

# **DDS EXECUTIVE BRIEFS**

## **An Update on CT DDS Initiatives**

July 2, 2009

Issue 30

### **Community Living Arrangement, Community Training Home and HCBS Waiver Regulations**

Regulations governing the licensure of community living arrangements (CLA) were last updated in 1992. They are currently under revision in order to closely align with the department's quality system. Compliance with CLA regulations will be informed by outcomes found through the Quality System Review tool, and enhancement of services to individuals will be developed, tracked and monitored through the quality improvement plan process.

The Community Training Home (CTH) regulations, first promulgated in 1990, are also in the process of revision by a workgroup composed of private and public CTH coordinators, central office quality management staff, and a regional self advocate coordinator. The regulations will be revised to reflect current best practices across the state.

Regulations governing the DDS Home and Community Based waiver services are nearly complete. Input has been provided by the Parties in ARC/CT v. O'Meara and Wilson-Coker, and additional changes have been made to reflect the current waivers administrated by the Department of Social Services and operated by the DDS.

Once all regulations are completed, the approval process will commence and all interested parties will have the opportunity to comment.

### **Employment and Day Supports Waiver**

DDS is in the process of writing a third waiver application for submission to CMS which will be designed to serve individuals living in their own or their family homes whose needs can be met through the provision of employment or day supports combined with a small amount of funding for Respite, Family Training, Behavioral Support, Specialized Medical Equipment and Supplies, or Individual Goods and Services. We plan to finish writing the application by the end of July. Legislative approval will be required prior to submitting the application to CMS for their approval. CMS review can take up to 90 days so it is anticipated that this new waiver can be in place by April, 2010.

## **DDS Case Management Discontinued in Private ICF/MR CLAs**

Effective July 1, 2009, DDS will no longer continue to provide case management to individuals who live in Private ICF/MR Community Living Arrangements (CLAs).

Families and ICF/MR providers were notified by letters sent on May 13, 2009. The decision to discontinue case management for specific individuals served by DDS was a difficult decision resulting from the large number of retirements anticipated within the department. Private ICF/MR providers will continue to provide service coordination through the QMRP function.

## **Individual Planning During the Summer Months**

As a result of the number of case manager retirements, temporary case managers may be assigned to cover regularly scheduled team meetings over the summer months. In cases where DDS case managers are not available, the remaining team members may hold the scheduled planning meeting with no case manager present until a permanent assignment is made. Upon completion, teams should distribute the plan to the other team members and submit the plan to the case management supervisor for review. Supervisors will ensure the HCBS Waiver Redetermination is completed and signed, and eCAMRIS is updated with the new plan date.

## **Utilization Resource Review (URR)**

During the summer of 2009, providers may complete URR Request forms as needed for individuals to be referred to URR. The completed forms should be submitted to the case management supervisor or the temporarily assigned case manager until a permanent case manager is assigned.

## **New Waiver Services-Behavioral Supports (formerly consulting services), Healthcare Coordination and Live-in Caregiver**

DDS is releasing implementation guidelines for these new HCBS Waiver services. Healthcare Coordination and Live-in Caregiver services are available for eligible individuals who live in their own homes with less than 24 hours supports. Behavioral Supports will be available for eligible individuals who live in their own or family homes with less than 24 hours supports.

Descriptions for waiver service definitions, service authorization guidelines and rates; and processes for qualifying providers are outlined in documents for each of these new services. These documents can be found on the DDS website. For questions about these services please contact Debbie Duval at [Deborah.duval@ct.gov](mailto:Deborah.duval@ct.gov)

## **Incident Reporting Changes**

DDS recently conducted various work process reviews to streamline current DDS systems in light of position reductions due to retirements. Beth McArthur worked with Regional Quality Improvement Directors, Tim Deschenes-Desmond and regional staff involved in maintaining the incident data in eCAMRIS to evaluate the existing process for reporting incidents and to

recommend changes. The changes identified will decrease the number of incidents that are required to be reported, while maintaining both best clinical practice and the safety of the consumers.

As a result of the work process review, DDS will track only those incidents that are considered most important and reduce the workload for staff and costs associated with current incident reporting system. Eliminating reports of minor injuries, adjusted to include the exception of Bruises, Choking/Airway Obstruction and Falls, will result in the reduction of approximately 12,500 incident reports per year, thereby reducing the overall volume of incident reports by approximately 24%. These changes will be effective July 1, 2009.

**The main changes include:**

- Eliminate the requirement to report most Minor Injuries (defined as injuries that require no treatment or only first aid treatment) on the Incident Report Form 255
- There is no change in reporting requirements for ANY OTHER incidents

ONLY the following Minor Injuries will still be reported on 255 form:

- **Bruises** – All Minor Injuries whose **Injury Type** is **Bruise**
- **Falls** – All Minor Injuries whose **Injury Cause** is **Fall**
- **Choking** – All Minor Injuries  
*Whose Injury Type is:*  
--**Airway Obstructed** or  
--**Choking** or

- Whose Injury Cause is:*  
--**Ingestion of Foreign Material**  
--**Eating Behavior**  
--**Food Consistency**

**Reasons for the above exceptions to reporting minor injuries:**

- Inclusion of **Bruises** in all injury reports will ensure identification of any severity of bruising injury that may be associated with abuse or neglect.
- An analysis of injury reports in Fiscal Years 2003-2008 shows that **Falls** account for between 15-17% of all minor injuries (approximately 3100-3400 incidents per year).
- While there are far fewer minor injuries due to **Choking**, retaining reporting for this type of injury at the minor level supports the findings and interventions now in place with response to the recent RCA recommendations.

**All other minor injuries not reported on the 255 will need to be tracked:**

- All injuries must documented in a communication log for staff/team to view.
- The responsible nurse and supervisor need to be made aware of all injuries.
- For moderate or severe injuries the nurse needs to be notified, as this is a change in condition.

- For a minor injury, the nurse does not have to be immediately notified, but there still has to be a mechanism to ensure that the nurse is aware of and reviews documentation to identify trends and any health risks.
- This could be accomplished by having the nurse review the communication log and progress/running notes for individuals when visiting the home. Some agencies have separate logs for sharing information with the nurse.
- The central issue is ongoing effective communication between health care and direct support staff.
- Private Provider agencies may wish to continue to use the 255 to maintain a record of minor injuries for consumers served by their agency and NOT submit these reports to DDS as they have in the past.

The changes outlined above have been incorporated into the Incident Reporting procedure and definitions. If reports on minor injury are mistakenly sent in, they will not be entered into the DDS eCAMRIS data base. The DDS 255 forms will not change. When reporting incidents, staff should use existing NCR forms until their supply is gone. Staff may also contact regions for additional forms as they have in the past until that supply is gone.

A new electronic fillable version of the 255 and 255m forms will be available on DDS website in July. Until secure email accounts are available in August, please DO NOT email forms using standard email as it is not HIPAA protected. Providers should use existing forms or print the electronic form and send to the DDS designee and Case Manager by US mail or fax as they have done to date. DDS will establish secure regional email accounts with HIPAA protections so that forms can be emailed as an alternative means to send 255s to DDS. Instructions on how to use the email accounts will be forthcoming.

A video presentation and copy of the power point slides for this topic are available on the DDS website <http://www.ct.gov/dds/cwp/view.asp?a=3589&q=440894>

If you have questions you can contact Tim Deschenes-Desmond or Jadwiga Gocłowski at DDS Central Office [tim.deschenes-desmond@ct.gov](mailto:tim.deschenes-desmond@ct.gov) or [Jadwiga.gocłowski@ct.gov](mailto:Jadwiga.gocłowski@ct.gov)

## Transition to Rate System Delayed

On June 16, Deputy Commissioner du Pree sent out an memorandum to providers that stated,

*Over the past months, we have had an opportunity to attend several meetings with groups of providers and to meet individually with providers and other stakeholders. The rate system change has been a topic of concern in many of these discussions.*

*The Department of Developmental Services (DDS) is sensitive to the various concerns raised by the Legislature, our providers and the Trades associations. Therefore, **DDS is not planning to move ahead at this time with a July 1, 2009 start date for the transition.** The Operations Center will be providing instructions to the regions in the next few days regarding contracting activities.*

The existing residential and day Purchase of Service contracts remain in effect as does the existing Fee for Service System through the Fiscal Intermediaries.

The regions will continue to address a variety of issues relating to waiver services based on the information submitted by providers, including Individualized Day, Extended Day and distinguishing 24 hour settings within IHS.

Providers with a Purchase of Service contract will continue to input monthly attendance through the Web Based attendance program. SEI waiver billing has switched to 15 minute increments and transportation information will be submitted for SEI as planned. Payments will remain the same under the Purchase of Service contract.