CCH Rate Committee Meeting
June 13, 2012

In Attendance: Jeannine Pettinico, Mary Beth O'Neill, Peter Mason, Catherina Ohm, Kathy Calo, Sheryl Kemp
Absent: Carol Grabbe

Group Tasks

- To determine whether CCH program rate modifications are required for retired seniors/additional supports
- Matching up the LONs with the current rate structure
- Marketing ideas to recruit people to the program
- Shared Living – Individualized Supports outside of the current CCH rate structure

Terminology
"Individualized companion home" – loosely utilized to describe many unlicensed home environments
"Shared Living" – definition varies by state. Individual might have a live-in roommate, person may possibly reside rent free, most likely not licensed, and a person provides overnight supervision.

Kathy reviewed shared living definition from *Vermont* –

- An arrangement in which an individual, couple or family in the community share life's experiences with a person with a disability.
- The person who lives with and provides support to the person with a disability is typically referred to as the Shared Living provider. Other terms include mentor, host family or family home, foster care or family care, and life sharing. The Shared Living Provider lives with the person and provides whatever support the person needs in their day-too-day activities.
- A Shared Living arrangement is usually in the Shared Living provider's home/apartment, but it could also be in the individual's home/apartment too
- It may be couple, a single person or a family. Individuals supported in Shared Living include children and adults with a wide variety of needs and challenges.

Individual Family Agreement (IFA)– not licensed, emerges out of a relationship, and appears similar to a CRS without roommates.

Individual Support Agreement – Agreement between the sponsoring person (guardian or employer of record) and the individual. The sponsor agrees to do timesheets properly and follow the rules. The sponsor may hire a staffing agency, be the employee for the person receiving services, and/or the person who solely provides oversight of employees. The person receiving support identifies the level of assistance they require and how they are going to get help obtaining it. The employee is paid hourly time to provide services for a person who lives with them. Opportunities and challenges relating to this model were discussed.

Community Systems Model

Technical Assistance Staff - 1 manager to 6 setting ratio. Staff is responsible for the following in each family environment:

- Goals
- DDS 255 form accuracy and submission
- Respite duties
- Money management
- IP, quarterlies, and 6 month reviews
- Additional duties as assigned

The Executive Director performs family recruiting and development. The agency only wants to use employees who have worked with the person for a long time.

Staffing is provided within each home to provide additional support and to give the provider some respite. Staff receive training in many areas including CPR, abuse and neglect, criminal checks, etc. The agency assures the safety and security of each individual's funds, as well as completing redetermination forms. This model could potentially be integrated with the CCH model of support.

Potential difficulties:

- Subcontracting under current DDS contract
- 20 hours of staffing additional staffing
- Unlicensed model
- DSS funds room and board
- Individual dictates what they would like to do in their own home
- Liability relating to employee/employer relationship

The group would like to continue to explore this model to see if this is something to be pursued. Catharina explained that licensees need a lot of support. Licensees are expected to work, or at a minimum, have an outside source of income. In the current CCH model, additional funds are not currently available. In the Community Systems Model, Catharina reports the families continue with the program because they can take a break.

Kathy spoke with person at central office regarding aligning the LON and service rates. The following items were discussed:

- Service Rate language needs to say in place
- The LON cannot take the place of the service rate
- Correlation between Lon and Rates –Does the LON capture everything?

Peter inquired about continuity of service rates between regions. The current rates include 4 hours of respite per week for each provider and approximately 120 miles per month for mileage. This varies with level 1, 2, and 3.

There are challenges equating a person's LON score to a service rate for a provider. A person identified as a LON level 5 would most likely be residing with a provider receiving a Rate 3. An anomaly would be an individual who has LON 5 and is residing in a setting with a Rate 1 or 2.

Examples of LON and Service Rate disparities were discussed.

- Service Rate 3 and lower LON – a person who bolts from the residence. The individual's needs within in the house are very little or you may have to monitor the person. If a person's needs are higher, than URR will then pay up to a Rate 3, to pay for more supervision. The increase is applied to the provider payment not the person.
- Rate 3 – low LON 2 – provider pays for counseling for the individual receiving services
- Rate 3 – low LON – provider cares for individual's dependent child.

Special Payment changes are based on the LON.

You will end up in rate 1, 2, or 3 based on how you answer the questions of the LON.

In the Community Companion Home (CCH) daily attendance (occupying a bed) is reimbursed through the waiver. All other supports are not reimbursed by the waiver. The provider gives the attendance to DDS unless he/she receives technical supports through another provider.

CCH programs, at least in the South Region, try to admit persons as a Level 2. It is easier to start in the middle and adjust up or down as needed. The majority of individuals in CCHs appear to fall in the Level 2; most need supervision of some kind. Medical needs may not always be adequately reflected in the Level of Need (LON). There may be some LON issues, but note that the LON may be augmented by writing comments in the appropriate section of the IP-6.

LON 4 and 5s usually need be brought to Utilization Resource Review (URR). In any case, if the needs of an individual surpass the allotment of funds, then support justification is brought to the Planning Resource Allocation Team (PRAT) and possible URR.

LON 5 mostly Rate 2.

399 (+/-) CCHs in Connecticut. The graph handed out today gives a good picture of the Rate and LON relationship, but it is not a complete picture accounting for all 399 individuals supported in this model. Kathleen Carlo will get a comprehensive list. We will then be able to highlight individuals who fall outside of the norm.

Parenting supports, when an individual supported by DDS requires assistance with child raising, are considered a residential support. This may be a hardship for CCH providers.

Peter Mason mentioned that a Senior Supports waiver was added in March of 2012. It is in the process of being rolled out. Billing back to March 2012 will be permitted.

A concern in the CCH model is supporting a senior who would like to retire. If the provider is working he/she may need coverage during work hours. The Rate cannot change for a CCH when an individual stays home. How can this get paid? Possibly by exercising portability of part of the vocational funds assigned to the individual. However, the money may be inadequate if the person's day option is a group setting. Could the provider if he/she is retiring as well, receive a higher stipend? The system does currently not allow for this option. Day money cannot be added to residential money and then be given to the provider in the form of a higher tax free stipend. Could the licensee/provider work the hours and submit a time sheet? Many providers may find this onerous. One option may be to exercise portability of vocational funds and then hire a person (self-hire) for coverage during the hours when the individual supported now stays home. This would mean that the licensee would have to manage time sheets. He/she may prefer not to do this. It is an increase in responsibility without compensation and it assumes that the licensee/provider will accept staff into the home. Furthermore, one must be a licensed vendor for day supports to be permitted to have staff come to the home to provide day services. Adult day care may be a viable option for some.

The regulations are written in a way that does not allow for the addition of a forth Rate. The Rate system works overall, however, some situations are not considered. Examples: Illness and retirement. Rate 1 is only utilized by 9 individuals according to one of the handouts. One option may be to move the Rate.

Can a Home Health Aid from an agency be used in a CCH? (This is billed directly to the individual's entitlements). Some consider it "double dipping". Care must be taken to ensure that there is no duplication of services.

The Special Support payment is supposed to be used for the needs of the supported individual such as uncovered medications, camperships etc; it will not help with the retirement issue.

How to grow the CCH program was one point discussed. We need to advertise. Ideas included to put an article into Connecticut Magazine, to speak on a Human Services talk show such as TIC, self advocates could discuss this option with other consumers.

<u>Assignments:</u>

Peter to 1.) speak with Jim about equating LON with the Rates 1, 2 and 3. 2.) Inquire whether there is any flexibility in moving the rate. Peter will get a comprehensive list of what is included in the service rate (mileage…).

Kathleen to 1.) go to Massachusetts to learn about their Shared Living Program. 2.) get a comprehensive list of all 399 individuals in regard to their LON and Rate.

Catharina to 1.) get a copy of the Massachusetts waiver for Shared Living. Go to Massachusetts with Kathleen.