

## Meeting Minutes – 4/28/14

Present: Len Cipollone, Mary Pat DeCarlo, Chet Fischer, Frank Popkiewicz, Donna Marlow, Mark Kovitch, Katie Rock, Stan Soby, Sheila Cordock, Bill Velez, Quincy Abbot, Julia Wilcox, Marian Leist, Peter Mason, Jordan Scheff, Tracey Walker, Rick Pittman, Katie Banzhaf and Morna Murray.

1. March meeting minutes were unavailable for review. To be reviewed at the May meeting.
2. Committee updates
  - a. Implementation Committee – no discussion
  - b. Community of Practice Housing Committee - Peter discussed the development by the group to survey what people want for residential placements and options. The Person centered planning subgroup needs to have individuals trained to replace many who are leaving.
  - c. CCH – Peter briefly discussed this issue.
  - d. IHS – discussion regarding whether to have another meeting coming up to July 1<sup>st</sup>. Mary Pat – asked that the IHS FAQ's go out to providers to remind them what was said 1 year ago in May. Mary Pat – get information clarified so providers are getting a consistent answer – please review FAQ so all on same page.  
Clinical health coordination supports – responsibilities spelled out regarding home health aids, nurses, etc. with DPH and meeting with DSS to come. Health care coordinator function was discussed in relation to contracts.
  - e. IHS Family committee – First meeting putting together goals and objectives. Peter will get back when more information is available.
  - f. Data management – Mark – stated LON is not showing up on monthly utilization reports. Utilization report and PRAT approval of hours should be similar according to Peter and other members. Quincy Abbot a lot of families still don't understand what LON is ! Education of them is needed!
3. Membership  
Originally Residential Rate Transition committee was designed to be balanced between those over and under the rates. Over time, the committee members have left and the group is out of balance. There is a need for additional members who are lower rate providers to join current committee. Committee currently consists of 5 higher rate agency members and 1 ½ lower rate members. Julia will get list of providers who are below the rates and will nominate 2 low funded agencies representatives to balance committee.
4. Transportation survey – A lot of work putting together all the data, how to verify data. Data will be classified into ranges so DDS will not have to constantly change the authorizations. Final transportation survey went out last Wednesday. Peter said residential transportation meeting day provider half way was included in survey as an item to be considered.
5. Continue with 1:1 rate – average 1 to 1 = 13.8 hours per day. Lenny said few receive 24 hours per day. Lenny said not many individuals receive 24 hour 1:1 supports.  
Level III LON – 1:1 was discussed.  
Only 4 – 7s and 2 – 8s.  
A lively discussion ensued re LON rates and related residential settings.  
Stan raised questions re data survey  
Lenny stated data was completed by providers  
Peter stated data survey did not help us very much.

\*\* Peter passed out 15 packets re LON 1<sup>st</sup> page – summary with back up additional pages  
Providers think 80% of clients need 1:1 when only 380 are URR approved.

The first summary page was discussed to try to understand the definitions in relation to the LON of each person.

Discussion re LONs not being done correctly – discrepancy regarding the difference between what client needs and what LON gives in finding.

Mary Pat – IP should be a reflection of the LON.

LON – 1:1 Next Peter explained the back up data to the summary sheet – a discussion on how the LON scores could be influenced took place.

Different kinds of 1 to 1 rates and examples of 1 to 1 client needs were discussed.

Mark – create system of CARE that has rates to pay for care that is required. Getting to point where we will launch this process.

Peter and Quincy – the IP drives the system – the LON comes up with a dollar amount!!!

Peter - Everyone's doing the same by their IP's – the difference is the higher rate providers have ability to pay higher wages.

#### 6. Implementation –

DDS needs to get this moving!!!

Implementation – above and below rate

Peter - Residential – will be part of implementation as of July 1st – those 9% to 11% will receive 1% increase – will start us on path --- may do something additional in January.

The question was asked whether transportation would be added as of July 1st

Peter stated that the confusion prior to implementation for the day program providers largely subsided as implementation became a reality.