Intellectual and Developmental Disabilities (IDD)
Service Improvement Working Group
Thursday, October 16, 2014
Legislative Office Building – Room 1A
Meeting Minutes

Members Present: Tom Fiorentino and Jonathan Slifka (Co-chairs), Deborah Chernoff, Terry Edelstein, Commissioner Terry Macy, Morna Murray, Ron Liner for Lisa Roland, Leslie Simoes, Barry Simon, Tracey Walker, Julia Wilcox, and Andrea Barton Reeves.

Members Absent: Tom McCann, Emily Angeloff, Judy Dowd, and Varian Salters.

Call to Order: The meeting convened at 2:10 PM.

Approval of Minutes: The minutes of the October 2nd meeting were approved as submitted.

Presentation: Andrea Barton Reeves of HARC, Barry Simon of Oak Hill, and Tracey Walker of Journey Found provided a presentation to the group on the challenges and achievements of private providers. They noted that all three of their agencies are unionized, and that the presentation is a reflection of their own perspectives. There are 252 private providers serving Connecticut, 148 of which are service agencies, while others provide auxiliary support such as transportation. All private providers are licensed through DDS and some are accredited by national organizations. They employ about 13,000 full time equivalent jobs in the State.

The standards of care in this industry are rigorous. It was noted that being a care worker requires technical training and certifications, a strong interpersonal relationship with the individuals served, and commitment to serving the same individuals for many years. Private providers are proud of and recognize the achievements and dedication of their employees at wages below the quality of work they do.

Private providers continue to raise the standard of care by modernizing their record-keeping, for example, through the use of Electronic Medical Records Systems; and engaging in Lean Management approaches. The industry as a whole is undergoing a cultural shift to person-centered care, and it can be challenging to adapt to this under current regulation and practice.

Purchase of Service (POS) contracts with DDS are the single greatest revenue stream for private providers. DDS is in charge of licensing, regulation, assuring quality of service, and monitoring and investigating allegations of abuse.

As the population of individuals served ages, there are further challenges to private providers in adjusting services.

Employee retention and enrichment is a challenge. State employees earn wages nearly 50% higher than private employees. Private providers are working to provide more career development options for their employees.

Balancing the needs of the individual with the requirements and rates from state agencies (DSS, DDS, and DMHAS) is a challenge. It was suggested that state agencies could collaborate more to ease this process. The non-medical services that private providers offer – food, employment opportunities, family engagement, and making friends – should be recognized as important facets of developmental care.

In some ways, the person-centered approach is a return to an older style of case management. Private providers are moving away from a "siloed" approach to care (where one person is responsible for one category of service) to the integrated, person-centered approach.

The private providers reiterated that a person-centered approach returns the highest quality care, but noted that it is more expensive. There is a focus on a continuum or array of services that the family is directly involved in choosing, instead of choosing from a non-specific menu of options.

Lack of resources is identified as a major challenge for private providers. It was noted that the LON structure is too inflexible, and that individuals served may have needs that do not match the rate set by their LON assessment. The system is too inflexible and does not allow for innovation. The prospect of a Medicaid or state audit is logistically difficult to carry out. Private providers are calling for a collaborative approach with DDS to address these challenges.

"Dignity of risk" was explained as the problem of striking the balance between ensuring the safety of the individual served, but letting them live full and fulfilling lives.

Private providers are involving families more and more in the customization of services for individuals served. Families need to be more involved in the process for determining fund levels so they understand the reasoning behind decisions.

Private providers stressed the importance of revenue retention. Currently, unused funds must be returned to the General Fund.

Questions/Discussion: The Working Group identified that de-siloing services was one of the major themes of the presentation. Individuals may have need for similar services but arrive with different funding levels based on their LON assessment; if attendance in a program changes the provider must make adjustments and attempt to provide the same services with a different funding level.

Family members have noted that the LON assessment is not an accurate representation of their relative's needs. Providers noted that there needs to be a higher focus on the need of the individual served instead of a final dollar amount.

Providers noted that LON assessment is a comprehensive tool, but needs more stakeholder involvement. The Commissioner noted that LON is a flexible tool and a LON number offers a range of funding, not a hard and fast amount. He cautioned that this industry cannot shift to making cost the most important factor in providing care.

It was noted that providers do much more than offer traditional medical services and that these non-traditional services are important and should be considered as part of the suite of services an individual receives.

Mark Schaefer was identified as a key person to help identify an effective actuarial analysis model.

Future Meeting Dates/Times: The next meeting will be on November 13 from 2 to 4 PM. Families will be invited to speak at this meeting. Between 15 and 20 families will have 5 minutes each to speak about their experience, and the Working Group will be able to ask questions. Providers should contact Co-Chair Jon Slifka with the names of families who would like to speak; families are also invited to reach out to Jon themselves.

The Working Group will request an extension with the goal of providing an interim report on the original due date of December 15. The final report can be submitted a few weeks later; there is not a hard deadline.

After the November 13 meeting, members will be asked to compile their recommendations so that we can write the report.

Adjournment: The meeting adjourned at 3:51 PM.

Recorder, Megan Hourigan