



State of Connecticut
Department of Developmental Services



Dannel P. Malloy
Governor

Council on Developmental Services

Morna A. Murray, J.D.
Commissioner

Jordan A. Scheff
Deputy Commissioner

Minutes of Thursday November 17, 2016

Location: Department of Developmental Services (DDS) Central Office, Conference Room A

In attendance: Adrienne Benjamin, Chair; Lisa Weisinger-Roland, Vice Chair; Jennifer Carroll; Karen Hlavac; Rick Lenz; Diana Mennone; Arlene Reith (via phone); Patti Silva (via phone); Dr. Neil Stein; Deborah Ullman; Kevin Zingler (via phone)

Absent: Jamie Lazaroff; Morna A. Murray, J. D., Ex-Officio

Staff: Margaret Castonguay, Executive Secretary; Rod O'Connor, Legislative Liaison; Christine Pollio Cooney, Legislative Liaison; Jordan Scheff, Acting Commissioner

Introductions

Chair, Adrienne Benjamin called the meeting to order at 4:06 p.m.

Public Participation

Jack Frost, Rick Rothstein

Approval of Minutes

Minutes for the October meeting were approved with edits.

Topics for Discussion

Kendres Lally, DDS Director of Investigations presented to the Council. Ms. Lally updated the Council on the Office of the Inspector General (OIG) Audit results and spoke about the nearly finalized revised incident reporting procedure. As originally revised, the procedure was divided; one for critical incidents and one for non-critical incidents. It was then decided that it should continue as one procedure and have it address both critical and non-critical incidents to avoid confusion. The revised procedure will encompass more incidents and types of incidents than DDS' current procedure.

One issue DDS has wrestled with is urgent medical care because DDS does not want, for example, the treatment of a seizure that is a condition, known to the individual and not out of the ordinary, to be reported as a "critical incident". DDS is looking at how to redefine what a "critical incident" is and in response, DDS is working with DSS and the OIG audit report that identified 40 ICD-9-CM (International Classification of Diseases, Ninth Revision, Clinical Modification) codes to determine what emergency room and urgent care visits and incidents are going to be reviewed in the future. Ms. Lally asked DSS to convert those 40 codes into the new ICD 10 codes as the ICD 9 codes are obsolete. The point person from DSS said the 40 codes are now many more than just 40 codes. Some types of incidents need to be added to the list of what will now be considered critical based on the updated codes. For example, DDS's current incident reporting procedure does not consider a broken finger or toe a critical incident and this type of incident will be included in the revised procedure. DDS is trying to finalize the procedure while at the same time exploring options for an automated incident reporting system that is rule-based so that the correct information is reported. DDS wants to identify incidents that are critical and that need an immediate review. DDS also is working with DSS on how to obtain information directly from their department that is pertinent to billing information.

Going forward, DDS is working on revising the procedure, updating the training curriculum for DDS and private provider staff and developing work groups called charters which identify key individuals who should be working on these processes, Ms. Lally included. Updating the incident reporting procedure and revising DDS' abuse and neglect procedures, including examples in the training of what is critical and what are examples of incidents of abuse and neglect that people cannot identify easily, will be included. The process of revising these procedures is complicated. For example, if we make changes to the Abuse and Neglect procedures, that can impact the procedure for addressing med errors as well as affect other policies and procedures that are all interrelated. Acting Commissioner Scheff told the Council we are currently analyzing the ICD 10 data codes to also determine what incidents may have fallen through the cracks coming in the front end of incident reporting and ensure these incidents are appropriately followed up on. The current DDS incident management process, as the OIG audit found, does not always identify all of the incidents which should be classified as critical and by analyzing the ICD 10 codes, this will create a safety net to catch what was not initially classified as critical and take the appropriate actions to address the incidents.

The project to make all of these required changes is broken down into four components or Charters. DDS does not currently have a formal process that analyzes incidents to make systemic improvement through a quality improvement plan. This is one of the future goals of the project; to do trend analysis and to look at systems and system failures. Use fact finding, so not only will we know an incident occurred, but have a group of people reviewing all incidents and recommend changes to prevent further occurrences of similar incidents. Ms. Lally to be invited back to present to the Council and give an update.

The Council will review the Ombudsman report at a later time.

Christine Pollio Cooney gave the legislative update to the Council. Regarding election results, House Republicans picked up eight seats in the House of Representatives bringing their total number of members to 72. The House Democrats still hold a majority with 79 members. The current House Majority Leader, Representative Aresimowicz, won the election for Speaker of the House starting in January. New members get sworn in on January 4, 2017, the first day of session. Any legislator who lost their election or is retiring is still a legislator until January 4. Representative Matt Ritter, of Hartford, who is the current chair of the Public Health Committee, will become the new House Majority Leader. Representative Themis Klarides will continue as the House Minority Leader. The Senate has an equal number of republicans and democrats, each with 18 members. In the Senate, the Lt. Governor presides over the chamber and can cast tie breaking votes. We are still awaiting the assignment of committee leadership posts including chairmanships. It has not yet been worked out what the even split of members in the Senate will mean for the awarding of chairmanships and the assignment of majority and minority leaders. These issues will likely be addressed in the rules adopted on the opening day of session. Currently, Martin Looney is the President of the Senate, Senator Bob Duff is the Majority Leader and Senator Len Fasano is the Minority Leader. Committees assignments and leadership posts will be shared with the council once finalized and made public. DDS is still awaiting final approval on non-budgetary legislative proposals. Once approved, they will be submitted to the legislature for consideration. The draft Five Year Plan should be distributed next week. The goal is to distribute the draft plan with a notice of two public hearings which are scheduled at the Legislative Office Building (LOB) for December 6th. There are two opportunities for the public to participate from 10:00 a.m. to 12:00 p.m. and from 4:00 p.m. to 8:00 p.m. Persons wishing to testify on the plan can sign up to comment at the hearing or send an email or mail in written comments. The opportunity for public comment will be until December 22 at 5:00 pm (30 days). The final version of the plan is due to the Legislature in January 2017.

Jordan Scheff Acting Commissioner updated the Council on the Level of Need (LON) distribution tables. DDS has received requests from the legislature and other stake holders on the LON information. The requests from the legislature were with regards to people getting some sort of annualized service. There is a certain amount of people we do not have LON data for because they are not getting services through us. The Acting Commissioner explained the chart per the hand out.

The Acting Commissioner attended the National Association of State Directors of Developmental Disabilities Services (NASDDDS) 2016 Directors Forum & Mid-Year Conference in Alexandria, Virginia, from November 9 through November 11. He met with Bernie Simons, Maryland Director of Developmental Disabilities, former DDS Commissioners, Terry Macy and Peter O'Meara among many others. He presented at the request of NASDDDS to give comment on the Home & Community Based Services (HCBS) transition plans and conversations with Centers for Medicare & Medicaid Services (CMS) and the Office of the Inspector General Audit letter. Connecticut is one of ten states having the audit done. The Acting Commissioner represented Connecticut and found the conference helpful and interesting connecting with colleagues and meeting people from all over the US.

The Acting Commissioner explained budget options to the Council. Every year DDS is asked to submit budget options. These are options that are not necessarily going to be adopted. The document is a work in progress in coming to an agreement with the Governor, the Office of Policy and Management (OPM) and the legislature while representing the best interests of the individuals and families we support.

The Acting Commissioner updated the Council on the CMS Transition Report. DDS' initial transition plan was accepted, there was a letter saying it was accepted, it was then withdrawn from the web site by CMS who sent us an amended letter stating we have to provide additional technical guidance. We are currently waiting on a call from DSS, who is our waiver agency, to convene that meeting and to provide the clarification CMS sought.

Adrienne Benjamin, Chairperson updated the Council on the Council on Developmental Services Advocacy Sub-committee Group which was held last week. Adrienne, Diana Mennone, Jamie Lazaroff, Kevin Zingler met with several people from the ARC, Council on Developmental Disabilities, Families First, 1199 union members and a family member from Our Families Can't Wait. All came to an agreement that meetings were productive and moving forward working on what works instead of what does not work. Focus will be on proposals for the legislature and keeping money at DDS. 1199 reported on some of their proposals. Next meeting will be to summarize points of agreement. Meeting scheduled for Tuesday December 13 at 1:00.

Rick Lenz, Chair, updated the Council on giving the preliminary report for the Nominating Committee. Lisa Weisinger-Roland and Jennifer Carroll, co-chairs, on the Committee with Rick. The Committee contacted the existing members to see if they wanted to continue. The Committee will be polling the entire Council between now and December, when the election will take place.

New Business:

- The Council to invite The Self Advocate Coordinators (SACS)
- The Council to invite the Regional Advisory Council's (RACS)
- Council members spoke about forming a subcommittee on dental care for people with intellectual disabilities and possibly inviting Izabella Pulvermacher, DDS' dental coordinator, to present to the Council.
- The Council to re-invite Kendres Lally, Director of Investigations
- Council to invite members of 1199
- Approval of 2017 meeting schedule
- Nominating Committee report
- Council Holiday Party at the December meeting

Adjournment

The meeting was adjourned at 6:05 p.m.