

# DDS EXECUTIVE BRIEFS

## An Update on CT DDS Initiatives

July 23, 2010

Issue 34

### Funeral Funds for DDS Individuals

1. Each person's Individual Plan (IP) should address their burial plans and it is the expectation that this discussion will be initiated by the case manager. This does not mean it has to be discussed during the meeting but there should be a plan to address the burial needs of consumers. The IP guide has prompt questions to help initiate this conversation.
2. An individual may set aside up to \$5,400.00 from their own savings in an Irrevocable Trust for a pre-paid funeral/burial arrangement. By establishing an irrevocable trust it is not considered an asset and cannot be used for any other need. These trusts can be easily arranged with any local funeral home. They can be of any amount below the maximum and can be added to over time.
3. An individual can also purchase a burial plot opening and closing, headstone, crypt, mausoleum, or urn. It is important to know these expenses are not covered by an Irrevocable Trust **or arranged by the funeral home. These arrangements should be the first arrangements made in any funeral plan.**
4. If an individual has a burial plot purchased for him/her through his/her own or family funds, that information should be provided to the funeral home and incorporated into the IP.. That information should also be clearly marked in the individual's record at the CLA and main social service file.
5. There are no limitations on the amount of money a family member may spend on an individual's arrangements. DDS or the private provider is not financially responsible for plans families make.
6. If the individual does not have a pre-paid trust arrangement, the funeral home seeks payment from the last town the person lived or from DSS. The maximum amount available through either is \$1,800.00. The funeral home usually does the necessary paperwork for this. This does not include the cost of the burial.
7. The state will pay up to \$ 1,800 towards funeral expenses. The amount increased from \$ 1,200 in 2006. The state's funeral assistance is reduced by (1) the amount in any revocable or irrevocable funeral fund, (2) any prepaid funeral contract, and (3) the face value of any life insurance policy the decedent owned. For SAGA recipients, indigent residents who did not receive assistance, and Medicaid recipients, the state's contribution is further reduced by any other contributions towards the funeral expenses in excess of \$4,600.  
<http://www.ct.gov/dss/cwp/view.asp?a=2353&q=305152> or <http://www.cga.ct.gov/2007/rpt/2007-R-0604.htm>.
8. Social Security does not provide any death benefit unless there is a surviving spouse. If so, the amount is \$255.00 <http://www.ssa.gov/pubs/10008.html>
9. Veteran Information [http://www.vba.va.gov/benefit\\_facts/index.htm#BM7](http://www.vba.va.gov/benefit_facts/index.htm#BM7)
10. **After all the above resources have been explored and there remains an issue with Burial please request funding from the Regional OE account if necessary for individuals living in a public sector setting or on their own.**

## Dying, Death, & Bereavement Resources

### Bereavement Resources

<http://alpha.vaxxine.com/info/brvres.html>

Includes FAQ\*\* and links to some of the resources listed in this pathfinder as well as many others.

### National Hospice Organization

<http://www.nho.org/>

Includes information about how to find a hospice, a hospice FAQ, discussion groups, and links to other resources.

### Caregiver and Bereavement Resources

<http://hospice-cares.com/>

A link to a variety of sites focusing on caregivers, bereavement, and hospice. It includes special resources for grieving children.

### Bereavement & Hospice Support Netline

<http://ube.ubalt.edu/www/bereavement/>

Resource directory providing a national (U.S.) listing of free or very low cost bereavement support groups, services, newsletters, and professional organizations and associations.

### Emotional Support Guide

<http://asa.ugl.lib.umich.edu/chdocs/support/emotion.html>

Provides organization for and links to Internet resources for physical loss, chronic illness, and bereavement.

### Helpful Essential Links to Palliative Care

<http://www.dundee.ac.uk/meded/help/indexb.htm#secb>

Focuses on communication throughout the dying, death, and bereavement continuum.

### DeathNET

[http://www.islandnet.com/~deathnet/home\\_frame.html](http://www.islandnet.com/~deathnet/home_frame.html)

Compilation of resources on dying, with an emphasis on death with dignity.

### Tom Golden's Page: Crisis, Grief & Healing

<http://www.webhealing.com/>

Interactive site that includes "A Place to Honor Grief," where individuals can submit personal narratives about their experiences with loss. Also focuses on men and their unique grieving process.

### Growth House, Inc.

<http://www.growthhouse.org/default.html>

## Update on Regulations

Revised regulations governing the licensure of Community Living Arrangements (CLA) and Community Training Homes (CTH), and those governing contracting for Residential Support Services, Supported Living Services are in a draft form and are being put into final draft format. Once this is completed the regulations will be reviewed by applicable external agencies. At the completion of this process, a Notice of Intent to amend the regulations will be published in the CT Law Journal, a public hearing will be held and the 30 day period for public comment will commence.

Regulations governing HCBS waivers operated by the DDS are being reviewed by representatives of the Department of Social Services, the state agency which administers the waivers. Once that review is complete, a Notice of Intent will be published in the CT Law Journal and the process noted above will begin.

After the period of public comment, the final step in the approval process will be submission of all the regulations, first to the Attorney General's office and then to the Legislative Regulation Review Committee for final approval. Once approved, CTH will be known as Community Companion Homes and contracting for Supported Living Services will be replaced by contracting for Individualized Home Supports and Continuous Residential Supports.

The Notice of Intent published in the CT Law Journal and the proposed, amended regulations will be posted on the DDS website.

## Draft Messier Settlement

The Plaintiffs and Defendants have been involved in detailed settlement negotiations to address the court order from Judge Burns in *Messier v. Southbury Training School* (STS). The Judge's ruling of June 5, 2008 focused on the need for the Department of Developmental Services (DDS) to be in full compliance with the Americans with Disabilities Act. The draft settlement language envisions that this will be accomplished by DDS ensuring that teams make a professional judgment about each STS resident's ability to be served in the most integrated setting and that each class member and their guardian make an informed decision as to whether or not they want to consider placement in a community setting. The implementation of this settlement agreement supports the community transition for any resident of STS who wishes to move, but does not direct the closure of STS. The Judge's ruling and the draft settlement agreement affirm that this is, ultimately, the guardian's decision.

The draft settlement agreement details benchmarks that the department will meet within three years. The department's efforts to implement the benchmarks will be reported to and monitored by a "remedial expert," who is *not a Special Master*, and served a similar role, achieving a positive outcome with no further Court involvement, in *ARC-CT v. O'Meara/Wilson-Coker* (the "Waiting List" case) over its five-year term.

The benchmarks of the draft settlement agreement include:

- Training for team members to make professional judgments about the most integrated setting appropriate to meet the needs of class members
- Informational material for guardians and others about community services and the resources available
- Transition planning for all class members who decide with their guardian to move to a community setting.

The Remedial Expert, Tony Records, selected by mutual agreement of the parties, would be retained by the state to:

- Assist with training and education
- Address any identified systemic barriers to developing community options for class members
- Convene meetings with Plaintiffs and Defendants to report on activities, progress and issues
- Be available to meet with any class member or guardian to discuss professional judgment recommendations and community options
- Review transition plans
- Facilitate any resolution of disputes
- Provide a “gatekeeper” function as to any future access to the Court.

The department will continue to make resources available to all STS residents who wish to move to the community. Individuals who decide to stay at STS will continue to receive comprehensive supports to meet their needs.

The recommended settlement agreement has been shared with Judge Burns. It will be implemented when and if she approves it. She has scheduled a Fairness Hearing for August 20, 2010.

## Changes to Medicaid Coverage for Prescribed OTC Products

The Connecticut Department of Social Service (DSS) Medical Assistance Program issued notification that effective June 1, 2010, prescribed Over-The-Counter (OTC) products for clients age 21 or older, would no longer be covered as a pharmacy benefit under Medicaid. An exception to this was coverage of insulin and insulin syringes which continued to be a covered pharmacy benefit and not age restricted.

In response to questions and concerns raised over coverage of nutritional supplements DSS issued a subsequent notification stating nutritional supplements for clients age 21 or older would only be covered for clients who require tube feeding (G or J) or for clients that cannot safely ingest nutrition in any other form. Pharmacy providers were issued notification that pharmacy claims for a nutritional supplement for a client 21 years of age or older would require the prescribing practitioner to indicate the appropriate diagnosis code on the original prescription.

DDS is cognizant that this change will have a fiscal impact for the Department and its providers. Some recommendations include:

- For OTC medications and products that have prescription product alternatives, check with the prescriber to decide if a switch to the prescription product is an option.
- For nutritional products used in tube feedings, work with the pharmacy to ensure the prescribing practitioner is providing the appropriate valid diagnosis code on the prescription.
- For nutritional supplements no longer covered (e.g. Thick-It, Hydra-Aid, Boost, Ensure, etc.) order these products through the state of Connecticut contract with McKesson Medical. Go to DAS website and type in contract # 07PSXO156. For assistance, contact Tina Jordan, FAO at 860-263-2550 – DDS North Region, East Hartford Business Office.

The department will be re-issuing the Advisory on the use of consumer funds to procure prescription and non-prescription medications, and outpatient services (I.F.Adv.004) to increase the amount of both earned and unearned income that can be used toward the costs of non-prescription medication to 50% from the existing limit of 30%.

The Operations Center will also issue a reporting format to be used by all providers to report monthly on their agency's increased expenditures as a result of this change in DSS coverage. This will allow the department to possibly request funding through the state budgetary process during this fiscal year.

## Residential Contracting in Fiscal Year 11

As part of the centralization of contracting, the Residential Contracting System has been changed significantly for 2011.

There are some definite advantages to both Providers and DDS including:

- Significant reduction in the number of contracts and amendments.
- Improved responsiveness on processing of requests for one time support.
- A more consistent approach of authorizing waiver services for both contracts and individual budgets.

It will no longer be necessary to process amendments for each one time or addition or subtraction of a support recipient.

Amendments will only be necessary when:

- The maximum value of the contract needs to be increased.
- A new type of service is added to a provider's contract.
- A new group home is funded by DDS.

While the contract will require less frequent attention, the contract service authorization becomes the key financial document for ongoing budgeting and planning by the provider. The contract service authorization represents the current funding commitment to the provider for services to a consumer. It is issued by the region and all individual funding decisions for consumers remain in the region. Authorizations should be closely reviewed for accuracy since payments will be based on the information in the authorization.

Payments will be based on information properly entered and signed off by the provider in Res Web Day. In order to be paid, service must be provided during the month and entered into Web Res Day and signed off prior to the 10<sup>th</sup> of the following month.

All residential services are paid for based on a monthly rate regardless of volume of services in the month. As with contracted Day Services the delay in having attendance information available for payment calculation means that the payment will be based on an estimate for the previous month with a correction adjustment the following month for any discrepancies. This approach will allow DDS to make payments on or about the first of the month for services provided the previous month. A back up report will be provided that will allow the provider to understand what was in the payment.

One significant change from the legacy contract is that vacancies are no longer directly funded. When a person is absent for the entire month, no services are billed and, therefore, no payment is received. In order to address this issue the one time procedure has been re-written to include provision for (a time limited) one time authorization to the remaining people in the CLA or CRS. This will address both situations where a person is at a medical facility for the month as well as when people leave the residence and the agency is seeking to serve another person. Like all one times, provider will need to submit documentation to be paid for the one time. A simple billing form has been developed in order to provide consistent information.

This transitional one time funding may not be extended. Providers are encouraged to work with the region throughout the transitional period in order to minimize issues arising at the end of the period.

### **Tips for Success**

With any new system there will be some problems, however, many can be avoided by following these tips.

1. Check the authorization closely for amounts and effective dates; question anything that does not seem right immediately.
2. Do not wait until the last day to enter utilization in Web Res Day. Enter it several days early, sign it off and follow up on anyone for whom information is missing.
3. Make sure all Web Res Day utilization is entered and signed off. Your payment depends on this process.
4. Submit one time requests as soon as the need is identified and follow up if you do not receive a response.
5. As this is a new process for both the provider and DDS, there will be learning curve for us all. If something does not seem right, make sure you talk to the appropriate person that will be able to address your concerns. If you have concerns about what they are telling you talk to their supervisor.
6. Do not expect payment for a service that is not authorized in writing unless the verbal authorization is appropriate to the situation (i.e. emergency) and comes from the Resource Administrator or above. A written authorization should follow within a few days. If you do not receive it, follow up with the region.
7. For questions with contracts talk to the Operations Center Resource Managers. For questions with the authorization talk to the Regional Resource Managers. Going to the right person to start will make it easier to get matters resolved.

Everyone in the Regions and the Operations Center is committed to making the new system a success. We look forward to working with you over the next year.

***Reminder: Over the past week, the Operations Center has received numerous calls requesting the June billing data in order to have the information available for their auditors. As you know, DDS moved to utilization based payments as of February 1, 2010. In order to maintain timely payments, providers are reimbursed based on an estimated payment for the past month reconciled with the actual attendance for the previous month. In keeping with this process, the June actual attendance will be disseminated as part of the detailed information for the August payment.***