

Residential Rate Setting

April 5, 2013

Attendees: Quincy Abbot, Stan Soby, Elisa Velardo, Peter Mason, Thomas Dailey

Absent: Varian Salters, Amy Chase, Pat Dillon

1. The February 22, 2013 minutes were reviewed and approved.
2. Residential Rate Transition Workgroup and Subcommittee update:
 - Residential Issues subcommittee
 - i. Is working on the Policy for Assistive Technology.
 - ii. Aging in Place – the committee is looking at other states.
 - iii. Creative Housing options are being looked at.
 - iv. Quincy shared that the My Place Program is to be announced by the Governor in June or July. It is a web based program with a single point of entry. Siobhan Morgan is involved in this project.
 - v. The Commission on Aging under the leadership of Julie Evans Star is also doing work in the area of Aging in Place.
 - The Community Companion Home subcommittee is reviewing qualifications for Providers. The only way to provide services now is through a RFP or expanding services as a current provider. Rate levels are based on LON and will be added to the Qualified Provider list.

i. Rate 1	<24 hours
ii. Rate 2	24 hours
iii. Rate 3	Comprehensive

CCH providers will have a set number of respite hours based on LON. The group discussed the licensing requirements, including costs incurred by the provider, amount of time it takes, and potential deterrents to providers.
 - IHS – discussed in detail later in the meeting.
 - Data Management continues to be on hold due to competing priorities and limited staff.
 - The time table for the implementation of the Residential Rates continues to be planned for January 1, 2014.
3. Discussion took place around the six areas of recommendation of the outplacement work group. The LON rates are draft at this time, and should be used for reference, but not as set rates.

4. DDS allocated \$41.5 million from July-December 2012, showing that despite fiscal constraints, services are being offered to those most in need. The hope of the outplacement workgroup was that any savings from outplacements could be used to reinstate the rescissions. The Legislators are indicating that there will be no redirection of potential funding from savings in public closures to providers. Instead it appears any savings will be applied to the general fund.
5. Providers discussed the fact that some regions have been using a budget worksheet that is based on LON rates. Peter will bring up a discussion about the budget spreadsheet with Resource Managers and Regional Administrators.

Regional Efficiencies

- PRC – Commissioner Macy is taking the lead on developing recommendations around restructuring PRC. 3 agencies piloted a 10 point criteria, based on a sampling of individuals, rather than every individual who used poly-pharmacy.
 - One of the keys to reducing poly pharmacy was experienced and highly self regulated staff.
 - Though the agencies were very positive, and presented to Commissioner Macy and the Clinical Directors, it is not feasible to move forward at this time with expansion of the pilot at this time..
6. Tim Duchenes Desmond analyzed results of the PRC survey and they will be presented at upcoming meetings. DDS would like to see more of a focus on PBS rather than psychiatrists.
 7. Stan asked that the credentials of Behaviorists/Clinical staff be clarified to ensure consistency in the standards of Positive Behavioral Support Plans.
 8. The DDS Clinical Directors are working on training for new clinicians to orient them to the standards and expectations. The committee agreed that direct feedback from PRC to the agency on the quality of presentations and plans are helpful.
 9. Review of draft CLA/CRS rates will be tabled until the next meeting to allow the full residential rate setting committee to meet prior to our review..

10. IHS – Peter reviewed the draft hours for IHS based on Level of Need.

Draft LON Hours for IHS

LON	Hours/wk
1	14
2	17
3	20
4	23
5	28
6	36
7	42
8	48

11. The group discussed the definition of cluster supports and the purpose of the supports.

- Purpose of Cluster Supports: To provide opportunities for individuals that require overnight staff access due to health and safety issues to live independently in their own home in the community and to promote independence and community social interaction.
- Definition: An independent setting for individuals needing access to on-site overnight staff for health and safety reasons. Individuals that qualify will require a minimum LON score of 3. These individuals are living in their own homes and the cluster consists of 3 or more separate dwellings within walking distance from the overnight staff. The overnight staff attached to CRS/CLA setting would not be available for reimbursement through the cluster supports since the staff is paid through the all-inclusive CLA/CRS monthly rate.

12. The IHS rates will go into effect on 7/1/13. DDS plans to give agencies a year to adjust to the new hours. DDS will be giving feedback each quarter.
13. As of 7/1/13 – the agency receive one time funds for the difference between LON hours and actual hours provided. The IHS rate will be lower because the base rate will be in place regardless of hours.
14. Day Rate implementation is still on track unless there are significant changes in the FY14 budget.

Respectively Submitted,

Elisa Velardo

Next meeting: Friday, May 10, at 1:30 p.m. at DDS in Wallingford