DDS LEGISLATIVE ADVISORY COMMITTEE

SUB-COMMITTEE
SUMMARY OF MEETING FORM

SUB-COMMITTEE Name: Attendance-Based

- ## What is the focus of your meeting/discussions?
1. Justification for Attendance Based and overview of CMS regulations
2. Identify Reasonable Attendance Factor
   - Definition of "reasonable"
   - How factor determined
   - Evidence to support factor
   - Analyze current factor

How: Review January data (DDS) and monthly data by agency and program

3. Policies/Procedures/Systems
   - Examples from other states and lessons learned
   - Safeguards for clients
   - Encourage attendance best practices (+/-) "overbooking" clients

4. Adequacy and Accuracy of Current Attendance Reporting System
   - Reasons for absence
   - "Blended" programs
   - Audit compliance

Larger Issues/Questions for Gen Comm. Consideration

Assess impact and adequacy of rates: age, health, etc. and impact on attendance
   - Impact of rates vs. attendance
   - Hardship review process
   - Parallel model for public sector
   - Is current system "overbuilt?"

What actions have been taken to date?
We have reviewed the CMS regs and rationale for attendance based reimbursement. We have requested providers provide info regarding the reasons for participant absences. We are attempting to obtain info about practices from other states.

- **What are the barriers/obstacles?**
  The lack of consistent and reliable data thus far. Info requested above is not readily available. DDS is only beginning to obtain accurate and reliable attendance data.

- **Future Actions:**
  Continue to follow agenda as outlined above.

- **Meetings Scheduled:**
  Every other Thursday 9:30-11:30 at DDS Central office.
  Scheduled thus far: 4/8 and 5/6/10 (no meeting on 4/22/10)

Submitted by: Pat Bourne and Peter Mason co-chairs
Date: 4/6/10

Members present: Co-Chairs Joseph Drexler, Terrence Macy, DDs staff Peter Mason, Deb Duval. Private Sector Representatives Mary Pat Decarlo, Stan Soby

Deb Duval reported on Cindy's responses to our questions. Essentially Cindy concluded there was no reason to pursue any additional studies. The tool has been validated and unless there were significant structural changes to its design it's integrity stands. Further support for this position is found in the fact that there have been few challenges to the scoring. Cindy feels the tool provides very reliable findings. As previously reported, the larger issue is the actual completion of the LON itself by staff and the accuracy of their assessment of an individual's abilities/needs.

Joe presented two charts (see attached) on demographics by day services contract data, The two largest programs included Group Supported Employment and Day Support Options. While there were approximately 100 cases where people had multiple programs which created duplication of data, Joe felt the information was very accurate. The line chart data illustrates the spread of LON scores one would expect to find across the population served. The bar graph depicts the range of costs across LON levels for just Group Supported Employment and Day Service Potions programs. As with the previous chart, the findings are as one would expect.

The group discussed the more complex populations that created the class of "Outliers". This includes people with Prader Willi, pica, persons with hearing impairment, the elderly and people with autism. There was discussion about how LON scores may change for these people across age groups. It was proposed to study them in 10 year bands starting at middle age. As DDS has good data on such subsets Joe will gather this information for our next meeting.

The next meeting will be held on April 9th at 1:30 pm at Ct Nonprofits.

DDS LEGISLATIVE ADVISORY COMMITTEE

SUB-COMMITTEE
SUMMARY OF MEETING FORM

SUB-COMMITTEE NAME: *IT Hardware and software: Review and recommendations for billing and documentation*

DATE: *April 15, 2010*

ATTENDEES: Stan Ingersoll HARC, Krista Pender DDS, Beth Kinare SARAH, Janice Chamberlain HORIZONS, Mark Kovitch KEY SERVICES, Judith Dowd OPM

- ○ What is the focus of your meeting/discussions?
  Discussions continue to focus on Web based systems for billing, attendance and documentation that fulfill the waiver requirements, interface with LON and IP, related costs, private sector compliance, flexibility to add to system or interface with other systems (download/upload info), interface with DAS/EDS for billing, access by multiple users i.e. case managers, brokers, families, private providers, Fiscal Intermediaries and state agencies. HIPAA compliance. Controls between documentation and billing to minimize/prevent mistakes by user.

- ○ What actions have been taken to date?
  1. Presentation by Mark Kovitch of Key Services - Presented on the system their organization uses for time and billing, tracking IP Goals and outcomes.
  2. Input from Deb Duval on CMS requirements.
  3. Input from Joe Drexler concerning other web based systems explored by DDS to date. DDS started with web based attendance reporting and then will incorporate the IP6.
  4. Presentation by Stan Soby, Oak Hill - Presented on web-based system "Therap" and web based time and attendance system "Cronis"

- ○ What are the barriers/obstacles?
  1. Clear understanding of the CMS/DDS requirements for documentation.
  2. Costs to provider

3. Cost to DDS to implement Web based system
4. Do you require 100% compliance of all providers?

- Future Actions:
  1. Survey developed to circulate at the Business Mangers Group of Private Providers (members of CTNonprofits and CCPA) to determine IT hardware software being used by providers currently.

- Meetings Scheduled:
  Meetings were held on 2/23/10; 3/18/10; 3/31/10; 4/15/10. Next sub-committee scheduled for 4/30/10 @ 1:00PM.

DDS LEGISLATIVE ADVISORY COMMITTEE

SUB-COMMITTEE
SUMMARY OF MEETING FORM

SUB-COMMITTEE NAME:

- What is the focus of your meeting/discussions?

  Medicaid Waiver requirements and analysis of waiver regulations.

- What actions have been taken to date?

  One mtg held 2/23/10. See minutes for a summary of the discussion. Following mtg, the ~~DDS~~ CMS Waiver Technical guide was emailed to sub-committee members for review.

- What are the barriers/obstacles?

  Identifying information in the waivers that addresses the issue of fee for services and clearly articulates the federal government's expectations of states when reimbursing providers for waiver services delivered to waiver recipients.

- Future Actions:

  Next mtg to beheld in April – date TBD.

- Meetings Scheduled:

  Working on dates during the week of April 12th or 119th