

DDS EXECUTIVE BRIEFS

An Update on CT DDS Initiatives

November 16, 2007

Issue 20

DDS Individual and Family Support Waiver Application Update

As you know the Department of Developmental Services Individual and Family Support Waiver expires February 1, 2008. During the three years that this waiver has been in existence we have received feedback from numerous stakeholder groups regarding ways that the waiver could be improved. It was our plan to include changes that would incorporate some new services and also streamline some of our processes in a waiver amendment application.

As we approached the October 31 deadline for submission of the application to CMS we realized that we would not be able to obtain all of the necessary approvals required under current state law by that date. As a result, we are submitting a renewal application for the IFS waiver as it currently exists without any changes. Once the waiver renewal is approved by CMS we will submit amendments to both the IFS and Comprehensive Supports waivers that will incorporate the new services and updated processes. The waiver renewal is anticipated no later than February 1, 2008. The amendments will be posted in the Law Review, available for public comment and reviewed by the Committees of Cognizance for their approval before they are submitted to CMS.

A copy of the renewal application and a draft of the proposed changes for the IFS waiver amendment have been posted to the DDS website at [Waiver Policy and Planning Services](#). We are in the process of working on the amendment application for the Comprehensive waiver and will post that for review and comment as well. We welcome feedback on these applications. For comments or questions, please contact Debbie Duval at 860-418-6149 or deborah.duval@ct.gov.

National Perspectives on Medicaid Waiver Services

On October 25, 2007, the DDS Provider Council hosted an information session on HCBS Medicaid Waivers for DDS and private provider leaders. A panel of national experts, Gary Smith, Senior Project Director, HSRI; Robin Cooper, Director of Technical Assistance, NASDDDS; and Than Johnson, CEO, Champaign Residential Services, Inc. presented national perspectives on HCBS Waiver policies and rate setting methodology from both the state and provider perspectives. The panel provided information and answered audience questions about changing federal expectations and state approaches to rate setting and payments.

Among the key points panel members addressed were:

- States are moving away from negotiated payments to standardized rate setting methods
- Formal rate models are keyed to direct staff support hours
- Standardization is key to portability and consumer choice
- Providers need to be involved stakeholders.

Those who were not in attendance can view the presentations at the following link to the DDS website: [National Perspectives on Medicaid Waiver Services](#).

Provider Council Waiver Workgroup Update

A number of issues regarding the interim rate structure adopted in 2005 were identified through feedback from providers and regional staff. These issues included a lack of clarity in determining whether a staffing modifier was needed, how to calculate the amount of hours a staffing modifier was needed, the inadvertent disincentive for an individual to participate in a work program due to a lower reimbursement rate, and the complexity of billing on an hourly basis for group settings.

A proposed alternative rate structure for group programs was developed. The proposed new rate structure has four levels of supports (minimum, moderate, comprehensive, and 1:1 staffing.) The single rate and the modifier would be eliminated. The Department mailed all day providers a copy of the LON scores for all individuals enrolled in their day programs along with information explaining the new rate structure, the LON process and a rate analysis spreadsheet. The Workgroup is asking all day providers to complete this spreadsheet which will be used to compare potential reimbursement using the LON scores and the proposed new rate structure with the current Master Contract allocation. This information will be critical in assessing the impact of the proposed rates and the new composite LON scores. If you have any questions about the analysis please contact Peter Mason at peter.mason@ct.gov or 860-418-6077.

The existing rate structure will stay in effect until this analysis is completed. During the month of November, representatives of the Waiver Workgroup will attend each Regional Leadership Forum to provide an update on the planning process.

Quality Service Review (QSR) Update

QSR Data Application Training

The QSR Data Application is scheduled for deployment on December 1, 2007. The QSR Application roll-out will be done *concurrently in each of the three regions* rather than *phased in one region at a time* as previously planned. Concurrent training and application roll-out is more effective from a data input/analysis perspective and will be less confusing for providers, particularly those providers that provide services in more than one region.

Training will be conducted in January and February 2008 for DDS staff and providers. Scheduled classes will be announced by December 1. Provider enrollment will be limited to two people per provider agency. Registration will be confirmed on a first come-first served basis.

Please contact Charlan Corlies, DDS Director of Quality Improvement Services at char.corlies@ct.gov or 418.6133 if you have questions regarding QSR Data Application Training.

QSR Provider Certification Reviews

In March 2008, Central Office Quality Management Services will initiate Provider Certification Reviews for non-licensed services using the QSR tools. Central office quality review staff will conduct the certification reviews for a sample of individuals who receive non-licensed services such as Individual Supports (formerly known as Supported Living), Day Services, and Self-Directed Services. Data collected by quality monitors and case managers during regional site visits will also be utilized during the certification process. QSR review team members will meet with providers before and after the certification review to discuss the review process and to share their findings. Information about the QSR Provider Certification Review is being updated and will be available on the DDS website by mid-December.

DDS is working to revise the current CLA and CTH regulations by July 2008. Our goal is to smoothly integrate regulation within the new DDS QSR. Until that time, CLA and CTH licensing reviews will continue under current regulations. Periodic updates on progress toward regulation changes will be shared with DDS staff and providers.

Please contact Dan Micari, DDS Director of Quality Management Services at Daniel.Micari@ct.gov or 418.6081 if you have questions regarding QSR Provider Certification Reviews.
