

An Update on CT DDS Initiatives

July 2, 2008 Issue 24

DDS FY 09 Budget Update

The budget for FY09 reflects the original biennial budget passed for FY08 and FY09 in June, 2007. This budget funds the waiting list initiative at the same level, identified age-outs and school graduates and a modest increase in participants for the Voluntary Services Program (VSP) for children and adolescents who had a mental health diagnosis in addition to their intellectual disability. It also includes the expansion of the Autism Pilot to serve additional people in the greater Hartford area. For this pilot there is money for new participants and services and for additional DDS staff.

However, there are aspects of these and other services that would have been positively adjusted if the midterm budget as proposed was passed. These adjustments included:

- \$7 million for new VSP participants and for transfers from DCF
- money for additional school graduates and age-outs who were identified after the initial budget request
- a 1% COLA for the provider agencies
- 6 new case managers

The department will be able to support the additional school graduates and age-outs using a combination of cash funding and vacancies. Further enrollment in the VSP is on hold pending a review of the cost projections to serve new youth this year. This program currently serves 368 children and adolescents.

Each state agency has been directed to save additional money at the end of FY08 and during FY09. Travel and meeting attendance is being restricted and we are exploring ways to be more efficient in these areas. A hiring freeze has been imposed which will limit DDS to filling only critical service related vacancies. DDS will experience a rescission as will all the state agencies. There is no plan at this time for any cutback in funding for the contract services accounts. We understand that even without reductions to existing allocations it is going to be difficult for providers to manage without a COLA in light of rising costs in many fixed area of the budget. Regions will continue to discuss emergent needs with individual providers as various ideas are explored to live within this years' allocation.

Notes from the DDS Central Office Operations Center

Thanks to all Master Contract Day Service Providers who submitted a Transportation Survey. About 70% of the providers have responded to date. The data collected shows 46% of people are transported by the Day Provider. The surveys will help to analyze the transportation and program service components of day programs in the Master Contract as the Level of Need rates are designed. For those agencies still compiling the data for the survey, it is important for you to submit the results as soon as possible.

Training on the 2008 Annual Report Software is proceeding. Besides meeting contract and regulatory requirements the Annual Report is the most important information source for analyzing issues affecting DDS Providers. Training will be offered in September for providers and accounting firms.

The Department will continue to provide one-time funds to support staff training in topics relating to helping people achieve their goal of real work for real pay. Given the State fiscal concerns, the department will be monitoring costs and may need to restrict the funding as the year continues to meet budget requirements. At this time funding remains available for staff training or provider vocational support.

Please contact Joe Drexler, DDS Operations Center Director at 860.418.6148 or joseph.drexler@ct.gov or Peter Mason, DDS Operations Center Program Manager at 860.418.6077 or peter.mason@ct.gov for more information.

DDS HCBS Waivers Update

On Tuesday, June 24, Commissioner O'Meara and David Parella, the DSS State Medicaid Director submitted the DDS Comprehensive Waiver Renewal application and the IFS Waiver amendment to the Human Services and Appropriations Committees of the Connecticut General Assembly. Approval by these committees prior to the submission to CMS is required under Section 17b-8 of the Connecticut General Statutes. The members of the committees voted unanimously to approve the submission of the waivers to CMS.

The two waiver applications have been submitted to CMS for their review and approval. We are hopeful that both will be approved with an effective date of October 1. The draft waiver applications are posted on the DDS website.

Please contact Debbie Duval, DDS Director of Waiver Planning, Policy and Evaluation at 860-418-6149 or deborah.duval@ct.gov if you have any questions.

Quality Service Review (QSR) Update

QSR Data Application Training

We are pleased to announce that the DDS QSR Data Application will be deployed on July 15. All DDS providers with service locations subject to QSR reviews will be required to use the new QSR data application. We plan to roll-out the new data application one region at a time, beginning with the North Region at the end of July. We will continue QSR Application roll-out in the West Region in mid-September and in the South Region in mid-October.

Our goal is to assist each provider agency to build sufficient technical capacity to use the data application successfully. The data application is simple and easy to learn. However, we do anticipate a slight learning curve associated with initial deployment. It is our hope that the employees you select to participate in the training will become in-house "technical experts" and assist users within your agency to learn the system and resolve any difficulties they may encounter with the data application. DDS will establish technical support functions in the DDS Regions and at the Central Office to assist providers who are unable to resolve issues at the agency level.

We are in the process of working with the North Region Providers to identify QSR System Administrators and to enroll their staff in scheduled training between July 29 – August 14. Providers associated with the West Region will receive information regarding QSR application roll-out in mid-August. South Region providers will receive similar information in mid-September.

You may contact Charlan Corlies, DDS Director of Quality Improvement at char.corlies@ct.gov or 860.418.6133 if you have questions regarding QSR Application Deployment.

QSR Non-licensed Reviews

The DDS Quality Management Services Division began implementing the state-level QSR in May 2008. The QSR visits began for qualified providers with *Day Only* and/or *Individual Support* services. Providers are selected for review from the department's list of qualified providers.

Individual reviewers or a small team of reviewers from the DDS Central Office conduct the QSR at a provider's service location. Individuals who receive supports at each type of service are included in the review.

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 for each type of service provided. A personal outcome review assesses the individual consumer's achievements and their satisfaction with services and supports. Other review components evaluate the safety, accessibility, and support staff knowledge at the service location.

Prior to the start of the QSR review, providers receive a written "Notice of Quality Service Review" followed by a request to schedule an orientation meeting. 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, Director, Quality Management Services, 860-418-6081 – <u>Daniel.Micari@ct.gov</u> or Fred Balicki, LFSS, Quality Management Services, 860-418-6088 – <u>Fred.Balicki@ct.gov</u>.

The LON is Web-Based!

The long-awaited web based version of the CT Level of Need Assessment and Screening Tool was launched on July 1. This new version of the assessment tool includes a few new questions and some additional selections in the answers to existing questions and a new algorithm for scoring the individual domains as well as the composite score. These modifications were made in response to feedback from users. In this new version Case Managers will have access to the full summary report including the Composite Score for all completed LONs for individuals on their caseload. PRAT Managers, Case Management Supervisors, and Resource Managers will have the ability to access the some, or all, of the assessments and summary reports for people in their region dependent upon their role.

All existing LONs have been brought over from the old ACCESS based LON system (version 1.0) into the new web-based system (version 1.1). Case Managers will be able to view, and or print existing LONs and summary reports based on the original algorithm for anyone on their caseload. In order to obtain a summary report based on the new algorithm, case managers will either need to create a new assessment if none exists for the individual or clone an existing assessment. When an existing assessment is cloned both the new and the revised questions must be answered in order to mark the assessment complete and get a summary report. Existing LON assessments will be cloned and updated at the time of the individual's IP meeting or if their needs change prior to the IP meeting.

While we have done a significant amount of testing on the web-based application in order to identify and correct errors, we know that it is likely that some minor errors or "application http://www.ct.gov/dds

bugs" will surface as case managers begin to use the system statewide. The IT Help Desk will log identified issues and will respond to correcting problems as expediently as possible.

We are continuing to analyze the LON data in order to establish individual budget allocations that are more discreet than the current system of categorizing people's needs as Minimum, Moderate, or Comprehensive.

Please contact Debbie Duval, DDS Director of Waiver Planning, Policy and Evaluation at 860-418-6149 or deborah.duval@ct.gov if you have any questions about the web-based LON.

Standard Form Issued for Individual Progress Reviews

Effective July 1st, 2008, all qualified providers of residential and day supports are required to use the standard DDS form to document six month individual progress reviews 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 send their report to the case manager, family, and day provider).

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.

The new Individual Progress Review Form and directions to complete the form are located on the DDS Website at http://www.ct.gov/dds/cwp/view.asp?a=3166&q=391074. A second page of the form for individuals with multiple areas to be reviewed is also available at this same link. Forms are available in both PDF and MS Word versions.

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

Important DDS Water Safety Policy and Procedure Update

Revisions to the DDS Water Safety Policy and Procedure will be issued in July 2008. The purpose of the revisions is to establish a standardized process that promotes safe practices in aquatic activities, thereby minimizing the risk of serious water related incidents. Highlights of the revisions to the policy and procedure include:

- Applicability is expanded to all individuals who receive any DDS funded or operated supports, including individuals who self-direct their supports.
- Private Agencies are required to adhere to the DDS procedure as a minimum standard for safety.
- The DMR Water Safety Assessment previously used to identify an individual's ability to participate in aquatic activities will be phased out by July 09.
- The DDS Aquatic Activity Screening is being introduced as an addendum to the Individual Plan (or the Individual Short Plan) to replace the DMR Water Safety Assessment. The form will be completed by the Planning and Support Team at the time of the plan. This will begin statewide in July 2008.
- The DDS Water Safety Plan has been revised. It is used by staff when they are seeking approval to assist individuals to participate in an aquatic activity. Staff completing the plan must refer to each individual's Aquatic Activity Screening to ensure safe participation and supervision. CTH providers and staff hired directly by individuals or families are not required to complete the Water Safety Plan.
- The <u>DDS Water Safety Checklist For People Who Participate Independently In Aquatic Activities</u> is a form designed as a safety review for individuals who participate, or have access to, aquatic activities of any kind independent of the staff who work with them. The form must be reviewed between March 1 and May 1 of each year.

The revised policy, procedure, and forms are intended to:

- Ensure that an individual has the same aquatic screening available to staff in all settings.
- Allow for a team of individuals closest to that person to determine their needs for safety in and around water.
- Promote staff awareness of an individual's supervision needs when they participate in aquatic activities, including activities proximal to water.

If you have any questions regarding the Water Safety Policy, please contact the DDS Aquatic Director in your region:

North Region: Elisa Marcoux at 860-331-2039 or elisa.marcoux@ct.gov South Region: Vicki Severin at 860-443-7818 or victoria.severin@ct.gov West Region: Linda Aquavia at 860-496-3013 or linda.aquavia@ct.gov Southbury Training School: Karen Kalenauskas at 203-586-2977 or karen.kalenauskas@ct.gov

DDS Abuse and Neglect Registry Pre-Employment Inquiry

Connecticut General Statutes Section 17a-247c requires "employers" covered by this statute shall not retain an individual in employment after receiving notice that an individual's name so appears on the Abuse and Neglect Registry.

Several years ago the Department of Developmental Disabilities (DDS) implemented an on-line system for employers to conduct mandatory pre-employment checks using the DDS Worker Registry. The on-line system provides an immediate response to an employer's inquiry. Information contained in the Registry is confidential and access is controlled by issuing User IDs and Passwords. The DDS Human Resources Division is responsible for granting access to the Registry system.

If you have not been using the on-line Registry system to conduct pre-employment inquiries, or you have new staff assigned to perform this function; please contact Cheryl Karas at 860.418.6116 or cheryl.karas@ct.gov.

How To Access The Registry:

- Email a request for access to the DDS Worker Registry to cheryl.karas@ct.gov.
- An Adobe file containing the tutorial will be emailed to you along with a Request for User ID/Password form.
- Once the assigned staff person has completed the tutorial they may returned the Request for User ID/Password form to Ms. Karas via fax to (860) 418-6004.
- Within 5 business days a User ID and Password will be issued.

Please Note: Each authorized staff must have their own User ID and Password. All users must complete the tutorial. DDS reserves the right to limit the number of users representing a single employer.

Innovative Roommate Matching Service

The department is offering this unique service to individuals and their families because we have heard that often times consumers and their families do not know how to locate other people with disabilities who are interested in being roommates or sharing the cost of living in the community. Currently, each region has an informal system through their case managers and Planning and Resource Allocation Teams (PRATs) to connect individuals looking for roommates. After screening some resources that could help do this more systematically, DDS staff identified a successful service through the National Arc that was already in operation in several states. CT DDS has purchased access to an online roommate service, sponsored by The Arc of Indiana. The service, called *Roommates*, provides case managers with an easy online tool to help people served by DDS find others with disabilities who seek a housing solution.

What is *Roommates*? Roommates matches a person with disabilities with other people with disabilities in Connecticut who are either:

- Seeking one or more roommates who have an interest in getting together to buy or rent an apartment, condo, or house
- Seeking one or more roommates to share a house or apartment a person already has.

Roommates is a safe method to find others seeking a housing solution. No identifying information is shared online and only preapproved individuals can use the service. Contact information is shared only after people have expressed an interest in learning more about a listing. It is then up to the parties to connect. Listings can include information such as the zip code area where they want to live, accommodations and supports they need, special interests, and other considerations. A powerful search function can find a match based on any information in the listing. Listings do not contain personal details like names and street addresses.

The Self Determination Directors and a group of case management supervisors are currently working with the Arc of Indiana to set up use of the *Roommate* service system at DDS. Case managers will be trained to use the system in August, 2008. It is anticipated that official online use of the *Roommates* service will begin on September 1, 2008.

Questions about *Roommates* can be directed to Robin Wood, DDS Self-Determination Director at 203.806.8770 or robin.wood.@ct.gov.

Tips to Reduce Fuel Costs

In light of the state's effort address budget shortfalls, every bit of fuel conservation can make a difference in how much we spend. Here are ways to reduce your fuel costs.

Ways to Reduce Fuel Costs, NOW!

Purchase Fuel Wisely - Save up to 20%

• Use the Right Grade of Gasoline / Don't Top Off: Most cars run fine on regular. Check your vehicle owner's manual to find out what's right for your car. Don't "top off" at the pump and make sure your fuel fill cap is on tight and working right. Regular grade fuel cost about 20-cents per gallon less than premium grade.

Alter Travel Practices - Save up to 30%

- Use Carpooling / Public Transit / Non-Motorized Options: Ride the bus, carpool, bicycle or walk instead of driving alone. Sharing a ride to work with a friend or two effectively doubles your fuel economy for the trip and may allow you to use the diamond (HOV—high occupancy vehicle) lane.
- Combine your errands into one trip and plan your routes carefully to drive fewer miles and use less fuel.

• Plan ahead and combine driving routes so that you can travel at constant speeds and save miles. On long journeys, try to avoid rush hours; travel when traffic is light. Before a long trip, find out if there are any road construction projects on your planned route and avoid them. Stops and starts waste both valuable vacation time and gasoline.

Drive More Efficiently - Save up to 20%

- Don't Drive Aggressively / Drive at the Speed Limit: All vehicles lose fuel economy at speeds above 55 mph. Driving 65 instead of 75 mph reduces fuel cost 13%. Driving 55 would save 25%. Speeding, rapid acceleration, and rapid braking all waste gas and curb mileage by as much as 33 percent at highway speeds, according to the U.S. Department of Energy (DOE). Nix jack-rabbit starts, opting instead for slow acceleration from a dead stop. You can assume that each 5 mph you drive over 60 mph is like paying an additional \$0.30 per gallon for gas.
- Cars use less fuel with tires at the recommended inflation pressure. Keep tires properly inflated to improve your gas mileage by more than 3 percent and to extend the life and ensure the safety of your tires. Recommended inflation pressure is printed in the owner's manual, on a label frequently found in the glove box, or near the door latch on the driver's side. Regularly inflating tires to their maximum inflation pressure, shown on the side of the tire, is **not** recommended and can be dangerous. Measure tire pressure when tires are cold, before you drive on them.
- Air Conditioner Use / Closed Windows: Using the air conditioner increases fuel cost from 13% up to 21%. When it is hot, use the air conditioner rather than opening the windows—it is still the better option than opening car windows especially at higher speeds. Open windows and open sunroofs have a negative effect on efficient aerodynamics and reduce fuel efficiency. If it's cool enough, use the flow-through ventilation instead of rolling down the windows or using the AC.
- Eliminate Extra Wind Resistance and Weight: Using a loaded roof rack increases fuel consumption. Carry the load inside your vehicle if you can. Removing unnecessary weight is better still. Pack lightly when traveling, and avoid carrying items on your vehicle's roof. An extra 100 pounds in the trunk cuts a typical car's fuel economy 1-2 percent. extra weight relative to the vehicle's weight and affects smaller vehicles more than larger ones.
- Minimize Vehicle Idling: Today's vehicles are designed to warm up fast. Avoid idling when you can; idling is 0 miles per gallon. Cars with larger engines typically waste even more gas at idling than cars with smaller engines
- Drive a Fuel-Efficient Vehicle: Drive your most fuel-efficient vehicle whenever possible. If you own more than one vehicle, drive the one that gets better gas mileage whenever possible
- Use cruise control to help cut fuel consumption by maintaining a steady speed during highway driving. Using cruise control on the highway helps you maintain a constant speed and, in most cases, will save gas.