



EXECUTIVE BRIEFS

An Update on CT DMR Initiatives

March 14, 2007

Issue 16

Governor's Budget Recommendations for FY 08 and FY 09

The department has many initiatives that are included in the Governor's Recommended Budget. The Waiting List Initiative continues for its fourth and fifth years supporting 150 individuals each year. Additionally, EFS funding is continued for 100 families each year.

Birth to Three is recommended to expand services to include a lower birth weight threshold, babies born before 28 weeks, children with significant delays in speech or biological risk factors and children with mild or unilateral hearing loss.

The department's request for school graduates, age-outs, voluntary services and forensics has been changed.

School graduates: the department projects 270 individuals in FY 08 and 245 individuals in FY 09. The Governor's budget recommends funding for 135 in FY 08 and 123 in FY 09.

Age-outs: the department's projects 66 residential age-outs in FY 08 and 64 in FY 09. The Governor's budget recommends 33 in FY 08 and 32 in FY 09.

Day Ageouts: The department projects 79 day Ageouts in FY 08 and 73 in FY 09. The Governor's Budget recommends 40 in FY 08 and 37 in FY 09.

Voluntary Services: the department continues to experience growing demand for this service for children who have mental health issues. We projected 70 new applicants in FY 08 and 90 in FY 09. Funding is recommended for 15 in each year.

Forensic Services: The department requested funding for 12 new people in each fiscal year. The Governor's budget includes funding for 2 new people each year.

The Governor's Budget also supports a low-wage pool of \$15 million in FY 08 and \$17 million in FY 09, which would address the wage disparity within the private sector state-funded human services agencies. DMR would use its portion of these funds to enhance low-wage employees who are below the wage established in the HCBS waiver rates for direct support. We are pleased that this commitment is being made by the Governor but we do realize that it does not address providers' need for cost of living increases.

The Governor's Budget of \$917,741,664 in FY 08 represents a 6% increase in FY 08 of

<http://www.dmr.state.ct.us/>

\$52.2 million. The FY 09 budget is increased by an additional \$33.7 million for a total of \$951,510,376.

Status of the Transition to a Rate Based System

The department has approached the conversion of a contract to a fee-for-service system cautiously understanding that we must be sensitive to the impact change will have on the provider community. Our reasons for adopting a rate-based methodology are to assure fairness and equity in the distribution of public resources to consumers, allow consumers freedom of choice among providers without financial penalty, maximize the resources available to the department and to address the wage disparity in the private sector. The waiver workgroup, which is a collaborative effort with the private sector, researched the methodologies used by many states before embarking on changes. We are transitioning providers over time implementing a voluntary pilot first and learning from that. We are also holding providers harmless for existing services to consumers who began receiving services under the contract service model. This ensures that providers whose costs are above the rates will not undergo financial hardship as they serve people already in their day and residential programs. The waiver workgroup will propose to the Commissioner how to address this population over the next few years.

The rates were developed based upon cost information from the provider community and wage information from the Department of Labor. We have made adjustments to transportation, respite and staff modifiers to benefit providers. Future waiver amendments will address the need for different levels of day program support and the need for nursing consultation in residential services. The established rates benefit many providers whose current pay scale is low for direct support staff.

Clearly, the transition to an attendance-based system is causing concern. No state can bill Medicaid for absent days. Under our previous contract model, the DMR billing unit used attendance data to ensure our bills for FFP included only days of services provided. Under a rate system, the provider can only bill DMR for days in attendance. Understanding there is a level of absenteeism, a 10% vacancy factor is built into the day services rates. This was increased to 14% for agencies who give supported and sheltered employment participants a paid vacation. We agreed to use the first six months of FY 08 when providers will be submitting attendance data but not penalized for absenteeism over 10% to study the issue and undergo an analysis with the waiver workgroup. However, high levels of absenteeism translate to loss of services for consumers who are on waiting lists for day services.

The Waiver Workgroup will be addressing the following issues:

1. Program absenteeism:
 - Analyze the first six months of day program data in FY 08
 - Address the impact of programs serving medically complex individuals

2. Infrastructure requirements for changes in billing and documents:

- CAN and CCPA will share their data with the billing and documentation subcommittee of the waiver workgroup
 - Recommendations for any rate adjustment will be made to the waiver workgroup
3. Provider analysis of rate impact:
 - The Trades will ask all providers who have used the pilot methodology for a paper review of fiscal impact to review it with their DMR contract manager to insure all calculations are accurate
 4. Nursing services:
 - The department will include nursing consultation / coordination services in the waiver renewal requests
 5. Transportation services:
 - The department has agreed to establish a differential rate for individuals who must be transported alone for medical or behavioral reasons
 - The department will address the reimbursement question for vans and adaptations.

We look forward to continued collaboration between the department and its private providers through the waiver workgroup.

Voluntary Services Program (VSP)

The department is currently serving 245 children in Voluntary Services. Historically, 30 new families have requested and received supports each year. Our projections for FY 07 anticipated 60 referrals recognizing the growing interest in FY 05. As of early March, 59 families have already applied. However, the Governor's Budget carries over 30 new people from FY 07 and allows only 15 children to be enrolled in each fiscal year of the next biennium. We are reviewing the needs of these children and families with DCF to determine if we can work together to support some of them. Until that decision is made, DMR will not authorize new services or approve budgets for children who are eligible but for whom services were not started as of February 8, 2007.

DMR, in conjunction with the Department of Children and Families (DCF), issued a Request for Qualifications (RFQ) seeking the submission of professional qualifications from respondents qualified to provide one or more of the following services: Intensive In-Home Behavioral Supports, Professional Parent Homes, Clinical/Behavioral Assessments, Out-of-Home Respite, and/or Family Therapy to children with behavioral health needs and intellectual disabilities served in the DMR voluntary services program (VSP) and their families and/or to DCF-committed children and adolescents. DMR and DCF are seeking interested agencies with experience providing family centered in home and behavioral supports. The agencies wish to enlist qualified vendors of services to children with intellectual disabilities and behavioral health needs within their family home and vendors experienced at recruiting and supporting professional parent homes.

The RFQ may be found on the Department of Administrative website at:
http://www.das.state.ct.us/Purchase/Portal/portal/Bids_Open.asp?F_Bid_Type=1&F_Unit=ALL

Following are the timeframes:

- March 9, 2007 RFQ issued
- March 22, 2007 All questions regarding RFQ are due to DMR
- March 22, 2007 Letters of Intent are due to DMR
- March 29, 2007 Responses to questions regarding RFQ
- May 3, 2007 Proposals due to DMR
- May 10, 2007 Notification to successful respondent(s)

Letters of Intent to submit a proposal should be submitted by 4:00 PM, March 22, 2007 to Tammy Garris, Department of Mental Retardation, 460 Capitol Avenue, Hartford, CT 06106. Fax (860) 418-6002. Email: tammy.garris@po.state.ct.us. Tammy will serve as the RFQ contact for both DMR and DCF. Any questions must be in writing and submitted to Tammy by mail, FAX, or email. Questions will not be answered over the phone. Responses to questions will be by email to all organizations that submit a letter of intent and will be posted on the DAS website listed above.

DMR Case Management Review Team

DMR has established a Case Management Review Team to make recommendations to improve case management processes. The first meeting is March 15th. The Team will be reviewing case management processes (including the LON, IP, health and safety risk identification, and assuring quality) and will identify areas to streamline, simplify, eliminate duplication or layers of review, enhance technology support and/or enhance clerical support. The team will also identify areas where training opportunities may be beneficial and will complete a review of caseload sizes and recommendations about their adequacy.

Deputy Commissioner duPree and Terry Cote, Director of Individual Support will co-chair the Case Management review Team. Robin Cooper, Director of Technical Assistance at NASDDDS, Inc. and Tony Records, Waiting List Settlement Consultant will provide technical assistance and consultation. For more information contact Terry Cote at; terry.cote@po.state.ct.us.

Pandemic Flu Emergency Planning

In response to the World Health Organization's concern regarding a possible Pandemic Flu outbreak, the federal government has begun a national planning effort to help every sector of society prepare for this potential health crisis. Planning for pandemic influenza is critical to maintaining the functioning of society and mitigating the impact on the economy.

As part of the State of Connecticut's planning effort, Governor Rell is requiring all state <http://www.dmr.state.ct.us/>

agencies to develop a Pandemic Continuity of Operation Plan (COOP). DMR began developing its Continuity of Operations Plan in late 2006. As part of the plan, all qualified vendors of DMR must develop their own individual COOP. The purpose of preparing a COOP is to ensure that an agency maintains services to individuals with developmental disabilities during a Pandemic Flu outbreak. The COOP will help agencies identify the critical services necessary to continue direct care supports, identify and implement strategies to continue providing these critical functions, identify the resource requirements, identify the succession strategies when an agency reaches its critical mass and can no longer ensure the safety of the consumers and maintain a line of communication between the agency and DMR.

Should there be a major flu outbreak the impact on our state in general, and the people we support in particular, will be unlike anything we have ever experienced. While we have been involved in disaster planning and strike coverage in the past, we have not had to contemplate an impact of this magnitude or duration. We encourage you to look closely at the succession planning aspect. How would your agency survive if your administrative staff were not available? Please submit your agency COOP to the DMR Resource Manager of their primary region by May 18, 2007. We realize that this is an ambitious timetable but the importance of the issue requires it.

A COOP presentation will be given at the regional Leadership Forums to be held in March 2007.

SAVE THE DATE!

DMR PANDEMIC FLU INFORMATION SESSION ON APRIL 12, 2007

In addition to the COOP presentations at the March regional leadership forums, DMR will sponsor an information session for DMR and Private Agency Providers on Pandemic Flu Planning. The event will be held on April 12 at the NEAT Marketplace in Hartford. from 9:00 AM – 12:00 PM. The agenda will include a presentation on Pandemic Flu by Dr. Albert Geetter of the CT Department of Public Health followed by a Q&A session with Dr. Geetter and representatives of DMR. Each private agency may send up to three representatives to the session. An announcement and registration information will be emailed to Executive Directors by March 15.

For more information, please contact Charlan Corlies at (860) 418-6133 or char.corlies@po.state.ct.us.

Helpful Websites for Information on Pandemic Flu and Business Preparedness Planning

Governor's Flu Watch Site

<http://www.ct.gov/ctfluwatch/site/default.asp>

CT Department of Public Health Site

<http://www.dph.state.ct.us/BCH/flu/pubflu.html>

CDC Site

<http://www.pandemicflu.gov/plan/tab4.html/>

FEMA Pandemic Influenza Guide

<http://www.pandemicflu.gov/plan/pdf/CIKRpandemicInfluenzaGuide.pdf>

FEMA Planning Guide

<http://www.fema.gov/business/guide/toc.shtm>

Checklist for Business Preparedness

<http://www.pandemicflu.gov/plan/businesschecklist.html>

Checklist for Residential and Long Term Care Facilities

<http://pandemicflu.gov/plan/healthcare/longtermcarechecklist.html>

Planning Guide for Individuals and Families

<http://pandemicflu.gov/plan/individual/familyguide.html>

Red Cross Business Preparedness

http://www.redcross.org/services/prepare/0,1082,0_64_00.html

Individual and Family Handbook: How You Can Be Prepared for a Flu Pandemic

<http://www.channing-bete.com/pandemic-flu.html> (Item # PS92230)

Revolving Loan and Grant In Aid Funds

The Department's *Revolving Loan Fund* continues to have funding available for mortgages to finance CLA development and to provide funding for capital repairs and improvements to existing CLAs. Private agencies that request loans must be nonprofit organizations under the IRS 501(C)(3) code, and the funds must be for the operation of licensed residential facilities. As a "Revolving Loan Fund" program, mortgage and loan repayments that are received each month are added back into the program to allow new loans to be made for CLA development and capital repairs. Interest rates have remained at 6%. Mortgages on CLAs are typically repaid over 30 years; capital repair and improvement loans are repaid over the life of the improvement that has been established by DSS for approved projects. Ed Morettini, Budget Director, should be contacted at 860-418-6023 to determine availability of loan funds or to answer any specific questions on the Revolving Loan Fund.

The **Grant In Aid Program** provides grant funds for day program sites operated by IRS 501(C)(3) non-profit Day Service providers. The Legislature provided a \$4 million prior authorization for a Grant Program to fund alterations, repairs and improvements to fire, health and safety systems, and/or infrastructures such as electrical, plumbing and energy conservation measures for the efficient operation of programs. Currently \$3.5 million is available for new grants. Projects are prioritized to fund code compliance, code recommendations, and upgrades that are necessary for the current needs of day program participants. Individual projects must be recommended by the Department and approved by the Legislature's Bond Commission before any work to be funded by the Grant can be performed. As a grant program there is no repayment of the funds, however a lien in favor of the State of Connecticut is required to be placed on the property that grant funds are awarded for a period of 10 years. Should the DMR funded day program at the site cease to exist, or if the program is moved from the site prior to 10 years after the grant has been awarded, agencies are required to repay the grant minus 10% for each full year the program was at the site after the date of the grant award. Lori Hall, Fiscal Manager should be contacted at 860-418-6080 to answer any specific questions regarding the Grant In Aid Program.

Additional information, and applications for the Revolving Loan Fund and the Grant In Aid Program can be found on the Department's Web Site under **Publications**, under the sub section **Private Provider Forms**.

Medication Administration Training and Certification

Trade representatives recently raised questions regarding the availability of medication administration exams as well as the geographic location of some of the courses and exams. We currently offer exams through the community colleges in four locations – Manchester, North Haven, Naugatuck, and Willimantic. There are six course exams and three stand-alone exams offered monthly. In the last quarter of 2006, 500 exam seats remained empty. Based on the under-utilization of scheduled exam seats, we believe there are an adequate number of exams available. There is no limit on the number of staff that an agency may register for a stand-alone exam.

Courses are currently being held monthly in Windsor, Hartford, East Hartford, New Haven and Southbury. We also alternate monthly between Norwich and Willimantic as well as Cheshire and Torrington. The Southbury course is under-utilized due to the geographic location. We are currently exploring training sites along Route 8 between Waterbury and Shelton. Please contact us if you know of space available in that area to host programs.

If an agency is experiencing difficulty with any aspect of the Medication Administration program, they may contact Val Vujs RN, Program Coordinator for Central Office, at (860) 418-6135 or by email valerie.vujs@po.state.ct.us

Upcoming Provider Events

Look for more information on provider events to be scheduled from January to June 2007.

- QSR Provider Certification Orientations, May - June 2007
- QSR Data Application Training, May – June 2007
- Pandemic Flu Planning Event – April 2007
- e-Learning Curricula Demonstrations, May 2007
- Employment Event, May 2007
- Self-Advocacy Event, June 2007
- Supported Living Events, June 2007

Please contact Charlan Corlies at char.corlies@po.state.ct.us for more information.