



# EXECUTIVE BRIEFS

## *An Update on DMR Initiatives*

November 1, 2006

Issue 14

### **DMR Safety Action Plan**

On July 12, 2006, the DMR held a Safety Summit for key department and provider staff, provider trade organizations, DMR Advisory Council members, OPA, Labor Unions, families and consumers. Topics explored at the Summit included DMR staff training information on dysphagia, a statistical analysis of recent deaths in DMR and information on two risk management/mitigation tools— Failure Mode and Effect Analysis (FMEA) and Root Cause Analysis (RCA). Part of the agenda included small group discussion and generation of proposed recommendations for a DMR Safety Action Plan that would enable the department to keep its focus on safety at the forefront of service delivery and address systemic changes that will promote the safety and welfare of individuals supported by DMR.

*The DMR Safety Action Plan addresses the following areas:*

- ***Establishment of an organizational structure*** with responsibility for safety and risk management/mitigation at the central office and regional levels
- ***Continued use of FMEA (Failure Mode and Effect Analysis)*** to address common risk themes with safety alerts, new procedures, and training
- ***Continued use of RCA (Root Cause Analysis)*** as a risk management and organizational learning tool to prevent the future occurrence of adverse events that do or can cause harm to individuals; and correct practices that have led to regulatory non-compliance, including identified deficiencies noted by regulatory agencies such as CMS
- ***LON (Level of Need) and IP (Individual Plan) “audits and accolades”*** to determine if plans and services address the risks identified in the LON assessments; and identify exemplary service providers, share best practices, and develop system improvements
- ***Implement communication and training strategies*** such as sharing of safety tips and information in posters, newsletters, and fact sheets; use of the Commissioner’s video safety message in new employee training, and the development of common safety scenarios that put people at risk as instructional tools
- ***Develop an ongoing mechanism to share IMRB (Independent Mortality Review Board) and FRB (Fatality Review Board) findings and recommendations*** with service providers and develop system improvements in response to these findings

Over the next several months, the department will work with key stakeholders on implementation strategies for recommendations in the safety action plan. Providers will find more detail regarding the department’s safety action plan on the DMR Website at <http://www.dmr.state.ct.us/safety/index.htm>

For more information, please contact Beth McArthur at [beth.mcarthur@po.state.ct.us](mailto:beth.mcarthur@po.state.ct.us) or (860) 418-6132 or Deb Duval at [deborah.duval@po.state.ct.us](mailto:deborah.duval@po.state.ct.us) or (860) 418-6149.

## Provider Cost of Living Adjustment (COLA)

The DMR is pleased to announce that private providers will receive a 2% Cost of Living Adjustment (COLA) effective October 1, 2006. This COLA will be applied to all services that were in place on June 30, 2006. The COLA will be calculated and awarded as follows:

- *Master Contracts:* Providers with Master Contracts will receive a 2% COLA on the annualized value of contract services that were in place on June 30, 2006. Regional Resource Managers are calculating the increase and preparing a contract amendment that will reflect the new amount of the contract. Any providers who have not already received the amendment paperwork should contact their Resource Manager.
- *Unit Rate Services:* All rates established by the Department will also receive a 2% COLA effective October 1, 2006. A copy of the new rates is posted in the Waiver Manual on the DMR website. All rates established by the Department of Social Services (DSS) will be adjusted to reflect any changes made by DSS. Changes or adjustments to individual budgets already in place will be made by Fiscal Intermediaries. Budgets being created from this point forward should use the new rates. Fiscal Intermediaries will also calculate any adjustments and make retroactive payments where indicated.

Please contact Doug Davies at [douglas.davies@po.state.ct.us](mailto:douglas.davies@po.state.ct.us) or (860) 418-6148 for more information.

## Regional Fiscal Intermediary Liaisons

The Department has assigned a Regional Fiscal Intermediary Liaison for each of the DMR Regions. These liaisons are available to assist providers and staff after they have contacted the Fiscal Intermediary and were not able to resolve their issues. Please work with the Fiscal Intermediary first and only contact the liaisons if you have been unable to reach a satisfactory resolution. Contact information for the DMR Regional Fiscal Intermediary liaisons is listed below:

- North Region: Jeanne Dumphy at [Jeanne.Dumphy@po.state.ct.us](mailto:Jeanne.Dumphy@po.state.ct.us) or (860) 263-2527
- South Region: Cres Secchiaroli at [Cres.Secchiaroli@po.state.ct.us](mailto:Cres.Secchiaroli@po.state.ct.us) or (203) 294-5087
- West Region: Pat Dillon at [Pat.Dillon@po.state.ct.us](mailto:Pat.Dillon@po.state.ct.us) or (203) 805-7431

## Individual Budget Workgroup

The Department has created an internal workgroup to explore alternatives to the current Individual Budget process. The group will review the following:

- the budget/individual allotment process
- the service/vendor authorization process
- the tasks performed by staff in the budget, allotment and authorization steps
- the appropriate regional/central office staff to perform these tasks
- the projected manpower needs

The workgroup will consult with DMR staff, providers, fiscal intermediaries and families to gather information. They will issue recommendations by early December.

Please contact Doug Davies at [douglas.davies@po.state.ct.us](mailto:douglas.davies@po.state.ct.us) or (860) 418-6148 for more information.

## **Self-Assessment and Quality Improvement Planning**

New forms for the Organizational Self-Assessment and Quality Improvement (QI) Plan have been reviewed by the Provider Council and are ready for implementation. The updated version of the self-assessment tool combines the previous quality and cultural competence tools. The self-assessment tool assists providers to develop or modify their QI Plan. All providers are being asked to update their Self-assessment and QI Plan using the new forms by June 2007. Providers who are accredited by CARF (Commission on Accreditation of Rehabilitation Facilities) or CQL (Council on Quality and Leadership) may substitute the self-assessment tools they use for accreditation. The new forms along with some helpful hints to use when developing quality improvement plans will be posted to the DMR Website.

Please contact your regional resource manager if you have questions or would like additional information.

## **E-Learning Request for Proposal**

The Department has issued an RFP for a comprehensive e-learning curriculum for direct support professionals. This curriculum will supplement and in some cases replace classroom-based training, and will be accessible from any computer with an internet connection. Some of the benefits of web-based learning include consistency of instruction, competency-based learning, around-the-clock availability, reduced travel costs, and more efficient use of resources.

The web-based curriculum will be available to DMR employees and employees hired directly by individuals and families. Provider agencies will also have option of making the curriculum available to their employees.

A number of vendors have already submitted letters of intent to bid. Vendor proposals are due by November 27. The Department will form a committee that will include public and private provider representatives to review the proposals and select a vendor by the end of December.

Please contact John Tierney at [john.Tierney@po.state.ct.us](mailto:john.Tierney@po.state.ct.us) or (860) 418-6137 for more information.

## **Individual Plan Enhancements**

During 2005, the Department rolled out the Individual Planning (IP) process. Since that time, department staff have conducted regular reviews of completed plans and gathered feedback on the forms and process. As a result, we have updated the planning policy and materials and will hold IP Refresher training throughout the fall. Training is being held regionally by division. In the private sector, IP Refresher training will be available to providers in late November and early December.

Following are highlights of what's new and different:

- The IP policy and procedures were updated and issued in October. The policy outlines criteria for Individual Plan and Follow Along Plans and for developing the LON prior to plan development. The Planning and Support Team procedure defines roles and responsibilities for team members and the Components of an Individual Plan procedure was reworked to align with the steps in the planning process.
- The Individual Plan materials were updated. The IP forms were modified to reflect current practices and all forms were re-sequenced. A Guide to Individual Planning has been written to clarify the IP development and documentation expectations and supporting materials were enhanced including updated Questions to Guide Plan Development.
- Team member roles and responsibilities were clarified. A matrix outlining the roles of the individual, case manager, and provider is included in A Guide to Individual Planning. Highlights of team member roles and responsibilities are described below.

### ***Individual Roles and Responsibilities - Highlights***

The individual is at the center of the planning process and should be an active participant in planning. A major role of the individual and his or her family is to communicate their needs, preferences, and desires and future vision to the team. They should share information to help the case manager complete the plan and the LON assessment tool. The individual should convey whether he or she wishes to self-direct or use supports from a vendor and the choice of support providers. The individual should participate in ongoing review of the plan and indicate whether he or she is satisfied with the supports received.

### ***Support Providers Roles and Responsibilities – Highlights***

The role of support providers, including public and private residential and day providers, is to ensure that appropriate, effective and timely supports are provided by qualified, trained staff. Providers should complete any assessments, evaluations, or reports that are their responsibility and should submit them to the case manager 14 days before the Individual Planning meeting. They should provide information to the case manager to assist with the completion of the LON. Team members in private CLAs should continue to transcribe the plan onto plan forms.

Providers should be active participants in the individual planning meeting and are responsible to develop and document the specific program, treatment, nursing, or behavioral plans that are designated as their responsibility in the planning process. Specific plans should be in line with the individual plan that include how, when, where, and what supports will be provided and how these supports will help the individual to achieve desired goals. Support providers should maintain documentation of progress on specific plans, provide quarterly reviews of progress to the case manager, and participate in the six month periodic review meeting.

### ***Case Manager Roles and Responsibilities – Highlights***

The role of the DMR case manager in individual planning is to support the person and other team members to develop and implement a plan that addresses the individual's needs and preferences. The case manager supports the individual to be actively involved in the planning process and to assume greater responsibility over time for directing and facilitating the meeting. The case manager

should assist the individual to identify members of his or her planning and support team and to invite them to the meeting. The case manager should support the individual and family to review assessments and reports before the meeting and to contribute information that will be used in the planning process.

The case manager is responsible to ensure the individual planning meeting is scheduled at a time when the person, his or her family and other team members can attend. He or she is responsible to facilitate the annual individual planning meeting unless the individual requests another team member facilitate the meeting. The case manager should ensure the meeting is facilitated in line with the individual planning process and encompasses input across services settings.

At the time of the individual's planning meeting, the case manager is responsible for ensuring the individual, and his or her family or guardian is informed of the rights extended to them by DMR. The case manager should ensure the individual has a choice of supports, service options, and providers and that the plan represents the individual's preferences. With the exception of private CLAs, the case manager is responsible to transcribe and document the plan on the Individual Plan forms. The case manager should review the documented plan for accuracy and share with the individual and his or her family or guardian for review. He or she should obtain agreement with the plan and ensure the plan is distributed to all team members within 30 days of plan development.

The case manager is responsible to monitor implementation of the plan to ensure supports and services are provided as outlined in the plan and that progress is being made that results in improvements in the individual's quality of life. He or she should ensure the plan is periodically reviewed and updated based on individual circumstances and regulatory requirements.

The revised Individual Plan forms and "A Guide to Individual Planning" are located on the DMR website. Information regarding registration for training opportunities will be available soon.

If you have any questions, please contact Terry Cote at [Terry.Cote@po.state.ct.us](mailto:Terry.Cote@po.state.ct.us) or (860) 418-6017.

## **Quality System Review Update**

As you know, we have experienced technical problems with the development of the department's new IT platform. We are pleased to report that these technical problems have been identified and corrected. As a result, the Quality System Review (QSR) can move forward. A number of activities will be rolled out over the next several months.

First, DMR will introduce the new QSR information management system that underpins all levels of our quality related processes. Because the information management system is interactive in real time, we will introduce the use of the system by region. In this way, providers, quality review staff, case managers, case management supervisors and resource managers who will all be entering and/or receiving information from the system dynamically will be trained and established in the system at the same time. We have decided to begin in the West Region in December, then move to the North Region and lastly incorporate the South Region. This browser-based system will require each provider of services to send two representatives to a half-day training class. This class will provide instruction in how to set up provider employee accounts in the system, and how to interact and respond to review information on-line. Provider representatives should include one person who will

be responsible to administer the system (i.e. add and delete employee accounts) and one person who will be responsible for training other provider employees on the system.

Fifteen (15) days of training are planned for December and January. Training sessions will begin in the first two weeks of December and resume after the holidays in early January. Provider representatives will attend one half-day training session. DMR employees such as case managers, quality monitors and resource managers will attend one full-day of training. Specific locations, dates, times and registration information will be forthcoming from the Central Office Educational Support Unit. John Tierney will be coordinating this extensive effort.

Once a regional group has completed training on the QSR Information Management System, case managers will use the system to communicate the results of consumer visits done to follow-up on the implementation of the Individual Plan. In addition, regional quality review visit findings and follow-up activities related to PRC, HRC, Critical Incidents, Abuse/Neglect investigations, and mortality reviews will be communicated using the information management system.

Central Office will begin the Provider Certification Review component of the QSR in January, beginning with providers that do not operate CLA settings. The QSR will include a review of CLA services when the department completes work on the transition from the current method of licensing individual homes. DMR will host Regional QSR Orientation sessions for providers who will participate in a certification review. A West Region orientation session will be announced within the next week. Orientation information regarding the content of the QSR review for each service type will be posted to DMR's web site prior to the first session.

For more information regarding the QSR Information Management System training, please contact John Tierney at [john.Tierney@po.state.ct.us](mailto:john.Tierney@po.state.ct.us) or (860) 418-6137.

For more information regarding the QSR Certification Review Orientation, please contact Fred Balicki at [Fred.balicki@po.state.ct.us](mailto:Fred.balicki@po.state.ct.us) or (860) 418-6088.