DDS EXECUTIVE BRIEFS

An Update on CT DDS Initiatives

May 26, 2010 Issue 33

Electronic Incident Reports

A new electronic fillable version of the 255 and 255m forms has been available since July 2009 on the Department of Developmental Services (DDS) website in the *For Providers* section. Until secure email accounts are available, please DO NOT email forms using standard email as it is not HIPAA protected. Providers should 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 HIPPA protections so that forms can be emailed as an alternative means to send 255s to DDS. The attached information has regional contact names.

Please see the attached links:
Instructions: http://www.ct.gov/dds/lib/dds/forms/incident_report/incidentreport eform_instructions.pdf.
Forms: http://www.ct.gov/dds/cwp/view.asp?a=3166&q=391074.

A video presentation and copy of the power point slides for this topic are available on the DDS website, http://www.ct.gov/dds/lib/dds/webcast/2009_0603/changes_to_incident_reporting.pdf.

If you have questions, you can contact Tim Deschenes-Desmond or Jadwiga Goclowski at DDS Central Office, tim.deschenes-desmond@ct.gov or Jadwiga.goclowski@ct.gov.

Providers Accessing Tumbleweed

It has been brought to our attention by DDS staff that not all providers are consistently using Tumbleweed. It will help all staff from our agencies if most communication can be done electronically.

Please feel free to direct any and all Tumbleweed related inquiries to Mary DiPietro at 860-418-6071. She has updated the instructions and has worked with numerous Case Managers and Providers to support the secure email and secure file transfer technologies.

Or email the dds.helpdesk@ct.gov so the request for assistance will get assigned to Mary.DiPietro@ct.gov.

Tumbleweed Internal User Q & A:

http://dds.si.ct.gov/ddssi/cwp/view.asp?A=2888&Q=416950.

Tumbleweed Secure Email
Department of Developmental Services Instructions for External Users:

http://dds.si.ct.gov/ddssi/cwp/view.asp?A=2888&Q=416948.

DDS Provider Certification

DDS provider certification is defined as the written authorization issued by the Commissioner to a qualified provider to deliver supports and services to individuals. Certification is achieved and maintained by the qualified provider by meeting the expectations of the department's quality system in the area of level of care determinations, individual plans and service delivery, outcome achievement, provider qualifications, individual's health and welfare, compliance with financial requirements, and implementing quality improvement plans to address issues identified by department staff or the provider organization.

Generally, qualified providers who currently provide the following services: Day Support Options, Sheltered Employment, Individual Supported Employment, Group Supported Employment, Community Living Arrangements, Respite, Continuous Residential Support, Individualized Home Supports, Individualized Day Supports, and Personal Support will be given an initial certification on July 1, 2010. In the future, additional service types may be added to the DDS certification process.

No additional action is required by providers for this to occur. This initial certification will be valid until the provider's next Regional Provider Performance Review, at which time a recommendation regarding certification renewal will be made by Resource Management to Quality Management Services. Resource Management will make recommendations based on the following components:

1. All CLAs shall have Two-Year License Status Determination.
2. No service sites shall be on active Enhanced Contract Monitoring.
3. Quality Improvement Plans are accepted.
4. Provider Certification Performance Data: Quality Service Review, Incident Reporting, Abuse/Neglect Reporting and recommendations, HRC/PRC, Waiver Compliance, Financial, PRAT, Case Management, Health Services, and Other significant concerns.

Resource Management will make recommendations for a one or two-year certification. If all components are satisfactory, then the provider shall be certified for a two-year period. If any component is not satisfactory, a one-year certification shall be considered.

Resource Management certification recommendations will be identified and sent to Quality Management Services. Quality Management Services will review and then make recommendations regarding certification to the Commissioner for final authorization. Providers will be notified of certification status in writing.

During a two-year certification period, if provider issues arise, monitoring processes may be implemented. These include additional visits by Quality Management Services, Resource Management and Case Management, and Enhanced Contract Monitoring. These processes will continue until quality improvement occurs. Lack of acceptable progress may result in the issuance of a one-year certification. All one-year certifications will remain in effect until the provider's next Regional Provider Performance Review, at which time a recommendation regarding certification status will be made by Resource Management to Quality Management Services.

Although certification status may be a one or two-year designation, Provider Performance Reviews will continue to occur on an annual basis.

Questions regarding DDS provider certification may be forwarded to Daniel A. Micari, Director, Quality Management Services, at daniel.micari@ct.gov.

OPA Investigation Follow UP

DDS recently reviewed the findings and recommendations of an investigation conducted by the Office of Protection and Advocacy (OPA) following the death of a consumer who lived in a DDS group home. While there was no finding of neglect in the case, OPA made several recommendations to DDS. Our response plan to some of these recommendations has system-wide applicability. Therefore, please be advised of the following and assure that your homes and programs are in compliance:

OPA Recommendation #1: DDS should ensure that all out-of-house staff are trained on client specific routines prior to working with or being assigned direct responsibility for a consumer who requires close supervision while ambulating.

DDS Response:

- All DDS Regions and private providers will have a protocol in place in each home ensuring all out-of-home staff and new employees are oriented to client specific routines, including individuals who require close supervision while ambulating, prior to their being assigned direct responsibility.
- This should include some type of job shadowing for new employees, the length of time to be determined by the agency management.
- When a new staff is assigned to a home, each shift should have some type of orientation to shift responsibilities that can be easily communicated from the outgoing shift supervisor to the incoming staff.

OPA Recommendation #2: DDS should ensure that all in-home regular staff are trained regarding client specific routines and guidelines including consumers who require close supervision while ambulating.

DDS Response:

- All DDS Regions and private providers will have a protocol in place ensuring all in-home regular staff are trained in specific client routines and guidelines, including individuals who require close supervision while ambulating.
- This should include assigning someone (e.g. the house manager or designee) the responsibility for ensuring that this training is completed according to licensing regulations.

For both OPA Recommendations #1 and #2:

- Each DDS Region and private provider will ensure that if there is a change in condition for an individual there is a referral process in place to address the change.

Transition to Utilization Based Payment System

DDS implemented the attendance based payment system on February 1, 2010. This change required both DDS staff and private agency staff to respond to a significant change in a short period of time. We are appreciative of everyone who worked to implement this change.

While the change has been challenging particularly for private agencies that are coping with revenue reductions, there have been significant achievements in system improvement that no other reduction could have achieved. They include:

- A focus on maximizing service to service recipients resulting in attendance of overall 80.7% in a snowy February and 89.4% in March. We expect a continued attendance above historical reported levels of 82.6%. April attendance overall was 91.6%.

- Greatly improved consisting in category of services based on the HCBS waiver services.

- Greatly improved compliance in reporting attendance for people funded under the contracts.

- The identification and elimination of payment for people who had left services.

Overall, the change has improved the compliance with HCBS requirements and data integrity.

The efforts of everyone to understand and work with the new payment system are appreciated!

Understanding the Components of the Payment Process

Based on feedback from providers, the following information is designed to help providers understand the information that DDS sends out each month to identify what is in the payment.

Using the May payment (i.e. the payment issued on May 3 or 4) as an example, the summary of a payment will contain the following components:

- Adjustment from the estimated attendance payment paid in the previous month.

- The payment for the March services based on the actual utilization data entered and signed off on or before April 10.

- The payment for April services based on an estimated attendance of 1/12 of 225 days for per diem attendance and 1/12 of the annual authorized hours for Supported Employment Individual and Individualized Day.

- SEI Hardship Adjustment if applicable.

- One time payments if applicable.

- Special adjustments if applicable.

Adjustment out of the Estimated Utilization Payment Paid in the Previous Month
Because we need to replace the estimated utilization with the actual, we deduct the estimated amount the provider previously received. For example, the May payment will show as a negative amount the payment for estimated March services that was made in early April.

The Payment for Services Based on the Actual Utilization
With March attendance available, the payment amount based on actual utilization is calculated for all utilization completed in Web Res Day on or before April 10. This would also include any corrections made to previous attendance or attendance for previous months that had not been submitted until the period entered from March 11 through April 10.

The Payment for April Services Based on an Estimated Utilization
Since April utilization data is not yet available, providers are paid based on estimated utilization. This is normally based on 1/12 of 225 days for per diem attendance (Group Supported Employment, Day Service Options and Sheltered Employment) and 1/12 of the annual authorized hours for hourly rates that are reported in Web Res Day in 15 minute units. (Supported Employment for Individuals and Individualized Day.)

SEI Hardship Adjustment
As agreed as part of the hardship process, a cap on losses was set at 2% for SEI. The calculation is based on all authorization for which March utilization was entered into Web Res Day and signed off by April 10. The calculation limits the loss on the SEI programs to 2% based on the 1/12 of the annual hours at the SEI rate.

It should be noted that fluctuations in attendance as well as corrections may impact the final calculations of the SEI hardship. At the end of the year, the exact amount for the year will be calculated and the payment in August will be adjusted based on the final SEI hardship.

Payments for One-Time Authorizations
When a provider has one time authorization under the authorization system implemented February 1st and has submitted the necessary back up information required to issue a payment, the region will authorize the payment. It will be included in the next monthly payment cycle.

Special Adjustments
These would include cost settlement and reductions for people who had left service for whom payment needed to be recouped. It would also include payments that were due for one time amendment processed prior to February 1, 2010. Providers should receive a letter for cost settlement and a special adjustment form for the other payments. Most special adjustments are due to the transition.

Service Recipient Back Up
The actual utilization data for each person and the repayment computation for the person are provided as a detailed back up. A separate report with detail on actual participant utilization is also provided. The information is taken from the authorization that has been issued and the utilization completed in Web Res Day prior to the 10th of the month. Information includes the person, the service, and the month of the actual attendance/utilization, the number of units, the payment rate and the total payment for the month for the person. It should be noted that the 15 minute units entered in Web Res Day for Individualized Day and SEI are converted to hours for easier review. This should allow the provider to review the payment based on utilization and compare to the information entered into Web Res Day. If a person is not listed, that would indicate that there was no completed attendance on or before the 10th of the month or there was no authorization. Issues with authorizations or with people authorized not appearing in Web Res Day should be directed to the regional resource manager. Utilization not entered into Web Res Day may be entered into Web Res Day later and will become part of the next month's computations.

Calculation Loss Due to Attendance Based Billing

Another area that is frequently raised is the calculation of the loss due to attendance billing. Both in hardship applications and in other communication there have been numerous submittals by providers incorporating various methodologies.

The approach we have used for programs with per diem utilization billing is as follows:

1. **Total number of available days** - Calculate the total number of potential days of service for a month by counting the number of weekdays excluding holidays. (For example February had 20 week days minus one holiday for 19 potential days. March has 23 week days and no holiday.)

2. **Adjusted Potential Days** - Multiply the total amount of available days by the utilization percent used for rate development (90% for most providers; you may consult the back up sent regarding the original authorization calculations). For a provider rates based on 90% attendance factors the result would be 17.1 days for February, 20.7 days for March. Because the rates already contain 10 holidays and 25 other days out of program the potential days are adjusted.

3. **Adjusted Potential Revenue** - Multiply adjusted potential days by the per diem rate for each person according to the Contract Service Authorization.

4. **Actual Revenue** - Multiply the actual attendance for the participant by the per diem payment amount to calculate the revenue from attendance for each person. Add to the total any special adjustment that was or expected to be provided to the agency to reduce the loss on attendance such as the 80% hardship.

The difference between the adjusted potential revenue and the actual revenue is the gain or loss associated with the shift to the attendance. We recognize that there may be other factors that create gains or losses for the providers. However, this approach provides a realistic quantification of the impact of utilization on the provider.

For calculation of hours for SEI and Individualized Day we generally have used 1/12 of the annual hours.

While private agencies ultimately have to manage based on their overall revenue and expenses, properly quantifying the impact of utilization will allow for sound management decisions and clearer communication with DDS.

Hardship

To date, DDS has received 12 hardship applications. The Hardship Committee has reviewed 8 and we expect to send out hardship awards this week to those providers. Any provider reviewed and not approved will also be notified. **The deadline for submitting a hardship application is June 4, 2010.**

Agencies that are experiencing losses due to attendance should consider applying. Applications should be sent to the Assistant Regional Director for Private and copied to Joe Drexler in the Operation Center. Electronic submissions are encouraged along with a signed paper copy to the Assistant Regional Director.

It should be noted that the hardship process is only to address issues arising from the implementation of attendance and utilization payments for people. Other financial issues based on changing needs of people must be addressed through the region and the normal one time funding process.

Residential Changes in FY11

In FY 11 residential services under the purchase of service contract will also be incorporating the authorization system for services. There will be one statewide contract instead of one for each region. This will dramatically reduce the number of amendments required to the contract and should reduce the time between service initiation and payment. Providers will receive an authorization for each person. The authorization will be consistent with the correct amount in the contract. The authorization will have a monthly amount. The monthly amount will be paid for any month in which the agency provides service and properly reports it in Web Res Day. The payment will **not** vary based on actual attendance or utilization.

When additional funds are approved by PRAT, the authorization will be changed if they are annualized funds or an authorization for one time supports will be issued.