



Approved Minutes of June 11, 2009

MEMBERS IN ATTENDANCE: Jennifer Carroll, Chair; Carlos Colon (with Kettie Guerrin); Jack Frost; Tom Kalal; Sheila Mulvey; Peter H. O’Meara, Ex-Officio; John Pelegano, Secretary; Lou Richards; Pat Vingo; Ted Walen.

MEMBERS ABSENT: Jim Heffernan, Vice Chair; Kevin Morey.

DDS STAFF IN ATTENDANCE: Ed Mambruno, Ombudsperson; Christine Pollio, Director of Legislative and Executive Affairs; Rod O’Connor, Legislative Liaison.

Jennifer Carroll opened the meeting at **6:30 PM**.

PUBLIC PARTICIPATION

Ms. Carroll read a letter from a family in Wethersfield (Mark and Marguerite Alpert) who was advocating to the Commissioner to reverse cuts in service for DDS clients and to support individuals with special needs and their families.

Patti Silva, a former council member was present with her daughter Bella to discuss the impact of the loss of case management services on families. She understands the difficult position that the department is in and that the proposal put forward by case managers was not totally doable and may jeopardize federal Medicaid reimbursement, but felt it was an unprecedented offer by the Case Managers to increase their caseloads in order to keep serving all families. Ms. Silva referenced the press conference at the Legislative Office Building on Wednesday June 10th that she said was well attended by case managers, some families, the media and four legislators. She shared a handout she had put together to remind council members of their statutory duties and with some of the news coverage from the press conference. She said that the families’ stories were very striking. Ms. Silva reminded council members that they represent all individuals in our system and respectfully requested that the council members vote to help advocate for lost case management services.

MINUTES

Ms. Carroll offered some technical edits from Deputy Commissioner du Pree. Mr. Kalal made a motion to accept the minutes with the changes and Mr. Walen seconded. The motion was approved.

OMBUDSPERSON REPORT (ED MAMBRUNO)

Ed Mambruno indicated that he has received many phone calls regarding the loss of case management from families. He is encouraging families to get the word out and speak to legislators.

Mr. Mambruno then summarized some issues he followed up on this month as indicated in his written report. Also, a lot of thought goes into which nursing homes to visit. He has four to five planned in the next month and there are approximately two to six clients in each facility.

Mr. Mambruno received an email from a long-term care case manager in the region asking for assistance for a consumer who ended up staying in the hospital longer than intended due to a medication error. The nursing home was only required to hold his bed for fifteen days. Mr.

Mambruno contacted the long-term care ombudsman to check for empty beds and they were able to get the consumer back into the nursing home.

Ms. Pollio reminded members that there are approximately 350 DDS consumers in nursing homes across the state. Mr. Walen asked if those consumers will stay there or be brought back to DDS. Mr. Mambruno assessed that most are appropriately placed due to the level of care needed. Ms. Mulvey asked if there are many group homes with 24 hour nursing coverage. Commissioner O'Meara said that although there are some, there are not many. Connecticut probably has the fewest clients in nursing homes in New England.

Ms. Mulvey asked about the costs associated with Money Follows the Person (MFP). While this is available, many clients in nursing homes are there because of medical necessity. Commissioner O'Meara said that for 24 hour nursing care in a regional center is about \$800 to \$900 per diem; group homes are approximately \$600 per diem and nursing homes are \$200-\$300 per diem.

LEGISLATIVE UPDATE (CHRISTINE POLLIO)

The legislature has called itself into special session for the purpose of passing a budget. There are no specific dates yet for a budget session and there has not yet been an agreement reached between the legislature and the Governor.

Christine Pollio discussed the status of DDS agency bills and some other pieces of legislation that the council had been following throughout the legislative session. All agency bills passed except HB 6645 (Sexual Assault bill) and HB 6309 (DDS's technical change bill). These two bills were slated to go on the consent calendar but got caught up on the last night in the Senate. Ms. Pollio indicated that there may be an attempt to get these bills into an implementer, but it will depend if they can be tied to the budget or not. Some bills that died included the Program Review Committee's Aging Needs bills; the private provider "rescue fund" bill and the Catastrophic Medical Expense Fund bill. Bills that did pass include insurance coverage for Autism; the Connecticut Healthcare Partnership and the Sustinet bill. Governor Rell signed the Autism insurance bill, but it is yet to be determined if she will veto the Healthcare Partnership or Sustinet bills.

A comprehensive list of all bills of interest to DDS will be posted on the DDS website soon with Public Act numbers for those that passed and are signed by the Governor. The report will include bills that died and bills vetoed by the Governor. Ms. Pollio and Mr. O'Connor hope to have this update available by the next Council meeting in July.

Ms. Pollio informed council members that they could view end of session press conferences by both the Republicans and Democrats via the CTN on-demand feature. The link to CTN can be accessed from the General Assembly Website (www.cga.ct.gov)

COMMISSIONER'S UPDATE

Commissioner O'Meara reiterated that there is still no resolution on the state budget and it is not definite that there will be an agreement by July 1st, the beginning of the new fiscal year. Therefore a number of assumptions have to be made to continue operations into the new fiscal year. FY09 appropriations have been reduced so contingency budgeting would likely be based on 1/12 of where DDS ended up in FY09 after rescissions. The agreement with bargaining units on the concession package includes the Retirement Incentive Plan (RIP) and 3 furlough days for both FY10 and FY11. As of July 1st, DDS is anticipating approximately 350 employees retiring, but there may be more. This will have a tremendous impact on the agency. The executive team is in the process of identifying key people and functions to determine how to carry forward processes, meet payroll and

pay providers. The pressures continue to intensify. Non-essential discretionary funding has been significantly curtailed. DDS has already returned 49 fleet vehicles and is now giving back another 27. The Governor's latest budget proposal includes a 1% reduction for private providers. There are continuing challenges as agencies determine how to operate at reduced spending levels.

Commissioner O'Meara said he understood and appreciated that families want Case Management restored, but the reality is that is not going to happen immediately. It would take six to nine months to advertise, bid, hire and train new case managers. Contingency planning continues and there are ongoing negotiations with the union about workloads, work processes and the redistribution of caseloads.

Commissioner O'Meara cautioned members that the \$8 billion magnitude of the FY10 and FY11 budget deficit is a scope never seen before. This is still a huge mountain to climb. He has the greatest respect for the legislature, the OPM Secretary and the Governor as they decide how to manage these issues. Limitations on the budget require prioritization by DDS. Although Case Management services are being reduced, families will still have access to available services.

There is a system in place in each region for case management questions that includes speaking directly to department staff, not an automated system. While understanding how helpful Case Management is for these families, it is not a mandated service. Respite is another valuable service that is not mandated. During the last ERIP in 2003, 467 employees left the agency and it took a good 1.5 years before the agency had restored the lost positions.

The Commissioner reminded members that the union concession agreement did not include any agreement on refill rates and cautioned that the refills will be very limited. Only those essential to public health and safety will be priorities.

Personal Service Agreements all have to be approved. Funding for Special Olympics and Best Buddies is looking okay right now.

A few key retirements to mention include Capt. Mike Woodson. The State Police intend to refill his position and that person should be at the next meeting. Also Rita Kelley (Equal Opportunity/Affirmative Action) and David Carlow (Health Services Director) are leaving.

Mr. Frost indicated that he is stewing over the dilemma the state is in: formulating a "new normal." This is an opportunity for a cooperative effort as the state experiences significant "brain drain". He has attended two regional family forums and seen the specific impact that the loss of case management will have on families. Are there emergency services families can access? Commissioner O'Meara stated that there are some misconceptions out there. Case Managers provide information and referrals to families. Direct services will still be available to these families. Direct service cuts have not yet occurred although they could happen dependent upon the budget. Transition Coordinators and Educational Liaisons are still in place. Family forums have been taking place to get information to families although only a small percentage of families actually attend. DDS will do outreach via the agency website and make sure families are aware of numbers to call for assistance and guidance. We will try to develop informational call centers with experienced staff who can guide families in the right direction. Staff will need to triage and prioritize.

Mr. Frost asked if the State Department of Education could do more in exchanging information with families on entitlement services. There needs to be a more cooperative effort. The private sector has a volunteer army (i.e. Special Olympics), and perhaps retirees could stay engaged. The

Commissioner stated that the last ERIP allowed the retention of retirees for 120 days, but clearly that will not be the case this time. Nursing vacancies may be exempted because of basic health and safety issues.

Mr. Kalal asked why Case Management is not considered essential. Commissioner O'Meara said they are important but that nursing services provide medications and direct daily care. Family members shouldn't lose their job because of not having a Case Manager. The interim system put in place should address the families' needs.

Ms. Mulvey, Ms. Silva and Ms. Carroll discussed the benefit of Case Managers in helping to navigate the special education system as a conduit to access. DDS has picked up a lot of responsibility helping families through the special education maze, which is nearly impossible to do on their own. School systems are falling short for children who receive special education services. The DDS team's involvement at PPTs has helped put the LEA in a position to be more responsive. In the absence of case management, Ms. Carroll is happy that education liaisons will still be available to families. Ms. Silva expressed a concern that they will be accessed so much more that they will be overwhelmed and won't be able to handle the volume.

The Commissioner mentioned that a group home was recently dedicated in memory of Mr. Heffernan's son. He also extended the department's condolences to Pat Vingo and his family on the recent loss of his sister.

Mr. Kalal asked if Case Managers have agreed to higher caseloads as reported. Commissioner O'Meara explained that they still need to meet Medicaid requirements and quality needs to be assured. Some of the proposal is not feasible including the proposed increased hours, which is not an affordable option in the current fiscal climate. However, DDS is looking to streamline the quality review process and labor management discussions continue. When asked what limits Medicaid puts on caseloads, the Commissioner responded that caseloads are set and DDS agrees to do certain processes during the application process for the waivers. DDS doesn't want to jeopardize federal funding through this process. Mr. Kalal asked if other states require the same paper trail from case managers. Commissioner O'Meara responded that Connecticut offers more resources, more services and tends to do things better. Other states tend to copy us. The department can streamline some processes but can't go below certain standards. DDS is also losing five of its six licensing staff. This will require some changes, however, we need to maintain a certain level of compliance.

Mr. Kalal asked if the department were headed towards privatization. Commissioner O'Meara clarified that all new services are provided by the private sector therefore the public sector infrastructure has decreased over time. Many states privatize case management however Connecticut is committed to a public sector safety net for forensic clients as well as those who are medically complex or have significant behavioral challenges. Licensing, Quality Management and Case Management are vital public sector services.

Dr. Pelegano asked for some clarification regarding when case management is a mandated service. Commissioner O'Meara explained that it is a required service for consumers who are Medicaid eligible and DDS is able to bill for federal reimbursement. There are a few additional categories of individuals that are not entitled to case management (i.e. consumers in nursing homes) where DDS hopes not to have to cut. Some critical positions that DDS will be advocating for refills include firefighters at Southbury Training School and some nursing positions. While all difficult choices, DDS had to look at services that are not mandated. There is a sense that federal oversight will only increase.

Mr. Kalal asked if DDS administration is also shrinking. The Commissioner explained that compared to other agencies, DDS has the least number of managers in all categories. DDS lost a high number of managers in the last ERIP (about 37) and many positions from Southbury were converted to other positions such as the Family Support Teams, Case Managers and Respite Center staff. In response to a comment from the case management press conference that DDS administration was top heavy, the Commissioner assured council members that DDS administration was a very lean organization.

Ms. Mulvey asked if consumers are automatically taken care of through Medicaid if their medical needs increase. The Commissioner stated that the Level of Need assessment drives the budget and services. PRAT teams will continue to have to balance consumer's needs against available appropriations.

Commissioner O'Meara stated that DDS is trying to adjust and trim the sails to get through the bad weather and get to the other side. He plans to make sure that public employees are in the best positions to provide the most services (all hands on deck). We will figure out a way to get to families who need support. DDS is a billion dollar organization with 180 private providers who have 12,000 employees. He is committed to families and getting the job done.

Mr. Kalal asked if the legislature is committed to DDS. Commissioner O'Meara answered yes and that DDS has been held harmless in the budget process as long as possible and is in a much better position compared to some other states such as California where public employees have required furlough days 2 times per month. The Governor and Secretary at OPM have been very sensitive to DDS's issues and needs.

Mr. Frost asked about DDS's ability to reconfigure. The Commissioner reiterated that we are not expecting any immediate refills but that we do have the authority to reorganize. Ms. Mulvey stated that we need to hold tight and support the department while people get settled.

Ms. Carroll appreciated the reminder of the role of the council to help advise the Commissioner, Governor and Legislature and asked members what the council could do to speak to the needs of all DDS consumers. Mr. Vingo recommended keeping the mission in mind and staying on course and reinvesting again when the time is right...filling beds and getting case managers back. He noted the distinction between waste and what is realistic and making sure that the baseline doesn't change.

Council members discussed a letter to the Governor and the Legislature specifically regarding the case management cuts and the impact on families. Chairperson Carroll asked for volunteers to work on a letter next week. Ms. Mulvey, Mr. Kalal, Mr. Frost and Dr. Pelegano agreed to help. Ms. Silva reminded members they could do personal letters on an individual basis as well. Mr. Kalal made a motion for Ms. Carroll to coordinate the letter with the help of said members. Mr. Frost seconded the motion and members concurred. The letter will be shared with all council members. Mr. O'Connor will provide legislative labels.

OLD BUSINESS

Case Management issues were discussed as part of the Commissioner's update.

NEW BUSINESS

Ms. Carroll thanked the Patti and Bella Silva for participating in the meeting and extended sympathies to Pat Vingo and his family on their loss. She thanked the Commissioner, Ms. Pollio and

DDS leadership for always being so willing to communicate, answer questions and be responsive to the Council.

ADJOURNMENT

Mr. Kalal made a motion to adjourn which Dr. Pelegano seconded. The Council approved. The meeting was adjourned at **8:53 PM.**