

DDS EXECUTIVE BRIEFS

An Update on CT DDS Initiatives

December 4, 2009

Issue 31

Customized Job Development Training

The Department of Developmental Disabilities was pleased to partner with the Institute for Community Inclusion (ICI), University of Massachusetts, in Boston to offer customized job development training to 22 job developers on June 3rd, 4th, and 18th. This training opportunity was provided as part of a research project that is being conducted by ICI and the Research & Training Center on Community Living, University of Minnesota. The research project focuses on validating a training and mentorship approach for improving the skills of employment consultants.

The agencies in Connecticut that volunteered and were selected to participate in this important research project are listed below:

- Community Enterprises, Inc.
- The ARC of Quinebaug Valley Inc.
- The Kennedy Center
- Vista Vocational Life Skills Center
- Abilis
- Goodwill Industries of Western Connecticut
- The Institute of Professional Practice
- ARI of Connecticut
- Easter Seals Goodwill Industries
- LARC
- Marrakech, Inc.
- REM Connecticut
- STAR, Inc.
- Northeast Placement Services, Inc.

Following this training, job developers will receive both on-site and long distance technical assistance from ICI staff and will participate in a variety of data collection activities. It is anticipated that an additional 22 Job developers will receive three days of customized job development training in June 2010. Results of the study will be published by ICI and made available at

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

We are excited about the opportunity to offer free training and technical assistance to employment service providers at a time when resources are particularly limited. We are looking forward to using the information obtained through this research to enhance the design and delivery of job development support services funded through the Department of Developmental Services.

New Employment and Day Supports Waiver

In an effort to generate additional revenue for the state, the Department of Developmental Services (DDS) is developing a third Home and Community Based Services waiver. This will be an Employment and Day Supports waiver designed to serve individuals who are living in their own or their family home and who have a strong natural support system in place. This includes children with complex medical needs whose families require periodic respite 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. The waiver is designed to serve 200 people the first year, 300 in the second year, and a total of 400 in the third year with a maximum funding cap of \$28,000 per person.

DDS has completed the first draft of the waiver and it is currently being reviewed by the Department of Social Services (DSS). Once we receive approval from DSS, the draft waiver application will be posted on our website. Following review and approval by the Office of Policy and Management and the Legislature, the waiver will be submitted to CMS for its review and approval with an anticipated effective date of May 2010.

If you have any questions or comments regarding this waiver, please contact Debbie Duval at 860-418-6149 or deborah.duval@ct.gov.

Operations Center Reorganization

The Operations Center is being reorganized to begin the process of centralizing regional contracting functions. These reorganization activities are part of the larger Department of Developmental Services (DDS) effort to perform critical functions with fewer staff as a result of the staffing reductions associated with the retirement incentive program. The Operations Center will be responsible for contract development and provider payments. The staff to perform these tasks are being transferred from other areas of the department. The Operations Center staff will be located in Cheshire and Hartford. This is the first stage in a move towards statewide Purchase of Service umbrella contracts for residential and day services. The regions will continue to oversee provider performance, monitor contractual obligations and perform the work related to QSR and Quality Improvement meetings.

Provider Documentation and Progress Notes, Requirements

It has come to the attention of the department that some providers may not be aware of the requirements staff must complete for documenting the services delivered and the minimum standards for completing daily and quarterly progress notes. Qualified provider staff must document services delivered and keep records according to Medicaid requirements as well as DDS Policies and Procedures. Documentation requirements differ according to the service type. A guideline for all

providers to follow can be found on the DDS website. There are specific guidelines for each waiver service. The link is:

http://www.ct.gov/dds/lib/dds/operations_center/providers/ct_dmr_vendor_documentation_guide_combined.pdf

It should be noted that DDS only considers supports to have been provided and reimbursable if there is documentation of the provision of the service. In general, the documentation for services delivered should include, at a minimum, the following information:

- **Participant Name**
- **Procedure Code - Service Type**
- **Date**
- **Start Time**
- **End Time**
- **Miles traveled or Number of Trips (if applicable)**
- **A Signature for the time period of the service delivery**
- **Daily Progress Notes that document the activities for each date of service. All activities should be related to a goal on the individual's plan. Examples of acceptable daily progress notes include:**
 - ✓ Daily individual or group activity logs
 - ✓ Daily communication logs
 - ✓ Daily production data
 - ✓ Daily programmatic data
 - ✓ Employment data, hours of paid work
 - ✓ Clinical Data
- **Six month progress notes that document the activities on a biannual basis. (A standardized form exists for DSO, GSE, SHE, Staff Modifier, Adult Day Health Care, IHS, Personal Supports, Adult Companion, SEI and Individualized Day supports.)**

The six month progress report must be sent by residential and day service providers to the case manager. The case manager is responsible to complete a six month review to comply with waiver requirements and DDS policy. If this documentation is not provided on a timely basis, the case manager will contact the resource manager to follow up with the agency. Any lack of documentation noted in an audit will result in formal communication between the regional administration and the provider.

Provider Profiles

Provider Profiles is a web based information database developed for individuals and families to locate providers either by name or by the town in which supports are provided. The database links the researcher to a provider profile that includes:

- The standard organizational information
- The towns they serve
- The supports they provide

<http://www.ct.gov/dds>

- A description of the agency written by the organization and
- A link to a Quality Service Review (QSR) report.

The initial QSR Report was a summary of the standards that had been reviewed up to a specific date. On February 1, 2010, the Provider Profiles will include updated QSR data for the calendar year of 1/1/2009-12/31/2009. This captures the time period since the new QSR was fully operational statewide. Hereafter, the QSR data will be updated and posted to the Provider Profiles on a semi annual basis. All agencies are encouraged to visit the Provider Profiles link on the lower right hand side of the DDS Website and review their provider information. All changes should be sent to DDS.Provider.Profiles@ct.gov, a dedicated email address for providers to communicate with DDS on issues and/or requested changes regarding the provider profiles.

Continuous Residential Supports

For several years, DDS has funded people who live in a house or apartment and receive 24 hour supports. These settings were funded as Supported Living. When Supported Living became part of Individual Home Supports (IHS) and the documentation of the supports provided switched to 15 minute intervals, these settings were identified as not fitting the existing definition.

In an effort to distinguish these settings from typical I.H.S., which offers intermittent supports, a new category was created called Continuous Residential Supports (CRS). The regions and providers began identifying CRS settings over this past summer. To date, over 200 people have been identified as receiving continuous residential supports.

After January 1, 2010, CRS settings will have Quality Service Reviews similar to CLAs with 3 or fewer people. In the meantime, Case Managers and Quality Monitors will use newly developed tools to review but not officially rate these CRS settings. This will allow providers time to prepare for the additional requirements. Providers will need to ensure that the agency staff designated as the QSR Administrator is well versed in the requirements of the QSR system for any CRS settings. On the DDS Website is a guide to distinguish CRS from Individual Home Supports and a list of the QSR indicators that apply.

DDS will pursue revising the Comprehensive Waiver to include the definition of CRS setting into Residential Habilitation Service. When that change takes place, providers that have a CRS setting will be required to provide attendance based on a day of service similar to CLAs.

Clarification on Clinical Behavioral Supports Requirements

As part of the Comprehensive Waiver Renewal and the IFS Waiver Amendment effective 10/1/2008, the department eliminated the service called Consultation. The supports that were offered under Consultation were separated into Nutrition and Clinical Behavioral Supports. The department recently issued service definitions and qualification requirements for Clinical Behavioral Supports. The service settings and General Service Limitations remained the same. That is, the service definitions and qualification requirements apply only to those authorized to provide Clinical Behavioral Supports through a Vendor Service Authorization (VSA) in accordance with the service

settings and general service limitations. Behavioral consultation as defined as a separate waiver service is provided to people living in their own or family home.

The department will be developing a process for existing qualified practitioners and provider agencies of clinical behavioral supports to renew their qualifications on a regular basis to ensure all licenses and certificates are current.

The revised qualification requirements do not apply to supports provided through a Purchase of Service contract or in group day settings funded through individual budgets. The qualifications and compensation for staff providing behavioral supports to contracted individuals or group day settings are at the discretion of the private agency and does not require the agency and/or the staff to become a qualified provider for clinical behavioral supports.

H1N1 Flu Outbreak Planning

In response to the World Health Organization's concern regarding a possible Pandemic Flu outbreak a few years ago, the federal government began a national planning effort to help every sector of society prepare for this potential health crisis. As part of the State of Connecticut's planning effort at that time, Governor Rell required all state agencies to develop a Pandemic Continuity of Operation Plan (COOP). A COOP identifies the critical functions of an organization, strategies to maintain those functions given a variety of assumptions and the resources needed to implement those strategies. This planning has proven to be invaluable in Connecticut's response to the influenza pandemic of 2009.

As part of the State's original plan, all qualified providers of DDS were required to develop their own COOP. In light of the current H1N1 Flu outbreak, DDS is requesting that all providers review their organization's COOP and make the necessary adjustments to reflect current conditions. As part of the review process, providers should update the agency's critical functions, review all planning assumptions and verify that the strategies identified to maintain critical functions are still viable. Since a pandemic outbreak can mutate over time into a variety of virulent forms of the flu, providers should continue to plan for all types of staffing emergencies. Providers that have aligned with other service providers or have contracted with temporary staffing agencies should update any previous agreements that were developed in response to the COOP. If a provider has not completed a COOP, please email Peter Mason at peter.mason@ct.gov for forms and instructions.

The Department of Administrative Services is now requesting weekly flu impact status reports from every state agency. Currently, this is only for state operated services. DDS has developed a "DDS H1N1 Provider Status Report" in the event that all state and privately operated services will be included in the status report. The Provider Status Report is being piloted in an effort to determine the usefulness of the form and identifying any reporting difficulties.

Changes in HIPAA Requirements

The Department of Developmental Services (DDS) recently issued an advisory to all providers and business associates dated September 22, 2009. This advisory explained new HIPAA requirements about notification of breaches of HIPAA related information and about accounting for disclosures of HIPAA information.

Any breach of HIPAA protected information must be reported. For providers serving DDS consumers, the breach of security must be reported to the DDS Ombudsman, Ed Mambruno.

Questions have been asked about the requirement to account for (or document) normal disclosures of HIPAA information.

1. Paper records that are shared for the purpose of treatment, payment and other health care operations (TPO) do not have to be documented.
2. Providers must maintain an accounting of all disclosures of electronic health records (EHR). This accounting must be maintained and be available for the consumer to see and review. A provider can select the best method to maintain this documentation. Choices include being part of the individual client record or maintained as part of the agency's electronic data retention system.

You may send questions via email to James Welsh, DDS Legal Director, (james.welsh@ct.gov) and we will endeavor, in consultation with the Office of the Attorney General, to respond quickly and widely for matters of general concern and interest for providers and business associates.