we established a 24-hour hotline to help ensure that the requirements regarding the completion of the MOLST checklist were met…so specifically what that means is we have essentially licensed psychologists that we made available via the hotline to provide the concurring opinion that is required. That's the piece that essentially confirms that an individual lacks the capacity to make healthcare decisions. Two people are required to make that and there are certain areas of expertise that they are required to have and not all healthcare providers and hospitals have clinicians sitting around that meet that criteria. So, we wanted to make sure as people reached an end-of-life status at an inconvenient time – and I don't mean to make light of that – but we know that people reach that point on off hours, evenings and weekends, we wanted to make sure that resource was available. We created a 24-hour, 7-day-a-week hotline that people could utilize for that purpose and it is still active but really should be used as a very last resort.

The other thing we did around that time was that we worked with Mental Hygiene Legal Services, as Roger mentioned. They also play a role in the MOLST end-of-life process. So, we wanted to make sure that they were also available on off hours because we could make clinicians available, but if MHLS is unavailable, it's not particularly helpful. And we knew that historically there had been some geographic inequity, in terms of being able to find an attorney to return a call after hours from MHLS. So, we worked with them to make sure that they were also available across the state.

And third, but maybe less important, we also set up an informational page on our web site for healthcare decisions. There is additional guidance about the completion of the MOLST checklist for individuals with disabilities and that is up on our website for people to find more easily when you need it.

**Roger Bearden:** I think our intention would be to maintain those functionalities going forward, is that right, Willow?

**Willow Baer:** Yes, sir.

**Gary Goldstein:** I think that is going to address some of the concerns of the positions who deal with this and we will report that to them and perhaps we will have them speak to them also at some point.

**Roger Bearden:** In terms of a medical task force, that's one of the things we are going to need to evaluate. And I think maybe, Gary it might be useful to have a sidebar to fully understand the intention of it. But wanting to make sure our resources, in terms of staff resources, are used most effectively. There are multiple demands and particularly on those who have medical expertise, given what we have been through in the last six-plus months. I think the question will be whether ad hoc addressing of a particular issue or a generic approach, which one will be a more effective use of resources. But I think you and I and probably a couple of members of the OPWDD team should probably have that conversation to figure out what is the punchlist of things that we would like to try to address are. A more broad-based strategy. I am just not sure that we have the staff resources to support at this particular moment.

As I said as the outset, our intention will be, soon after this meeting, to communicate back in writing to the DDAC. Hopefully, in a way that you find responsive and thorough. And certainly, you can give us any feedback if we fail to achieve either of those objectives.

**Dolores McFadden:** I wanted to just say I appreciate what you just said because I was expecting to get responses on our other recommendations. There were a host of other things that didn't get mentioned, so I am hoping that we will get a response.

**Roger Bearden:** Absolutely. I had hoped to achieve that before this meeting, but we will achieve that shortly after this meeting.

There are a number of questions in the chat room that are being posed regarding some specific questions regarding self-direction and access to that service. I am going to suggest that we scrape all those comments and get those questions over to our self-direction liaisons and self-direction statewide program coordinator. It looks like there are a number of specific, factual situations that folks are raising that we may need to get some additional program guidance out there.

**Ruth Roberts:** I also wanted to mention that also included in the healthcare subcommittee is behavioral health. And I know Dolores, she and I did some work on this going back several months. But this is a work-in-progress, so I want to just remind folks that that's still an area of healthcare that we need to look at more carefully. When Dolores and I considered this several months ago, we were able to come up with some recommendations and quite frankly, none of them were to cost any new money. So, that I think warrants us to dust that off and take another look at that and come back to this group with specific recommendations or specific areas where we believe more attention needs to be made. We are concerned, of course, for individuals who are duly diagnosed, individuals who have significant I/DD conditions but who also have a very, real and significant behavioral health condition. And it is important that we have resources available to address those needs at the local and regional level.

**Gary Goldstein:** We are not done. The recommendations still continue. I am assuming our committee is still in effect and that we will bring additional recommendations at any particular time.

**Roger Bearden:** Absolutely. It is certainly up to the DDAC as an advisory body to establish, maintain, discontinue, as necessary, its subcommittees. I would certainly leave that up to your collective discretion as to what further topics the committee may wish to explore. And certainly, behavioral health is an incredibly important question and my ears certainly perked up. Ruth, common-sense things that are fiscally neutral are wonderful recommendations to be able to advance.

I am looking into the chat room.  Further questions about the withhold and applicability to rental subsidies. As I think folks are aware, that has been exempted and folks are looking for guidance for what happens beyond September 30. We are working on developing and sharing that guidance.

**Margaret Puddington:**  At your suggestion at the last Statewide Family Support Services Committee, we decided we would act in a similar manner and come up with recommendations for improving Family Support Services. We've begun the process; we've met among ourselves virtually and we have invited input from the various local family support coordinators. We are at work and hope to have something to report in the relatively near future.

**Roger Bearden:** Wonderful. Thank you.

Nick or Michelle, any final comments before we conclude this meeting?

**Nick Capoletti:** I would just ask the subcommittees to go through the recommendations and if we didn't address anything specific and let's identify that and we will work with to resubmit it to Roger and the team to review and provide us with additional response.

**Roger Bearden:** Absolutely.  And to the degree to which we provide our written response you feel it is not sufficient, responsive, thorough, etc. we welcome the feedback.

**Michelle Juda:** I think Allison kind of did talk about the Appendix K and what's going to continue or not continue. We just wanted there to be an acknowledgement on the record here that the Systems subcommittee also submitted some recommendations in regard to that. So, Allison if you don't have those, we like to make sure you have them.

**Allison McCarthy:** We have them and we are integrating those into our comprehensive tally of input.