

ATTENDANCE BASED SUB-COMMITTEE

5/6/2010

Present: Sandie Lavoy, CW Resources; Paula Pfistner, DSS; Judy Dowd, OPM; Paul Rosin, CRI; Jerry Brennan, Kuhn; Peter Mason, DDS; Joe Drexler, DDS; Pat Bourne, SARAH, Inc.

1. Pat asked the committee to review minutes of the 3/25/10 meeting. Pat will resubmit those minutes by e-mail. Minutes will be considered approved unless there are comments or objections.

2. Joe and Peter presented a document showing Attendance by Type of Service for February and March, 2010. (See attached handout.)

The information shows the average attendance percentage for 2 months in Day Support Options (DSO) and Group Supported Employment (GSE) is 85-86% . Average for Sheltered Workshops (SHE) is 83%. 130 people per month show no attendance recorded. DDS expects overall percentage to increase slightly once agencies can better manage attendance.

Not enough time/data to reflect trends. There will always be factors, such as extended medical absences, that are out of agencies' control. Providers are developing strategies and contingencies for attendance issues that can be controlled (ie: medical apts., etc.). Providers are concerned about managing for other extended absences, such as vacation, camp, etc. Suggestion that providers will need to plan in advance for scheduled absences, such as using the "temporary vacancy" as a work training opportunity for community employment and similar examples. DDS will need to consider options for more flexible funding for individual participants to make this happen.

What are the reasons for absences?

- The committee developed a form to solicit information about the reasons for client absences. The form was distributed through the trade associations. However, the attempt to collect data from providers has not been successful.
- Providers send DDS utilization /attendance data for clients on the master contract attending program 10 days or less each month. URR attendance info is not collected centrally. DDS has no capacity to centralize this data at this time.
- Anecdotal and other data that is available suggests extended absences are primarily due to medical issues.

Paul asked if the day program system is overbuilt. Joe suggests the answer is "no". The legislature has kept its commitment to fund school grads each year. New grads will grow into available services. DDS is significantly reducing public sector day programs. There will be a need for private sector programs to accommodate participants transitioning from the public sector. There should be more private sector day options in the future. In addition, anyone who meets the qualifications can become a qualified provider. DDS cannot put limitations on the system.

3. What does provider attendance info tell us? What questions do we need to ask?

- Who are the high % performers? – Generally a more defined group (ie: home based programs, forensic, etc.) May also be the same provider for Res/day
- Percentages over 100% are generally a reflection of # of days of available service (ie; some services may be provided on weekends, etc.)
- Are sole day program providers at a disadvantage? – info suggests “yes”
- How accurate is the reported info?
- How do we identify best practices?
- Are there guidelines/criteria to qualify for benefit rate for consumers (should supported employment programs offer at least a minimum number of paid days off? What is the minimum number?) Is there a disadvantage to providing consumer benefits? (PTO, paid holidays, etc.) Should there be a rate differential for offering benefits?
- How does this correlate to rates? If rates are adequate, is attendance manageable?
- 90% attendance allows for 25 days off (plus 10 holidays). Is that sufficient for extended leaves of absence? Should there be policies to address extended LOA?
- Is there a need for a separate (review) process for “hardships” or are existing systems sufficient?

The committee agrees that attempts to “manage” attendance must be as simple as possible for providers & DDS. “One size cannot fit all.”

Next Steps:

- We need to identify providers and what services/benefits they offer. DDS will divide list of providers by name into quartiles – the top 25% & bottom 25% - by type of services provided and by LON if that info is available. Committee will try to determine what are the factors influencing attendance. What are the providers with high attendance percentages doing right? What services are they providing? Does that influence attendance.
- Need to have a way to centralize URR attendance data to make it more manageable and informative. Resource managers currently have limited access to web /res/ day system – can that system be more user friendly?
- Pat will ask the Trade Associations to survey providers on benefits provided to consumers.
- Pat will compile and have the summary of questions for other states available.
- The committee needs to answer the question: “is the 90% attendance factor reasonable?”

Next meeting: 5/27/2010 @ 9:30 – 11:30 AM at DDS. Meeting Room TBD

Submitted by: Pat Bourne