

OPEN MEETING MINUTES

Name of Governmental Body: DHS 33 Crisis Hostels Advisory Committee			Attending: Bette Trimble, Natalie Meinert, Jacqueline White, Otis Winstead, Tim Blumentritt, Patrick Bohon, Melissa Freeman, Kim Propp, Sarah Coyle, Jenna Suleski, Ski Singh, Holly Audley, Laurie Hintz, Pam Lano, Nicole Heiser
Date: 11/12/2024	Time Started: 9:00 a.m.	Time Ended: 11:00 a.m.	
Location: via Microsoft Teams			Presiding DHS staff: Emily Jaime, DCTS
Minutes			

1. Welcome, Introductions

2. Opportunity for Public Comment

- None.

3. Review of Rule Writing: Staffing, Training & Supervision

- Personnel and Staffing Section
 - Much of this rule follows DHS 34 related to this section, as these programs must have access to personnel from DHS 34 facilities.
 - Crisis hostels can utilize their DHS 34 program administrator/director, without needing an additional one specific to crisis hostels.
- Application Qualifications
 - It may be difficult to survey/assess emotional stability of staff to carry out duties; could cause issues for staff as well as for Department of Quality Assurance.
- Orientation and Training
 - This area also follows DHS 34
 - Rule draft of this section utilized language from the DHS 83 Community-Based Residential Facilities rule.
 - May want to pull from DHS 83 without referencing it directly.
 - The four safety-related standardized trainings may not be necessary, as they are specific to the Community-Based Residential Facilities setting, not the hostel setting.
 - If these are used as a training requirement, the trainings should be hostel, not residential, specific.
 - Continuing Education – discussion of whether to utilize language/requirements from DHS 83 or DHS 34.
 - Clinical Supervision – also pulled or modified from DHS 34.
 - Consider including guidance around cultural competency skills/training for staff from DHS 34 or create language if needed.

4. Break

5. Education: Crisis Billing

- Division of Medicaid Services presented this section.
- Crisis services Medicaid coverage
 - Federal authority: crisis intervention services fall under SSA1905(a)(13)(c) rehabilitative services.
 - Crisis intervention benefit
 - Counties may be eligible for Medicaid reimbursement when certified under DHS 34.
 - Enrollment as a Medicaid provider for reimbursement of crisis intervention services is also required.

- Reimbursement began with two codes (hourly and per diem); utilization was difficult to determine.
 - Expanded codes launched in 2023 to align with Crisis Now Model.
- Covered Services
 - Someone to call (local crisis intervention line), someone to respond (crisis response), a safe place to go (hourly or per diem).
- Crisis Stabilization
 - Optional service per DHS Ch. 34
 - Stabilization is reimbursed when provided to:
 - reduce/eliminate symptoms to prevent inpatient hospitalization
 - assist in the transition to a less restrictive environment after the crisis has passed
 - Allowable stabilization settings
 - Crisis hostels, foster or group homes, member's own home, outpatient clinics, adult family homes, YCSF's, etc.
 - DHS Ch. 34.21 includes an identical list
- Crisis Hostels
 - Counties may choose to operate a crisis hostel.
 - Crisis hostels will continue to be an allowable place of service for crisis stabilization.
 - County DHS Ch. 34 crisis services may be co-located with a hostel.
- Medicaid billing for co-located services
 - Non-stabilization services are billed using general crisis intervention benefit codes (call-line, response, linkage, and follow-up).
 - Stabilization services provided in a crisis hostel are billed as hourly stabilization.

6. Education: Certification/Building

- Department of Quality Assurance presented this section.
- Current process is paper; hoping for application system in 2025.
- Application will consist of submitting policy and procedures, staff rosters, building requirements (still being developed) and training requirements.
- Once application received, surveyor will be assigned to review material and work with provider on completing any missing/incomplete material. Surveyor may then come to the site to view where confidential info is held, offices, destruction of client information, agency processes, etc.
- Once on-site visit completed, agency is ready for certification if all requirements met.
 - If development is needed for certification, application will be kept open while requirements are sought.
 - If provider or DQA feels that the agency won't make certification, it could be denied on a very rare basis.
- Once certification is completed, E-certification is sent.
 - All certifications are non-expiring; previously needed re-certification every two years.
 - Would match up hostel certification with DHS Ch.34 renewal.

7. Committee Questions and Discussion

- **How do you conceptualize the building looking and feeling?**
 - Existing hostel:
 - Ample space for consumers to have alone time (beds far enough apart, some single rooms if needed)
 - Place to lock and store medication
 - Multiple bathrooms
 - Follows City code for building requirements
 - Open concept common area
 - For higher visibility, both for staff to be able to effectively monitor the program space, but also for comfort level of consumers.

- Ideal for group sessions, meals, etc.
- Minimal hidden areas/corridors
- Outdoor patio area (for smoking or general outside space options)
- Bathrooms
 - Ideally three bathrooms (for demographic reasons but also for capacity-related reasons)
 - Spacious bathrooms and showers ideal for consumer experience; these elements can have a positive impact on consumers in crisis).
- Good quality, soft lighting
- **Building requirements to consider including?**
 - Safety considerations
 - Fire safety, two exits, at least two bathrooms, refrigeration, handicap accessible
 - Could pull from Community-Based Residential Facility rules for elements like smoke detectors, fire alarms, locking up cleaning chemicals, locking up medications/over the counter materials.
- **Medication-specific requirements to consider including?**
 - Medication management training as part of DHS Ch. 83, if required, may confuse staff.
 - Community-Based Residential Facility medication policy is more rigid.
 - One existing recovery house (Lighthouse) has a safe in each room, which is secured and mounted to the wall. Patients have their right to their medications.
 - Consensus that security of meds is important; varied ideas for what safety precautions to take.
- **What required policies should be included?**
 - A medication policy that outlines how facility possesses/dispenses medications
 - How to work with clients who are violent, disruptive (immediate discharge)
 - Admission policy
 - Confidentiality/privacy, including cell phone/social media policies
 - Client records
 - Program rules (general program rules when people come to the program)
 - Inventory of clients' personal possessions
 - Weapons policy
 - Visitor policy (may not be necessary given the length of stay)
- **Considerations for the development/design of the bed spaces?**
 - Act calls for a maximum of 15 beds
 - Existing hostel current bed spaces:
 - Most are double beds
 - Use beds with protective liners for safety reasons
 - Calling ahead is encouraged due to capacity and female to male ratio
 - Interchangeability between bed and recliner
 - Could be divided in policy to increase flexibility
 - If program runs more than 16 hours/day, default to more beds
 - If program runs less than 16 hours/day, have a different policy like recliners
 - Could depend on client need as well
 - Spell out in the rule what "beds" might include

8. Break

9. Key Considerations, Next Steps, Future Meetings

- Advisory Committee will meet again on 12/12/24 for final meeting.
- Review of final rule draft at last meeting, will be sent out ahead of time.