

Residential Committee

Meeting on November 15, 2012

Attendance: Len Cipoline, Mary Pat Decarlo, Shannon O'Brien, Stan Soby, Sheila Cordock, Quincy Abbot, Peter Mason, Mark E. Kovitoh, Pauline Bouffard

Others: Chet Fischer, Brian Jud

Providers looking for answers on what is going on with the residential committees. A letter of concern from CCPA regarding residential rate changes was presented – Quincy A. – Providers can check the DDS website for the meeting minutes of each committee. Residential rate setting is on the agenda of the trades- CCPA and CAN. Peter Mason will send an e-mail out to providers updating the rate transition with the new timelines. Pauline expressed concern regarding the delay in rate setting and how it will affect the low paid agencies.

Committee Updates:

- a) Implementation Committee – Working on streamlining systems. A print out was distributed to the committee members – the printout gave a list of areas that could potentially operate in a more streamlined or efficient manner. These were discussed at the CCPA, DD Division Meetings. A "survey monkey" type questionnaire will be sent out to providers regarding systems efficiencies.
- b) Residential Issues – We met at Abilities Beyond Disabilities and we viewed the smart home with the new technology. Ability Beyond Disability is working on converting many homes to meet aging in place for individuals they provide services for. They also shared the information that they developed through exploration to meet "best practices" for all of their individuals in residential. They looked at so many factors; the inside environment – one level, colors, flooring, shading, space, user friendly for all; outside environment – landscaping that is peaceful, purposeful, leading individuals to be in a safe place. They looked at using quality products that would last and show a cost neutral affect after a period of time. Many of these homes are two floors, narrow hallways, stairs, etc. that make it very difficult for meeting the needs of individuals who now need a wheelchair/walker/have Alzheimer, dementia or autism. They would have transition homes while they rebuild existing homes moving all individuals with their teams, or when building new homes. We discussed medical biometrics – where information could go from the home directly to a doctor's office, smart phones to alert staff- studies of patterns of individuals to determine staffing needs. Next meeting is Dec. 10th at DDS in Wallingford.
- c) CCH – Several members of this committee went to MA to look at shared living program. MA program does not meet current CCH guidelines. The committee will be researching how other states structure their Shared Living program.
- d) IHS – Family support is different than how HIS is provided through a vendor. The committee has decided to split the HIS funding methodology into two separate pieces; one for Family Supports and one for provider supports – discussion about how the money would be allocated – a

Proposed Policy was written that spells out who in a family that has an individual budget with a self-hire component can get paid – i.e. if you are the considered the employer, it would need to be a different family member being paid to do the services (if you have family doing the services).

- e) Data Management – looking at how to have all information in a new system – using existing information, incorporating new information – next meeting Nov. 28th.
- f) Sustainability – No report

Peter expressed DDS's intent is to have the Rate Transition done the right way with a fair and transparent rate system – “we can't afford to lose providers because we do not have a well thought out system”.

The committee reviewed a spreadsheet that has 15 providers operating CLA's. The committee reviewed the staffing hours for each of the homes. There are so many variables. The hours for staffing and the rate need to be within the providers budgets.

Much discussion – If LON rates go up – and rate go down – how would this be implemented fairly? We need to figure out the reality of the funding? Look at all CLA's, and LON, and come up with a rate. In the past the whole house was divided by the number of individuals in the homes. House size with the LON annualized amount – then the highest and the lowest – (the committee recommended this manner to try to figure out a rate). Look at all three person houses and get an average – average of the LON and average of the dollars. Peter is going to work on this.

Concern about how this would affect an agency.

Southbury is ICF/MR so not part of the Waiver rates we are considering. It's ICF rate is much higher than any HCBS. When they move from Southbury they will fall to the CLA Waiver funding.

Look at the high budgets and the reason for this (for individuals).

There has been a large increase in URR and LON creep in the day transition– going up.

Everyone needs to use DDS money in a meaningful way.

Some research was done in other states – South Dakota – no wait list. They use the ICAP tool (Inventory for Clients and Agency Planning) to determine level of need and set rates. Arkansas has a capitated rate system.

This committee needs to meet more than once a month. Next meeting is Dec. 20th 1 to 4 pm @ DDS in Hartford.

Submitted by:
Pauline Bouffard