Operations Center Memo – 2016-07

To: Private Providers of Group Day Services (DSO and GSE)

From: Peter Mason
Operations Center Director

Cc: Morna Murray, Commissioner, Jordan Scheff, Deputy Commissioner, Katie Rock-Burns, Chief of Staff, Crescentino Secchiaroli, Fiscal Administrator, Regional Directors, Assistant Regional Directors of Private Services, Assistant Regional Directors of Individual and Family Support, Self Determination Directors, Resource Administrators, Director of Waiver Services, Case Manager Supervisors, Operation Center Staff, CCPA, CT Non Profits, ARC/CT

Date: March 22, 2016

Re: Re-classification of DSO and GSE Programs

As you are aware we have been involved in a multi-year process with the Centers for Medicare and Medicaid (CMS) to transition day supports to be in alignment with the CMS Settings Rule.

Effective September 1, 2015, DDS began a process of determining the scope of services that we presently have based on the definitions attached. Phase 1 began with individuals who were provided supports in a sheltered workshop setting. This phase began September 1, 2015 with the recoding of all Sheltered service to Pre-vocational. Each agency that provides pre-vocational supports are now working on transition plans to move individuals toward community integrated programs and/or employment within a three year period.

We are now beginning Phase 2 of the process, in which DDS will work with providers to evaluate the work component and community integration of Group Day sites. Providers are being asked to complete an on-line checklist on the website Survey Methods. Providers will review each site utilizing the definitions, user guide and sample scenarios attached to this communication to evaluate all their current DSO and GSE programs to determine the appropriate service type. The checklist on Survey Methods can be accessed through the link attached below:

All program sites will require a checklist completed electronically by May 31, 2016.

On June 1, 2016, DDS will pull reports of what has been submitted and send to each agency’s Executive Director for verification that all sites have been completed. The Executive Director must sign the assurance affidavit attesting to the following:

*I have reviewed the completed attached checklists. The agency has based its findings on comparing each program with the service definitions provided. All efforts have been made to ensure the accuracy of these findings. I understand that if the results of these checklists are found to be willfully inaccurate, DDS may revise individual authorizations from the date of this affidavit and funding adjusted accordingly.*

These assurance affidavits will need to be completed by the Executive Director and emailed back to DDS. Once DDS receives all checklists and assurance affidavits, DDS will work with the provider community to determine a plan for shifting authorizations to the appropriate service type, for any site found to be currently coded improperly. The plan will include an acceptable timeline within CMS guidelines, implementation strategies and a process to review requests for an extension of transitioning a person’s support category on a per individual basis.

Many of you have participated in the process and committee work to develop the attached materials and we greatly appreciate your time, expertise and feedback. We look forward to working with you throughout this process.