DDS EXECUTIVE BRIEFS

An Update on CT DDS Initiatives

July 8, 2011 Issue 36

Summary of Changes to the Incident Reporting System

Minor Injuries No Longer Reportable on the DDS 255 Form

In July of 2009, DDS streamlined the reporting of minor injuries. At that time, we stopped requiring the reporting of most minor injuries on the DDS 255 form. Since that time, DDS has been monitoring the reported incidents and realized that there is much confusion about DDS requirements. Based on the number of DDS 255s still received for minor injuries that were not reportable on this form, DDS has simplified the incident reporting process even further. Effective upon the release of the newly revised Incident Reporting Procedures and no later than September 1, 2011, DDS will no longer require the reporting of ANY minor injuries on the DDS 255 forms. A "Minor Injuries Log" maintained by each residence/provider will replace the reporting of minor injuries on the DDS 255. Moderate and Severe Injuries and Critical Incidents will continue to be reported using the DDS 255 Form and the usual incident reporting procedures.

ICF/MR settings will utilize the Minor Injuries Log to report minor injuries and continue their documentation and follow-up requirements for such settings. The three-shift-back investigations can be attached to these Logs. There are a number of technical/editorial changes to the incident reporting procedures including: a new policy on incident reporting, references to DMR changed to DDS, increased consistency across the attachments, changes in DDS Manager roles secondary to the elimination of the Quality Improvement Divisions at the regions, and elimination of a separate "missing person's" form. In addition, the reporting of restraint use has its own procedure and the types of restraints needing to be reported have been simplified. (See article in this edition of Executive Briefs.)

We believe that these changes will substantively simplify incident reporting and decrease the associated burden for staff without compromising the quality of services to individuals and families. Please alert your staff and distribute the revised procedures widely once they are released. In the interim, please continue to access the regional contacts that are listed on the DDS Internet with any questions.

Changes to Reporting the Use of Restraints

All restrictive interventions that are directly related to keeping a consumer safe due to a physical/medical condition no longer need to be reported using a 255 form. Although they are certainly restrictive in that they may restrict movement in order to provide safety, they will no longer be considered the same as a restraint to address a challenging behavior. The team will still need to have guidelines for their use and keep data as to use and frequency that is documented in the individual's file.

DDS has removed "Held By Arms" as a restraint. A review of the data clearly showed that this was used for many incidents of simply guiding a person along (similar to escorting with no resistance). DDS added both a "Standing Restraint Holds" (standing restraints such as Lower Figure 4, Security Holds, etc.), and a "Sitting Floor Control" (sitting holds such as Basket or Cradle, etc.) as part of the 255 Form. There are standing and sitting restrictive interventions that were being missed and simply being recorded as "Held By Arm." We all will now have a way to know when more restrictive interventions are utilized.

Lastly, we have tried to better define "Escort." This category accounts for a significant number of restrictive interventions but it is often misleading information. If there is no resistance by the individual, it is not considered a restraint. The individual is simply being escorted/helped by staff. "Escort" is now more clearly defined on the 255 Form to read — Escort (ONLY If Required Holding Due To Moderate Resistance By Person – NOT For Guiding or Helping Person If Little Or No Resistance) . It is hoped this will lessen the number of inappropriate reporting when the person is not resistant to being helped.

A complete list of the changes can be found below. If you have any questions you can contact the Clinical Director in any of the Regions.

Changes in Restraint and Behavior(s) Sections of the 255 Form

1. The following restrictive interventions will be removed from the 255 Form:
   [There must be guidelines in place to outline when and how staff should utilize these interventions. Data should be kept on utilization for the team to review.]

• Arm Splint	• Helmet
• Bed Rails	• Mitts
• Chair & Tray/waist	• Specialized Clothing
• Held By Arms	• Vehicle/Transport

2. Floor Control-Prone (face down) is removed from the 255 Form as it cannot be used under any circumstances as a restrictive intervention.

3. The following will be removed from the 'Behavior(s)' Section:

• ADL Completion
• Fall Out Bed/Prevent
• Fall Out Chair/Other Prevent

4. Below is a Table with the Current 255 Restrictive Interventions – and – The New List Of Interventions:

Restraints - On Current 255 Form		**Restraints - To Be On New 255 Form**	
Current Restraint Type	**Code**	**New Restraint Type**	**Code**
Arm SPLint *(will be deleted)*	SPL	B-Safety Belt	BSB
B-Safety Belt	BSB	Body boaRD	BRD
BeD Rails *(will be deleted)*	BDR	CHEmical	CHE
Body boaRD	BRD	ESCort (ONLY If Required Holding Due To Moderate Resistance By Person – NOT For Guiding or Helping Person If Little Or No Resistance)	ESC
CHair & Tray/waist *(will be deleted)*	CHT	FLoor control-Supine (Face Up)	FLS
CHEmical	CHE	Four-PoinT	FPT
ESCort	ESC	Lifted And Carried	LAC
FLoor control-Prone (Face Down) *(will be deleted)*	FLP	PHysical Isolation	PHI
FLoor control-Supine (Face Up)	FLS	Safety CuFfs	SCF
Four-PoinT	FPT	Sitting Floor Control (Sitting Holds Such As Basket or Cradle, etc.)	SFC
Held By Arms *(will be deleted)*	HBA	STanding Restraint Holds (Standing Restraints Such As Lower Figure 4, Security Holds, etc.)	STR
HELmet *(will be deleted)*	HEL	Waist ReStraint/chest/vest	WRS
Lifted And Carried	LAC	Non-Standard Commissioner ok	NSC
MITts *(will be deleted)*	MIT	Non-Standard Not-approved	NSN
PHysical Isolation	PHI		
Safety CuFfs	SCF		
SPecialized Clothing *(will be deleted)*	SPC		
VEHicle/transport *(will be deleted)*	VEH		
Waist ReStraint/chest/vest	WRS		
Non-Standard Commissioner ok	NSC		
Non-Standard Not-approved	NSN		

NOTE: Two New Restrictive Interventions:
1. Sitting Floor Control (Sitting Holds Such As Basket or Cradle, etc.)
2. STanding Restraint Holds (Standing Restraints Such As (Lower Figure 4, Security Holds, etc.)

New Clarification For Escort: (ONLY If Required Holding Due To Moderate Resistance By Person – NOT For Guiding or Helping Person If Little Or No Resistance)

Employment Idol 4 Contest Announced

People with intellectual disabilities want REAL WORK FOR REAL PAY!

In 2007, the DDS partnered with self-advocates and People First of Connecticut to develop the Employment Idol, an innovative project for promoting employment. Spinning off the concept of the popular television show *American Idol,* Connecticut's Employment Idol showcases the employment success stories of a select group of individuals with intellectual and developmental disabilities.

For the last three years, we have held a statewide contest seeking out employment success stories. Each year we focused on different areas.

Our First Employment Idol Contest focused on:

People with Disabilities Want to Work
People with Disabilities are Great Employees
People with Disabilities can Contribute – if they are given a chance!

Our Second Employment Idol selected employees that demonstrated that people with various disabilities can successfully work in the community and make real pay for the job they do. This video focused on:

- A good job match is important - the right job for the right person
- Accommodations can be made to support people to be more independent at their job and the use of technology can assist people in jobs that in the past would have never been possible
- Employers are willing to create jobs and support people with disabilities in real jobs for real pay.
- Following your passion can lead to real work for real pay.

The Employment Idols selected for our third video demonstrated that:

- People with various disabilities can successfully work in the community
- People with disabilities can work for more than 20 hours a week without worrying about losing their social security, Medicaid and other important benefits.

We are pleased to announce the DDS Employment Idol 4 Contest. The contest is seeking the success stories that best represent *Real Work for Real Pay.*

We are looking for employees who:

1. Are employed and paid by a CT company not a DDS private provider
2. Are paid minimum wage or more
3. Work in a competitive setting
4. Have natural supports if needed on the job
5. Receive benefits
6. Love their job and want to share their accomplishment!

If you know an individual interested in being the next Employment Idol, please encourage them to complete the Employment Idol 4 application by no later than July 15, 2011 and submit it to:

Beth Aura Miller
DDS
55 West Main Street
Waterbury, CT 06702
ATTEN: Employment Idol 4
Or email to bethaura.miller@ct.gov

Individuals want the same work experience that everyone else has and to be seen as colleagues as they work a long side non-disabled co workers. Make a difference and promote – REAL WORK FOR REAL PAY!

Update on Amendments to the IFS and Comprehensive Waivers

Draft amendments to the Comprehensive and IFS waivers have been submitted to DSS for their review and approval prior to legislative review and submission to CMS. These amendments add the following services: Continuous Residential Support, Parenting Support, and Senior Supports, provide more detailed descriptions of some services, and eliminate the cap on Clinical Behavioral Supports. The amendments establish the use of the CT Level of Need Assessment and Screening Tool (LON) to determine Level of Care. They also reduce the number of slots in years 3, 4 and 5 to more closely match the actual number of enrolled participants and reduce the number of slots targeted for high school graduates. The anticipated effective date of these amendments is July 1, 2011.

Comprehensive Residential Supports (CRS):
Settings categorized as continuous residential supports must be a setting other than a family home and have the following:

- Readily available third shift staff awake or asleep. Readily available means in the same setting or adjoining setting such as a two or three family, duplex, or side by side condos.
- Supports available throughout non-work hours though some time alone as approved by the team would be allowed.
- Some individuals could require less support but live in the same apartment or single family dwelling where the supports are provided to other people living there.
- This service provides assistance with the acquisition, improvement and/or retention of skills and provides necessary support to achieve personal habilitation outcomes that enhance an individual's ability to live in their community as specified in the plan of care. This service includes a combination of habilitation and personal support activities as they would naturally occur during the course of a day. This service is not available for use in licensed settings.

Individuals who wish to self-direct their services may do so by utilizing an Agency with Choice.

Senior Supports:
Senior Supports are provided for older consumers, or individuals who have needs that closely resemble those of an older person, who desire a lifestyle consistent with that of the community's population of similar age or circumstances. This support is intended to facilitate independence and promote community inclusion as well as prevent isolation. Senior Supports consist of a variety of activities that are designed to assist the individual to maintain skills and stimulating social interactions with others. The activities are based on needs identified in the Individual Plan and may occur in any community setting, including the individual's place of residence.

Parenting Supports:
Parenting Supports assists eligible consumers who are or will be parents to develop appropriate parenting skills. Individual training and support will be available. Parents will receive training that is individualized and focused on the health, welfare and developmental needs of their child. Close coordination will be maintained with informal supports and other formal supports. This service is not available if the parent lives in a CLA. If the eligible consumer (parent) does not have physical custody or visitation rights, they will not receive individualized child-focused training.

Parenting Support is limited to an average of four hours of individualized child-focused direct training per week during a quarter. Support is available from the first trimester until the eligible participant's child is 18 years of age.

Employment and Day Supports Waiver

The Employment and Day Supports waiver was approved by CMS to begin April 1, 2011 for a period of five years. This waiver is designed to support individuals who live with family or in their own homes and have a strong natural support system. This includes children under the age of 21 with complex medical needs who would otherwise require institutional placement and individuals over the age of 18 who require career development, supported employment or community based day supports, respite, and/or behavioral supports to remain in their own or their family home. This waiver will serve 200 people the first year and will increase by 100 each year. The funding cap for this waiver is $28,000 annually. The following services are available in this waiver:

- Adult Day Health
- Community Based Day Support Options
- Respite-maximum of 14 days of 24 hour out of home respite per year and funding level limited by LON score
- Supported Employment
- Independent Support Broker
- Behavioral Support Services
- Individual Goods and Services—only available to individuals/families who hire their staff directly
- Individualized Day Support
- Interpreter
- Specialized Medical Equipment and Supplies-maximum of $500 per year
- Transportation.

Children are expected to have most of their needs met by their families, their LEA and those expanded State Plan services available to Medicaid child beneficiaries under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) provisions. As a result, most children will require fewer services and a smaller funding allocation than the adults served in this waiver. Most children will be eligible for respite, behavioral support services, independent support broker, individual goods and services, and interpreter services.

A complete copy of the waiver is posted on the DDS website and can be accessed through the following link http://www.ct.gov/dds/lib/dds/waiver/application_for_1915(c)_hcbs_waiver_ct_0881_r00_00_-_apr_01_2011.htm.

The Department's Next Five Year Plan

There is a state law dating back to 1987 that the Department of Developmental Services write a plan indicating the goals it has for the next five years and explaining the progress that was made to achieve the goals in the previous plan. The current Five Year Plan is posted on the DDS website (www.ct.gov/DDS) under the Office of the Commissioner**:** http://www.ct.gov/.../final_plan_2007.pdf

The current plan is built around the department's mission and four strategic commitments. Those are commitments to:

- Families and Individuals
- Choice and Control
- Quality
- Workforce Development.

Commissioner Macy has reviewed the mission, these strategic commitments, and the guiding values that are listed on pages 28-31 of the plan and thinks that they still make an excellent framework for the next plan. What will change are the goals and objectives that the department and its consumers and their families think are important to carry us through 2017. Commissioner Macy and Deputy Commissioner du Pree are meeting with a variety of groups over the next three months, including families, self-advocates, providers, and staff to gather their opinions about what's working well, what's not working well, and what kinds of improvements they would like to see. We will also gather information about what the national trends are across all 50 states and at the federal level. Based on all of that information, the department will be drafting a new plan and posting it on the DDS website in October. Then there will be two public hearings the first week of November (one in Hartford and one in New Haven) if anyone who has read the plan wants to give us further recommendations. There will also be opportunities for e-mailing or mailing comments. The final plan will be submitted in February to the General Assembly's Public Health Committee and the Appropriations Committee.

APD (Advance Planning Document)

DSS and DDS officially filed the Planning APD with CMS on March 29, 2011. CMS has been in touch with questions that DDS in conjunction with DSS staff are in the process of answering. These questions are expected to be resolved in July. Once the Planning APD is approved, staff can move forward with the Implementation APD.

Business Requirements Workshops took place between late April and mid June for the various business processes expected to be addressed by the envisioned application suite. DDS Business Owners, Deb Duval, Dan Micari, Dory McGrath, John Tierney, Jadwiga Goclowski, Joe Drexler, Krista Pender, and Siobhan Morgan assisted in the identification of workshop participants. There was provider participation in all requirements workshops. Business process models were developed for:

- Consumer Services Planning
    - Eligibility Determination, Case Notes, LON, Individual Planning & Budgets and Electronic Case File
- Resource Allocation
    - PRAT, Waiver Management
- Quality Management
    - QSR, Licensing and Certification, Qualifying Providers, PRC/HRC, Medication Administration Certification, Incident Management (including Abuse and Neglect, Restraint, Medication Errors, Deaths and Mortality Review, Critical Incidents),
- Fiscal Resource Management
    - Service Documentation, Waiver Service and TCM Billing, & Fiscal Resource and Provider Service Management.

Once we have finalized the business process models from the workshops, we are planning to present an overview of the work accomplished to date to various groups in July and post the models on the DDS Website. We are also working to arrange an on-line product review of a few non-proprietary Connecticut and other IT solutions used by other states (state transfer option) to be done in July by key members of the requirements workshops. This will help us decide how to move forward on the evaluation of the various IT product solutions required in the Implementation APD. These options include:

1. Transferring and modifying existing state systems
2. Buying and modifying commercial off the shelf (COTS) products, or
3. Building a new IT solution.

There might also be a hybrid of any combination of these solutions. We continue to be committed to finding the IT solution that best meets our identified needs for the lowest cost and least time to market.

The APD planning team continues to work on other IT related components using the information from the business requirements workshops and associated business process models. These additional components include identification of data stores, data grids and data workbooks for business and technical requirements. These components are necessary for evaluation of any potential IT solutions.

DDS has a web page for APD information (under latest news):
http://www.ct.gov/dds/cwp/view.asp?Q=477260&A=2645.

We will continue to post information to this site here to keep all parties informed of our progress. Business process models will be posted when they are finalized. None are posted yet as we are still doing internal "QA" checks on the work of the various groups. For more information, contact tim.deschenes-desmond@ct.gov.

Notes from the Operations Center

FY 2012 Contracts
On February 1, 2011, OPM Secretary Barnes requested that agencies work to implement Purchase of Service contracting reforms. Two points of emphasis were reducing the number of contacts with the same provider and improving the timeliness of the contracting process. He set an expectation that contracts be fully executed at least 15 days before the start of the contract.

DDS had eliminated regional contracts for FY 2011 and had already begun to work towards combining Day and Residential Services into a single contract. However, DDS like some other state agencies typically did not complete the contracting process before the start of the new contract period. Therefore, DDS focused on improving in the area of timeliness.

With the support of the Office of the Attorney General, the Office of Policy and Management and the fine work of DDS and private agency staff, DDS executed all 118 contracts for existing contractors before the June 15 target.

Thanks to everyone who worked to improve our performance.

Cost Settlement
During the spring, a change was proposed in the cost settlement DDS uses with its Day and Residential programs under the POS contract. There was some confusion as to how it would be applied to the year ending June 30, 2011. The Budget Implementation Bill clarified the legislative intent regarding cost settlement for DDS contracted providers.

For the contract ending June 30, 2011, the cost settlement will remain as outlined in the FY 2011 contract.

The cost settlement for the contract beginning on July 1, 2012, which will be calculated and recouped during fiscal year 2013, will be based on DDS recouping 100% of the surplus for the contract for Fiscal Year 2012.

The contract language of the new contract is consistent with the legislation.

Annual Report Training
On June 24, 2011, Annual Report training was provided at the Cultural Center in East Hartford. Based on provider feedback, the training was provided earlier in the year than in the past. Also, two sessions were provided, one geared for less experienced users of the Annual Report and one that focused on the changes in the report and typical errors. For those who were unable to attend, the slides will be available on the DDS website. The Annual Report is the most important source of financial information about the private sector and in the setting of billing rates for federal reimbursement. The timely and accurate completion of the Annual Reports is very important.

Autism Waiver

The Connecticut Department of Developmental Services (DDS) has received approval from the legislature to submit three new autism waivers to CMS for their review and approval. The autism waivers include the necessary services to support children and adults diagnosed with an autism spectrum disorder. These waivers provide services to individuals from DDS, the Department of Mental Health and Addiction Services (DMHAS) and the Department of Children and Families (DCF) who are currently not eligible for enrollment in any of the existing Connecticut HCBS waivers. We anticipate CMS approval by January 2012.

The purpose of these new waivers is to establish Connecticut's move toward increasing supports to individuals with an autism spectrum disorder and to maximize federal reimbursement of monies currently expended by three state agencies for individuals with an autism spectrum disorder. There will be minimal additional costs for the state to provide these waiver services as many of the individuals are already receiving state funded services or will in the future be funded through the state budget process.

Eligibility:

Individuals who are eligible for Medicaid, have a primary diagnosis of an autism spectrum disorder and an IQ equal or greater to 70 are eligible. Waivers 1 and 2 are appropriate for all individuals age 3 and older. Waiver 3 begins serving children who are at least 8 through adulthood.

Benefits:

These waivers include traditional service delivery and participant-directed options and establish the "Connecticut Level of Need Assessment and Risk Screening Tool" as the method to determine that an individual meets the Level of Care criterion for enrollment in the waiver. The maximum annual funding allocation for individuals in these waivers is as follows:

Waiver 1 - Funding level up to $35,000
Waiver 2 - Funding level $35,000 - $80,000
Waiver 3 - Funding level $80,000 and above.

Service Options:

They include many service options similar to the current DDS waivers. Additional supports have been added to address the unique needs of this population: crisis stabilization, social skills groups, specialized driving assessment and specialized evaluation and consultation.

Administration and Operation of Waiver

The Department of Social Services (DSS) is the single state Medicaid agency responsible for oversight of the DDS waivers. DDS is the operating authority through an executed Memorandum of Understanding (MOU) between the two state departments. DDS will operate the waivers as a state operated system with state employees delivering targeted case management services and operational functions carried out through the DDS Central Office. Services will be delivered through an array of private service providers through contracts or through a fee-for-service system and through the use of consumer direction with waiver participants serving as the employer of record. DDS and DMHAS will utilize a fiscal intermediary organization to support participants. DMHAS will use both state and private targeted case management services.