

Department of Developmental Services
Residential Transition Workgroup
Minutes
November 21, 2013

Attendees: Sheila Corbock, Katie Banzhaf, Mary Pat DeCarlo, Len Cipolline, Stan Soby, Peter Mason, Mark Kovitch, Katie Rock, Chet Fischer, Shannon O'Brien, Julia Wilcox

- I. Minutes of the September 19th, 2013 meeting were reviewed and approved
- II. Committee Updates:

- a. Implementation Committee –

- Reviewed budget worksheets used by DDS Regions. The plan is to pick one budget worksheet that all Regions will use. The goal is to have this done by January 1st, 2014. The question of: “Do providers need to do a budget worksheet for an individual that is to be funded at the LON rates?” will be addressed by Peter.

General rules of the transition process were discussed:

Agencies doing internal moves of individuals between homes and Regions – The rates of the individuals stay the same even if they are over the LON rates.

Providers can “right size” rates of individual within Regions. This can be done with Resource Management of each Region. For example, an individual’s rate over the LON funding can be moved to an individual under the LON funding within the same Region.

Peter will be sitting down with someone from Massachusetts to review and better understand their rates for DD services. These rates were published last month.

PRAT has gone thru the “LEAN” process. 20 improvement steps were arrived at. They will be implemented to the PRAT process in the future.

Peter said the “authorization system” will be going thru the “LEAN” process in the future.

Peter discussed the change in the “Companionship rules” for the Shared Living model. There used to be an exemption from overtime and minimum wages. Now with no exemption, overtime and minimum wages must be paid to staff. Massachusetts has worked around this issue by have the support staff be self-hires (still exempt)

and the provider agency does respite service for the shared living model. DDS has a "Shared Living Group" looking into this model of support for Connecticut.

- b. Residential Issues – did not meet
- c. CCH – at the last meeting the committee updated the policies and procedures for the CCH model. Next, the committee is going to determine if it is possible for provider's employees to operate a licensed CCH that the provider manages.
- d. IHS – The committee reviewed its goals going forward, which are:
 - Define the difference between personal supports and IHS
 - Develop a new IHS committee to develop a methodology for individuals living in the family home or self-hire staff
 - Continue to review behavioral guidelines
 - Develop a process to continue to collect data for committee review and analysis to determine trends and impact

There was a discussion regarding the difficulty in keeping and finding behaviorists.

There was a discussion regarding Health Care Coordination (HCC) services as far as whom gets the authorization for HCC - the nursing agency or the provider agency of the individual being supported?

Family Home Support Providers are having a very difficult time making the numbers work without the "Safety Net Funding."

- e. Data Management – The committee reviewed the new Excel formatted "Monthly Cash Report" that DDS has provided for fiscal year 2014. Future reports will provide LON scores of individuals and the date of the LON Score. After that, the reports will also include LON rates and if the individual's rate has been approved by URR.

The committee recommended changes to the PDF copies of the "Monthly Cash Reports." (Report to include total by SID number and total by service type).

The committee reviewed issues with the WebResDay System (i.e.: reporting issues regarding correction data, data entry issues with 15 minute services, and import and export options).

The committee was told that the Annual Report for fiscal year 2014 is going to be Web based and in a similar format to fiscal year 2013. The committee stressed the need to have the ability to upload attachments. The Annual

Report requires many attachments (insurance, organization chart, general ledger backup, maintenance salary backup, debt service backup, etc....)

The committee reviewed the status of DDS Data System changes. Providers will not have access to most of these systems until fiscal year 2018.

- f. Sustainability – is finished meeting. They adopted the same language as Day Program Transition for Sustainability.

There was discussion on the sustainability of the system – The open questions of; “Can the provider community handle the change in rates during the transition process?” was discussed. The rate changes are much greater than day program transition. “Will funding in the future let DDS do rate increases and not just cuts?” was another question discussed.
- III. Supporting Families Community of Practice study - Update
- a. Person Centered Residential Supports Committee – Peter Mason is chairing this committee. A survey is going to parents asking what their children’s supports will look like in five years.
- IV. Continued Discussion on Residential Clinical Supports
- a. Nursing Expectations – Lakisha Hyatt, MSN, RN – DDS Director of Health and Clinical Services discussed nursing expectations with the committee
 - i. First, Lakisha provided the following list of some of the duties of a Registered Nurse in a CLA. It is important to state this is not all inclusive, but it's a pretty good overview. The committee was concerned about how much nursing time is required to do all of these tasks:
 - Medication administration delegation and oversight
 - Management of MD orders (Transcription Communication and Monitoring)
 - Monitoring and ensuring physical and preventive health screenings are done
 - Coordination of consults, multiple medical specialty providers
 - Nursing Assessments:
 - Acute changes in conditions
 - Review of persistent and pervasive medical conditions
 - Health and safety assessment
 - Annual Fall assessments
 - Assessment of the need for adaptive equipment
 - Self-med assessment
 - Quarterly nursing reviews
 - Nursing documentation:
 - RN focus notes and review and synthesis of direct care documentation
 - Advocacy for medical nursing needs
 - IP annual summary
 - Care planning related meetings

- Programming Review Committee
 - Treatment planning standing and PRN
 - Quality Review Meetings
 - Meet with reviewers when they attend
 - Regional mortality review meetings
 - Non-med admin delegation
 - Establishment of competence
 - Ongoing training
 - RN On Call responsibilities
 - Emergency consultation
 - Follow-up on clinical issues
 - Staff competence
 - Baseline competency and client specific training
 - New staff training
 - Annual infection control
 - Medication quarterlies
- ii. Lakisha provided the Committee with handout of Health Services Contacts at Central Office and each DDS Region
- iii. The committee and Lakisha had lengthy discussions on nursing within the DDS system. Some of topics and questions are summarized below:
- Lakisha's best guess as to how many hours of nursing is required per week on average for a four person CLA with everyone having a LON of five is about 8 hours per week. However, it is very difficult to determine hours because every individual is unique.
 - Discussion of mandated training and documentation
 - Does every individual need a quarterly review? Their health status should be taken into account.
 - Who is in charge of changes in condition of DDS supported individuals? CLA provider, Day program provider, DDS, etc...
 - Connecticut Nursing Regulations versus other states – same results? Outcomes the same? This needs to be reviewed.
 - There is a lot of paperwork with the Med. Admin. Process. Can this be reviewed?
 - Having concrete accountability. Is this necessary? What is that going to cost? Something has to give. "Dignity of Risk" needs to be taken into account.
 - QSR and licensing versus nursing. Not always on the same page. If this is an issue, then providers should go to the Regional Health Services Director or to Lakisha.
 - Regions are providing different responses to health issues. Providers should get Lakisha involved in these issues.
 - DDS Health Service Directors will be sending out Frequently Asked Questions
 - For non-CLA Services, QSR is requiring nursing hours. There is a trend that everyone who DDS supports needs nursing services as if they all lived in CLAs.
 - Automatic Medical Dispenser versus Med. Admin. Staffing
 - Everything must be safe. No risks being taken. What is the healthy thing to do?
 - How much supervision does an RN need? The LON rates do not include supervision of the RN. Who is going to pay for this?

- Nursing needs measurable outcomes and not measurable processes. The perfect documentation is sometimes more important than the health of the individual.
- Lakisha discussed the quarterly meeting with DDS Health Services and private nurse consultants. The Committee recommended that private provider's leadership attend these meetings.
- Changes in nursing requirements are sometimes done in a vacuum. No Cost/Benefit Analysis is done. One example is the "Fall Assessment."
- The Committee recommended the use of a "reading group" for changes and to ensure programmatic involvement outside of nursing.
- Sometimes RN's are not representing the agencies that they work for, but are just representing the RN's point of view in a "perfect world" with unlimited funding.
- Can DDS provide more med. cert. classes?
- Many of the RN tasks are related to the support staff and not the individuals being supported by the DDS System. Should the rates include nursing hours related to the CLA staff that stay with the home and not the individual?

V. Public Comments – None and Other topics

- a. Ohio's system changes – Peter provided the Committee with a hand out about Ohio's system changes. The hand out had charts comparing all 50 States regarding:
 - i. Individuals Served in Day Services Per Capita
 - ii. Individuals Served in Non-Work Day Services Per Capita
 - iii. Individuals Served in Sheltered Workshops Per Capita
 - iv. Individuals Served in Integrated Employment Per Capita
 - v. Number of Individuals in Non-State ICFs and HCBS Waiver Recipients Per Capita
 - vi. Number of HCBS Waiver Recipients Per Capita
 - vii. Individuals Served in Non-State ICFs Per Capita

- b. Peter let the Committee know that the Department of Social Services (DSS) will be auditing day program services that occurred during fiscal years 2010, 2011, and 2012. If the provider is not able to provide documentation as prescribed by DDS regulations for the day services submitted for reimbursement, then the funding will need to be returned to the State. DDS is still negotiating with DSS regarding the use of extrapolation of audit findings on these audits.

- c. The Committee discussed the common occurrence of benefits being cut by DSS as a result of DSS system changes that are not working (i.e. faxing center for redeterminations). Almost all providers on the Committee are having this problem. Peter recommended that the Trades get involved in this issue. Both trade group representatives are bringing this back to their DD division meetings.

- d. The question was asked as to why the Deputy Commissioner of DDS needs to review individual residential budgets over \$225,000 and combined individual residential and day budgets over \$250,000. Per Peter: rates over these limits need additional internal DDS review processes beyond URR in order to be reimbursed by the HCBS Waivers.

VI. Adjournment – Meeting ended at approximately 3:45 PM

Next Meeting to be held on Thursday, January 16th 2014 at the new DDS Office in Wallingford (35 Thorpe Avenue, 3rd Floor) from 1PM to 3PM.

Respectfully submitted,
Mark E. Kovitch