

# DDS EXECUTIVE BRIEFS

## An Update on CT DDS Initiatives

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Issue 22

### DDS Legislative Update

The Department of Developmental Services (DDS) Office of Legislative Affairs recently unveiled its new Legislative Update section on the DDS website. The section contains information regarding the current Connecticut General Assembly Legislative Session, which runs from February 6 through May 7, 2008. DDS Legislative Affairs is responsible for proposing and developing legislative initiatives; participating in policy drafting and management; and tracking legislation throughout the session that may impact DDS consumers, employees or providers.

Located on the front page of the website, “Legislative Affairs 2008” offers updated information on legislative bills and recent agency testimony before various committees. In addition, links are provided to all state legislators and committees that work closely with DDS.

The Director of Legislative and Executive Affairs, **Christine Pollio**, and **Rod O'Connor**, Legislative and Regulations Analyst, track the hundreds of bills that are proposed each session at the Capitol. The 2008 session is already well under way, with public hearings and committee meetings in full swing. We are hopeful that the web page will be a useful tool for DDS consumers, families, employees and providers to access information about bills with a potential impact on our service system.

The general assembly website ([www.cga.ct.gov](http://www.cga.ct.gov)) is another great way to keep up with what is going on at the Legislative Office Building and State Capitol. For more information about DDS Office of Legislative Affairs, visit the DDS website at: [www.ct.gov/dds](http://www.ct.gov/dds).

### Update on New Day Service Rate Structure

The February edition of Executive Briefs provided an explanation of the new Day Service rate structure being developed by the waiver work group. This group functions as a sub-committee of the Provider Council. The committee continues to wrestle with the thorny and complicated issues of developing a balanced implementation strategy and a timeline.

The goal of a uniform rate structure is to assure that individuals are funded based upon their individual support needs and that resources are distributed equitably and fairly. These are expectations of both DDS, and of CMS in providing funding to states for the reimbursement

of waiver services. This is a challenge for DDS as Connecticut has a service system that originated under an expense based rate system and transitioned to a negotiated contract system for the payment of services. This approach has resulted in wide variation in the cost of providing similar services by different providers.

This history allowed a variety of business practices and salary structures to develop. To address these discrepancies the department has submitted budget options during the past few years to enhance the funding of low rate providers. The department also uses the uniform service rates for all new development. At this time the legislature is considering providers' funding issues through SB413.

The waiver work group has a number of options before them that can address this issue. The groups' next task is to analyze the impact of each strategy in terms of its impact on both low rate and high rate providers. The department will also continue to analyze the impact of the shift to a system of rates based on linking the Level of Need to resource allocation.

The exact rate structure using the LON is still being determined as we strive to create a simple and fair system that provides resources based on support needs, while taking into consideration the impact any changes will have on the provider community. We will continue to provide you with updated information through the Executive Briefs.

Please contact Peter Mason, DDS Operations Center Program Manager at 860.418.6077 or [peter.mason@ct.gov](mailto:peter.mason@ct.gov) for more information.

## Quality Services Update

### *QSR Data Application Training*

We continue to make progress toward deployment of the QSR Data Application. The DDS Information Technology and Quality Management Divisions are actively testing the system and responding with solutions to a few remaining technical problems. As soon as this testing process is complete and we are confident that the system is working effectively, we will notify providers of the new timeline for deployment and application training. We appreciate your continued patience.

Please contact Charlan Corlies, DDS Director of Quality Improvement Services at [char.corlies@ct.gov](mailto:char.corlies@ct.gov) or 418.6133 if you have questions regarding the QSR Data Application.

### ***Quality Service Review (QSR) of Non-licensed Provider Services***

Beginning April 2008, the Department will implement the QSR on a statewide basis for private providers that provide only Day and/or Individual Support services. Providers have been selected for review from the department's list of qualified providers. Quality reviewers assigned to the DDS Central Office Quality Management Division will implement the QSR at a provider's service locations. Individuals who receive support at each type of service are included. Individual reviewers or a small team of reviewers will conduct each service's QSR. The service types that are subject to a QSR include:

- Day Service Option
- Group Supported Employment
- Sheltered Workshop
- Individual Supported Employment
- Individual Support, Family Home
- Individual Support, Own Home

The QSR is designed to determine the quality of services and supports provided by DDS qualified providers. A personal outcome review will assess individual consumer's achievements and their satisfaction with services and supports. Other review components evaluate the safety, accessibility, and support staff, for example, at the service location.

Providers will receive a "Notice of Quality Service Review," after which an orientation meeting will be scheduled. Providers are requested to have key staff that represent each type of service attend the meeting and to designate liaison staff for reviewers to interact with during review activities. Appropriate DDS regional staff are informed of QSR scheduling and review activities, as necessary, for provider support, review, or follow-up.

For further information or questions please contact Daniel A. Micari, DDS Director Quality Management Services at 860.418.6081 – [daniel.micari@ct.gov](mailto:daniel.micari@ct.gov) or Fred Balicki, DDS LFSS at 860.418.6088 – [fred.balicki@ct.gov](mailto:fred.balicki@ct.gov).

### ***Provider Profiles***

The Department is working with the Provider Council on a proposal to post information from QSR reviews to the DDS website beginning in October 2008. The profiles will be very helpful to individuals and families seeking information about the quality of provider services and supports. Over the next couple of months, we will gather information from individuals, family members, and providers about the type of information they would like included in a provider profile. We will share information regarding the provider profiles at future regional leadership forums.

You may contact Charlan Corlies, DDS Director of Quality Improvement at [char.corlies@ct.gov](mailto:char.corlies@ct.gov) or 860.418.6133 if you have questions or suggestions for information to be included in the provider profiles.

## Individual Progress Report Replaces Periodic Review

A committee was convened in February to design a standard report form for providers to use to report individuals' progress. The group is also developing the accompanying guidelines for use of the form. The committee includes representatives from DDS case management and quality management as well as representatives from the private sector. The work of the committee is expected to be completed in April. Until the standard form is issued, providers may continue to use current forms.

As of January, DDS no longer requires all teams to hold *quarterly or six month meetings* to review individual plans. Individual plans should be updated annually at a team meeting or more often if an individual's needs change during the year resulting in a change in services. The change does not apply to Community Training Homes or to ICF/MR settings. Those providers will continue to complete quarterly reviews of individual plans.

Team members should inform case managers when there is a need to convene a meeting to change the plan of services prior to the scheduled annual update. Teams should meet when:

- The individual or family requests a meeting, for example to plan a different outcome, new service, or different provider
- The person's life circumstances or needs change resulting in an increase or decrease in services
- One or more new service is added or discontinued
- There is a change in a service provider.

Providers of residential and day supports will be required to complete a written six month individual progress report for each person served. The reports should be submitted to the case manager and other team members six months after the plan meeting and prior to the annual plan. Providers will send the reports to the individual's family, case manager, and the residential or day provider (i.e. the day provider should submit their report to the case manager, family, and residential provider and the residential provider should their report to the case manager, family, and day provider).

Individual team members should continue to monitor individual's health status and progress on teaching strategies and behavioral plans according to best practice and the person's specific needs. The committee recommends quarterly nursing care plan reviews should continue as well as monthly or quarterly behavioral plan reviews of data.

You may contact Terry Cote, DDS Director of Individual and Family Support at 860.418.6017 or [terry.cote@ct.gov](mailto:terry.cote@ct.gov) if you have questions or would like additional information.