

STATE OF CONNECTICUT
DEPARTMENT OF DEVELOPMENTAL SERVICES

**PROVIDER ORIENTATION
OVERVIEW**

Revised July 19, 2019

AGENDA

9am – 10:30 am (90 minutes)

Self Determination (75 min) PAGE 3

- Mission, Pledge, Vision
- Self-Determination, Self-Direction, Self-Advocacy
- Employment, WIOA and Transitional Services

Person Centered Planning: (15 min) PAGE 43

- Designing Your Life** Individual Plan
- Individual Progress Review (6 Month Review)

Break (10 min)

10:40am – 12:10pm (90 minutes)

Quality of My Life (15 min) PAGE 51

- DDS Quality Service Review

Planning & Resource Allocation Team (15 min) PAGE 66

- LON
- Utilization Resource Review
- Notice Of Opportunity
- How do supports get paid for?

Community Companion Homes (CCH) 15 min PAGE 72

- DDS Quality Service Review

**Individual Budgets
and**

Purchase of Service (POS) Contracts (45 Min) PAGE 80

- Medicaid ID
- Provider Rates
- Non POS Provider
- POS Contract Provider

Lunch (1 hour)

1:10pm – 3:05pm (115 minutes)

Abuse & Neglect (35 min) PAGE 95

- Reporting
- Investigation
- Definition
- Prevention
- DDS Abuse & Neglect Registry

Resource Administration (15min) PAGE 110

- Provider Profiles
- Performance and Fiscal Reviews
- Web Page Review
- Portability
- Transition to LON Based Rates

Quality Improvement (10 min) PAGE 116

- Continuous Improvement Plans
- Enhanced Contract Monitoring

Health and Wellness (20 min) PAGE 119

- Medication Administration Certification
- DNR
- Nursing Policies/Procedures/Directives
- Nursing Meetings

Regional Contacts (30 min) PAGE 124

Leadership Forum Meeting Schedule

Provider Orientation Training

Questions/Evaluation

IMPORTANT – Be sure to view the Review Processes video on the DDS website and submit the sign-off sheet. This is a requirement as part of the orientation training for new Executive Directors:

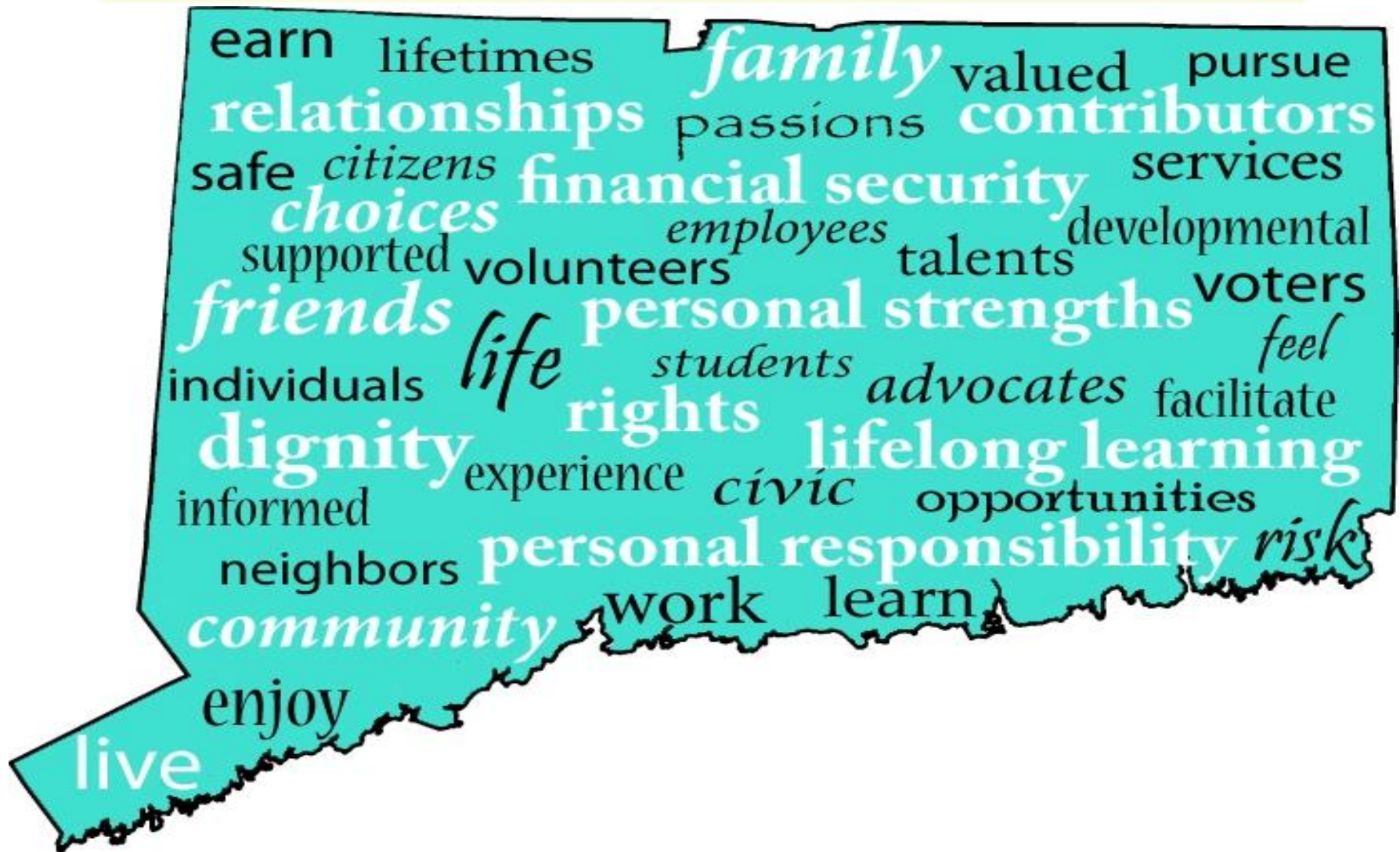
<https://portal.ct.gov/DDS/Video/2019Video/New-Provider-Orientation-Review-Processes>



SELF - DETERMINATION

**A Focus on Self
Determination, Self
Advocacy & Employment**

LIVING THE MISSION !





The Mission of the Department of Developmental Services is to partner with the individuals we support and their families, to support lifelong planning and to join with others to create and promote meaningful opportunities for individuals to fully participate as valued members of their communities.

Respectful Language

The Respectful Language policy requires the use of “people first” language when referring to individuals who receive supports and services from DDS. Person-first language is a way of referring to special needs that emphasizes the individual rather than the diagnosis. The intent is to emphasize the things we all have in common rather than differences, and to allow the many things that are special about individuals to shine through. In addition, the policy replaces the term “mental retardation” with “intellectual disability” unless clinically or legally necessary.

A close-up photograph of a person's open hand, palm facing the viewer. Each finger has a word written vertically on it in black marker. From the thumb to the pinky, the words are: HANDICAPPED, CLIENT, THEM, PATIENT, and WARD. The person is wearing a silver ring on their ring finger. The background is blurred, showing a person in a purple shirt.

**WE ARE PEOPLE.
CALL ME BY MY NAME.**

Please stop using these words.



Disability Awareness/People First Language Pledge

I PLEDGE:

- To advocate and accept my responsibility to be respectful to the individuals I work with and for.
- To RESPECT and treat all individuals equally.
- To Call each person by their name and refer to them as “INDIVIDUALS” and stop using the word “CLIENT”.
- To Support self-advocacy and stand up for individuals’ human rights.
- To be an advocate for “No More R Word” in my work place and everywhere I go.
- To Assist and make sure that each person that I work with can make their own choices, be part of a community of their choice, and feel accepted to be themselves.
- I will use People First Language, which means seeing THE person NOT the disability, using words and terms that are easier for people to understand.
- To be an ambassador for Self Advocates, Speak up for People First Language, and Be the voice for change that makes peoples’ lives happen!

Vision

All citizens supported by the Department of Developmental Services are valued contributors to their communities as family members, friends, neighbors, students, employees, volunteers, members of civic and religious associations, voters and advocates.

These Individuals...

- Live, learn, work and enjoy community life in places where they can use their personal strengths, talents and passions.
- Have safe, meaningful and empowering relationships.
- Have families who feel supported from the earliest years and throughout their lifetimes.
- Have lifelong opportunities and the assistance to learn things that matter to them.
- Make informed choices and take responsibility for their lives and experience the dignity of risk.
- Earn money to facilitate personal choices.
- Know their rights and responsibilities and pursue opportunities to live the life they choose.



Vision Ideas and Discussion

Share ideas and examples of how to “make life happen” based on the Vision Statements.



**Supporting
People to Live
their Vision !**

What is Self Determination?

Self Determination is a value that is expressed when individuals learn about basic rights; use this knowledge to broaden their experiences; and use these new experiences to make informed choices about new ways of living and being.

Self Determination means taking greater responsibility and control of one's life.

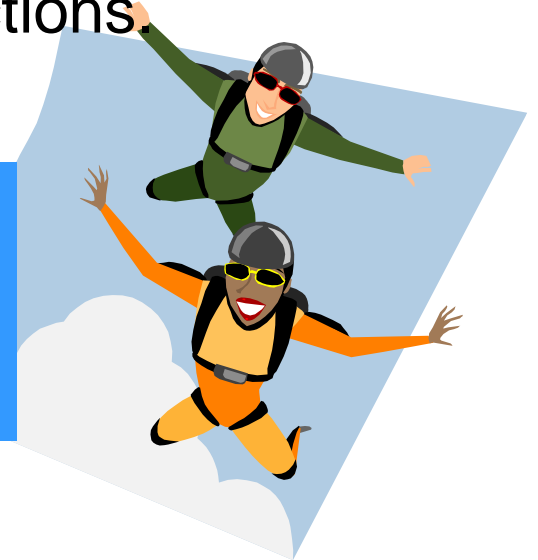


Self Determination

People living self determined lives have:

- ❖ Freedom to decide how to live their lives.
- ❖ Support they need to live full self determined lives.
- ❖ Authority over their resources and supports.
- ❖ Responsibility for their decisions and actions

Self Determination is based upon a foundation that encourages and supports: Respect ,Dignity, & Dreaming...Whatever It Takes!



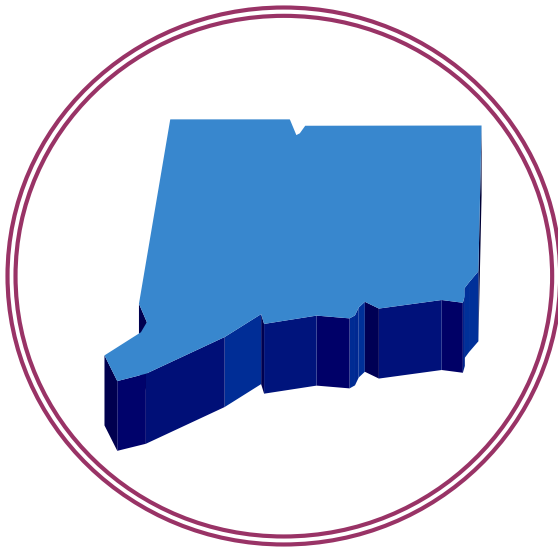
What is Self Direction?

Self Direction is a service delivery model that individuals can use to become more self-determined and to have greater control and authority in their lives. The self-direction model affords the individual the ability to hire and manage employees to provide specific services, goods or equipment.

Self Direction is a path one can choose to become more self determined.



Evolution of Supports & Services



**1970's
Mainstreaming**



**1980's
INCLUSION**



**1990's
Self Determination**

Present- Self Determination



Empowering People

- Support people to MAKE LIFE HAPPEN!
- Live a Self Determined Life!



How Do You Help Support People to Make Life Happen?



- Empower the person to Speak Up and Speak Out!
- Support the person to make their own informed decisions.
- Being flexible and open to support the individual's unique needs.
- Support the person by making accommodations they need.
- Help the person be able to say: "The more I learn to do on my own, the more independent I can be! I am self determined!"

DDS is working to Promote Self Determined Lives

- Self Direction
- Person Centered Plans (Individual Plans)
- Self Advocacy Groups
- Employment
- Healthy Relationships
- National Core Indicators (NCI)
- Portability
- Peer 2 Peer



Self Advocacy & Self Determination

- Self Advocacy and Self Determination go hand in hand.
- You can not be self determined and have a quality of life with out using self advocacy skills.
- Learning to be a good self advocate is important.



Self Advocate Coordinators (SAC) at Work

- Who are the DDS Self Advocate Coordinators (SACS)?
 - Legislature Supported
 - A Voice of the People



Meet the Self Advocate Coordinators

South Region:

Vacant- New Haven
Kellie Hartigan
Carol Grabbe

North Region:

Yana Razumayna
Kevin Arce
Varian Salters

West Region:

Jossie Torres
James Louchen
Jeremy Powell
Nyrka Soto



Self Advocate Coordinators at Work

What do Self Advocate Coordinators (SACs) Do?

- Promote Self Advocacy -Spread the Word!
- Promote individual involvement
- Develop leaders
- Support Regional and State activities



SELF ADVOCACY BUILDING THE VOICES



Empowering Others to Speak Up!

- ❖ **Developing and Expanding Self Advocate (SA) Groups**
- ❖ **Working with all of the CT Private Providers**
- ❖ **Increasing the number of Self Advocacy Groups and the number of Individuals attending Self Advocacy Groups.**
- ❖ **Working with Private Providers to have advocates on their boards and an advocacy group within their agency.**
- ❖ **Parents with ID/DD SA Groups – with their children**
- ❖ **SA Groups for individuals in Public supports**
- ❖ **Southbury Training School (STS), Regional Centers/Group Homes**

SELF ADVOCACY BUILDING THE VOICES



Empowering Others to Speak Up!

Being an IP Buddy to support individual advocacy

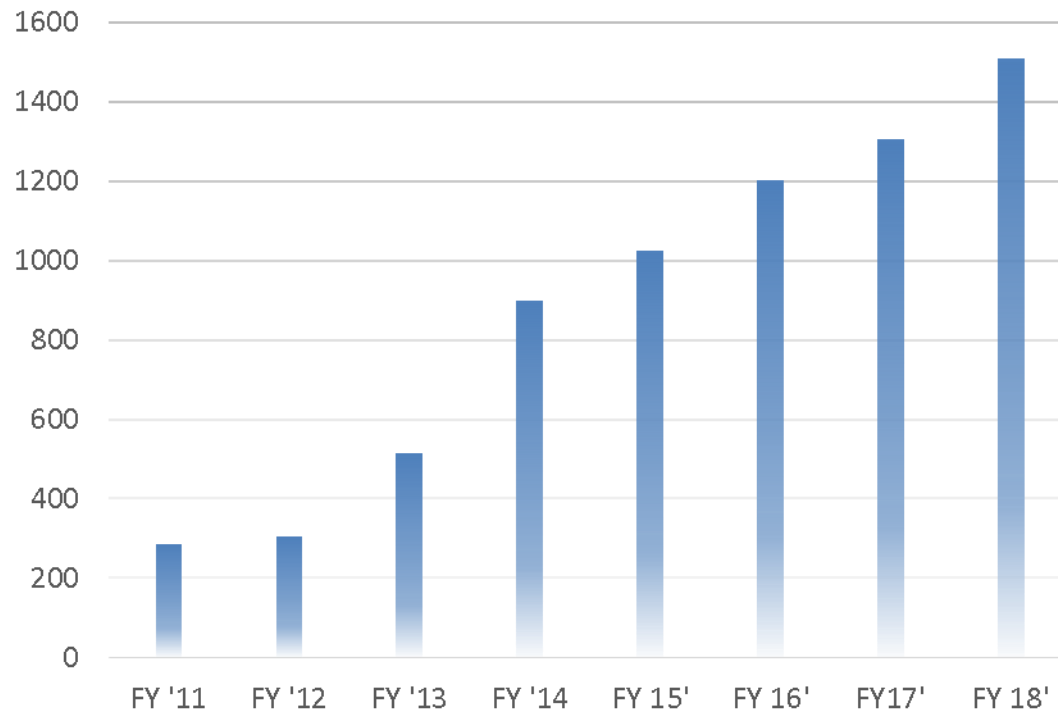
Developing Self Advocate Volunteers to help Spread the Word!

CT Cross Disability Alliance

NCIs – Interviewing and sharing SA Information

GROWING SELF ADVOCACY STATEWIDE

OVER 1500 SELF ADVOCATES THIS YEAR!

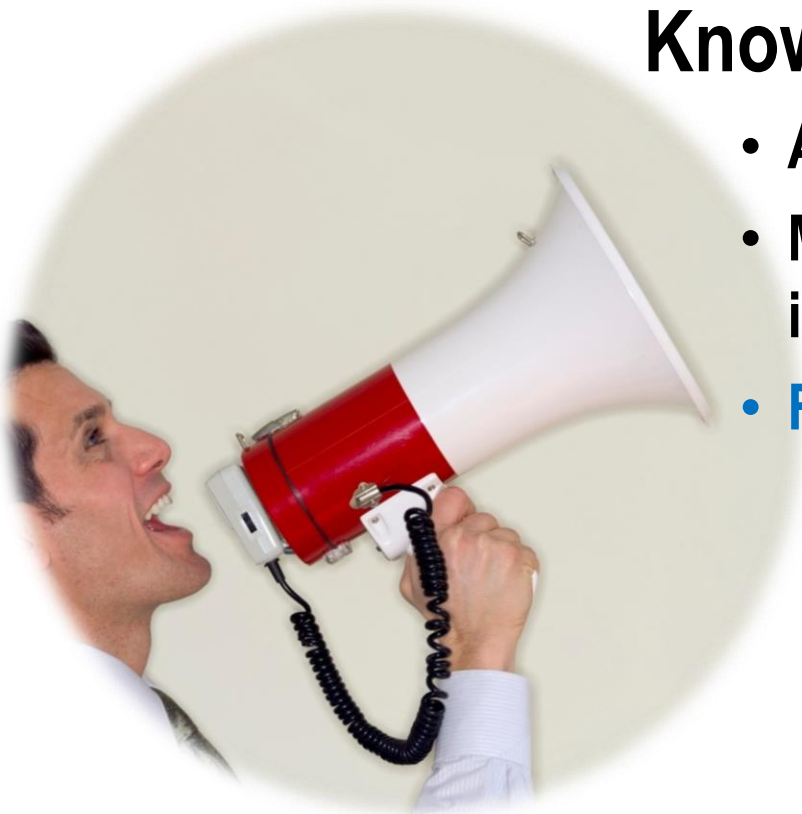


PROMOTE SELF ADVOCACY

SPREAD THE WORD!

Knowledge is Power!

- All SACs have a Focus Area
- Meets with the Commissioner to discuss issues that are important
- **FAB** Topics – Shared with the SA Groups
 - F**un
 - A**dvocacy
 - B**rain Power



Employment



What is Employment?



- ① Real work: Work that would otherwise be performed by someone without a disability.
- ② Real wages: Getting paid the same hourly rate as a person without a disability for doing the same job.

“REAL WORK FOR REAL PAY”





CT's Employment First Initiative

- Employment is the first priority option to be explored in the service planning.
- All future graduates and those with Level of Need (LON) levels 1, 2, and 3 must have an employment goal which leads to individual supported or competitive employment.
- All other individuals and their teams should consider individual supported or competitive employment options.
- Annual Individual Plans should help people to secure employment and help people to pursue advancement in their chosen careers.
- Employment is an ongoing path – it does not have an ending.

A Return on Disability

“A Return on Disability”

<http://youtu.be/CRHnlyJI0dg>

“Rising Tide Car Wash”

<http://www.nbcnews.com/feature/mr-smith-goes-to/car-wash-offers-employment-young-adults-autism-n86151>



The New MISSION & VISION IS OURS TO SHARE!



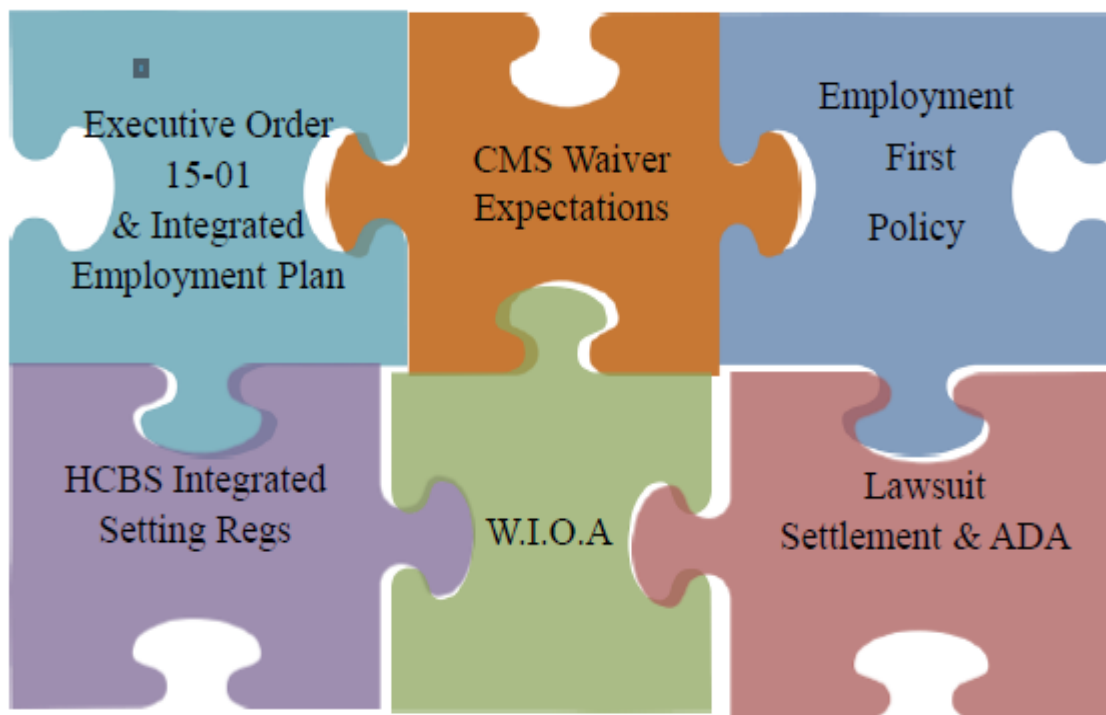
What will you contribute?



Workforce Innovation and Opportunity Act (WIOA)



Overview of changes impacting employment and day services



Background

- WIOA Signed into law on July 22, 2014
- DOL Law – Prompted by voices of self advocates calling for “real work” and “real pay”
- Effective Dates Vary
 - Title IV (VR and Supported Employment) became effective upon enactment
 - Most other sections effective July 1, 2015
 - Effective for 6 years (through 2020)
- Implementation began in Connecticut on July 22, 2016

Goal: Competitive Employment

- Full or part-time work at minimum wage or above
- Wages and benefits similar to those without disabilities performing same work
- Fully integrated with co-workers without disabilities

*Strong focus on youth age 16-24

Transition Services Developed

(1.) Time limited

(2.) Community-Based

(3.) Supported Vocational Services that focus on:

- **career exploration**
- **skill development**
- **self-advocacy**

(4.) Leads to competitive employment.

Rates:

Follows same
LON Rate structure
as DSO and GSE



Time Limited:

3 Years



Services in the Community: Goal 100%



Where people can spend their time:

Employment exploration sites
Adult Education Sites and Post-Secondary Schools
Workforce Centers
Libraries
Health Clubs
Banks
Networking Sites

Person Centered Planning: Designing Your Life

INDIVIDUAL PLAN

Is the Person driving the plan?

What is the person's future vision?

Are you asking the right questions?

Do you have the necessary assessments?

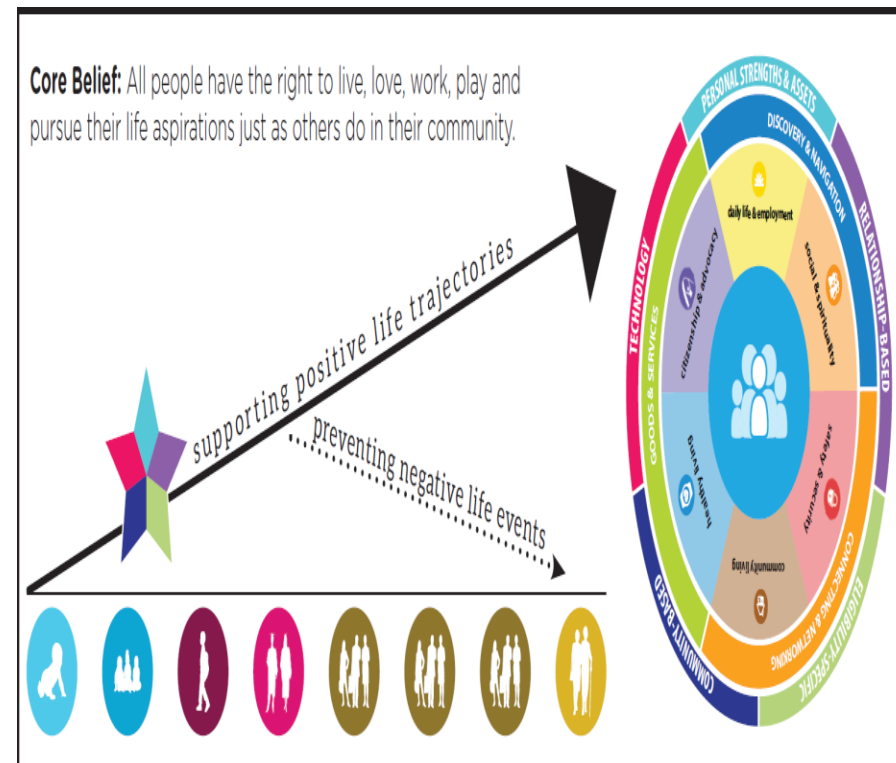
INDIVIDUAL PROGRESS REVIEW (6 MONTH REVIEWS)

How is life going for you?

What adjustments do we need to make?

Individual Plan (IP)

- It is a contract between the Individual, Service Provider and DDS. CMS dictates that individuals on the HCBS waiver have a comprehensive plan that is developed based on an assessment and reviewed regularly.
- Roadmap for the Individual
 - Document what the person wants out of life
 - Documents what is important to him/her
 - Individual Plan was revised 7/1/18
- Team Process
 - Individual and family
 - People the individual desires to be there
 - Case Manager
 - Provider



The Assessment Process

The LON

What

15 page tool used by the department to determine support needs in an equitable and consistent manner.

When

- Complete annually within the same month as the previous years LON.
- The LON needs to be completed prior to the IP meeting.
- Teams can revisit the LON whenever the individual has a change in condition.
- Case Manager and Team should review the LON if they are going to PRAT.
- Other assessment information should feed the LON .(Nursing reports ADL assessments, Supervision needs)

How

- LON needs to reflect what is typical for the individual.
- Case Manager is the facilitator of the process and enters the information.
- All team members provide input into the LON. Any team member can request to review the LON.
- All risk areas identified in the summary need to be reflected in the PLAN.
- LON composite or Behavioral score (whichever is higher) determines the rate.
- LON Manual is a great resource located on the DDS website.

Individual Plan



- Completed annually within the calendar month of the previous year's plan.
- All sections of the plan need to be addressed. If an area or question does not apply it should be marked as such.
- The emphasis of the revised IP is to increase the individual's participation in their own planning.
- The planning tool itself will start with what is important to the individual and the individual's vision for their future.
- All waived services need to have an action step identified in the plan
- Action steps need be measureable and identify who is responsible and the timeframe that the support should occur.
- Information contained must be consistent with the LON and other reports.
(example Dietary consistency needs to be listed the same in the nursing report/LON assessment/Dietary guidelines and in the IP)
- All risk areas identified in the LON need mention in the IP
- Address the person's hopes and dreams. (Be creative. What steps can you take this year to help the person move towards their vision or long term outcome?)

Individual Progress Review (6 Month Reviews)



- **Private Providers (both Residential and Day) are responsible for the completion of a progress review twice annually.**
- **TIMEFRAME:**
 - Completed and forwarded to all team members 2 weeks prior to the IP meeting
 - Completed and forwarded to all team members at the 6 mark identified at the IP meeting
 - Nursing and Behavioral reports are due to the team on a 1/4ly basis.
 - CCH/ICFMR teams that hold 1/4ly meetings reports are due at that time.

CONTENT:

- All providers need to utilize the DDS Individual Progress Review form
- 6 month reports need to reflect the individual's progress on all goals identified in the IP for your service.
- The top portion allows you to note changes as they relate to all sections of the plan
- Please make a notation in the comment or recommendation section located on the bottom of the form.
- Provider's collected data from goals is used to compile the progress report.

TOOLS FOR YOUR USE

Located on the DDS Web Site: <https://portal.ct.gov/dds> > **Provider Gateway > Forms A-Z or Resources**, you will find a link to the following:

- **Individual training document** - This is a great resource to insure the IP is completed meeting the waiver requirements.
- **Providers presentation** and **Directions for completing the Individual Progress review**.
- The Life Course Planning area of the website has many tools for your use.



Roles and Responsibilities

PRIVATE PROVIDERS

- 1) Submit assessments and reports to all team members 14 days prior to IP.
- 2) Provide input to the LON prior to IP.
- 3) Assist individual with Life Course pages of plan as needed.
- 4) Complete financial assessment
- 5) Review incident reports prior to the meeting
- 6) Develop and Implement IP action steps .
- 7) Document Progress on goals.
- 8) Provide 6 month reviews to all team members.

Case Managers

- 1) Schedule IP meeting w/ individual and team members.
- 2) Review all reports and ensure all team members receive a copy.
- 3) Complete LON and share LON and summary with team members.
- 4) Send out Life Course Portfolio and Annual Notification form to individual/guardian prior to meeting.
- 5) Facilitate meeting unless individual chooses otherwise.
- 6) Transcribe the plan and Distribute final plan to all team members within 30 days (45 days in FY '19).
- 8) Convene team meetings as needed.
- 10) Update electronic data system.

BREAK

10 MINUTES



coffee break

QUALITY OF MY LIFE

DDS Quality Service Review (QSR)

- What is Quality of Life?
 - Yourself
 - How does agency support people to have quality of life?
- The QSR is a tool and process to identify the quality of services and individuals' satisfaction with services and supports.
- National Core Indicators (NCI) are another tool that elicits feedback from the individual on how they experience their supports and services.

Areas for QSR Assessment

There are seven Focus Areas for the QSR and NCI:

1. Planning & Personal Achievement
2. Safety
3. Relationships & Community inclusion
4. Health & Wellness
5. Choice & Control
6. Satisfaction
7. Rights, Respect & Dignity



Data Collection Methods

- **Observation** of the individual where supports are provided
- **Documentation** review of the Individual Plan and other records
- **Safety Checklist** review of the individual's environment and emergency planning
- **Interviews** with the individual receiving services and a support person
- **Application Data** verification of required information
- **Verification** of expected follow-up (Program Review Committee (PRC), Previous QSR findings, Abuse/Neglect Recommendations, etc.)

QSR Components

- *Quality Indicators* are statements indicating specific expectations within focus areas. Example: Indicator D 43 Direct service providers maintain documentation of supports and services provided and progress made.
- *Interpretive Guidelines* for each indicator provide information from policy, procedure, statutes, regulation, directives, and best practice standards. They also provide examples and discussion for reviewers and providers.

Individual Level Indicator Ratings

MET

- The requirements of the indicator are present.

NOT MET - CM

- **DDS Responsible - Case Management as a service**
- The requirements of the indicator are not present.
- Issues identified are the responsibility of the DDS Case Manager; action is required.

NOT MET - DDS

- **DDS Responsible**
- The requirements of the indicator are not present.
- The issues identified are the responsibility of the DDS system; action is required to address the finding.

NOT MET

- **Provider Responsible**
- The requirements of the indicator are not present.
- The issues identified are the responsibility of the Provider; action is required to address the finding.

NOT APPLICABLE

- The indicator does not relate to the individual or service type being reviewed.

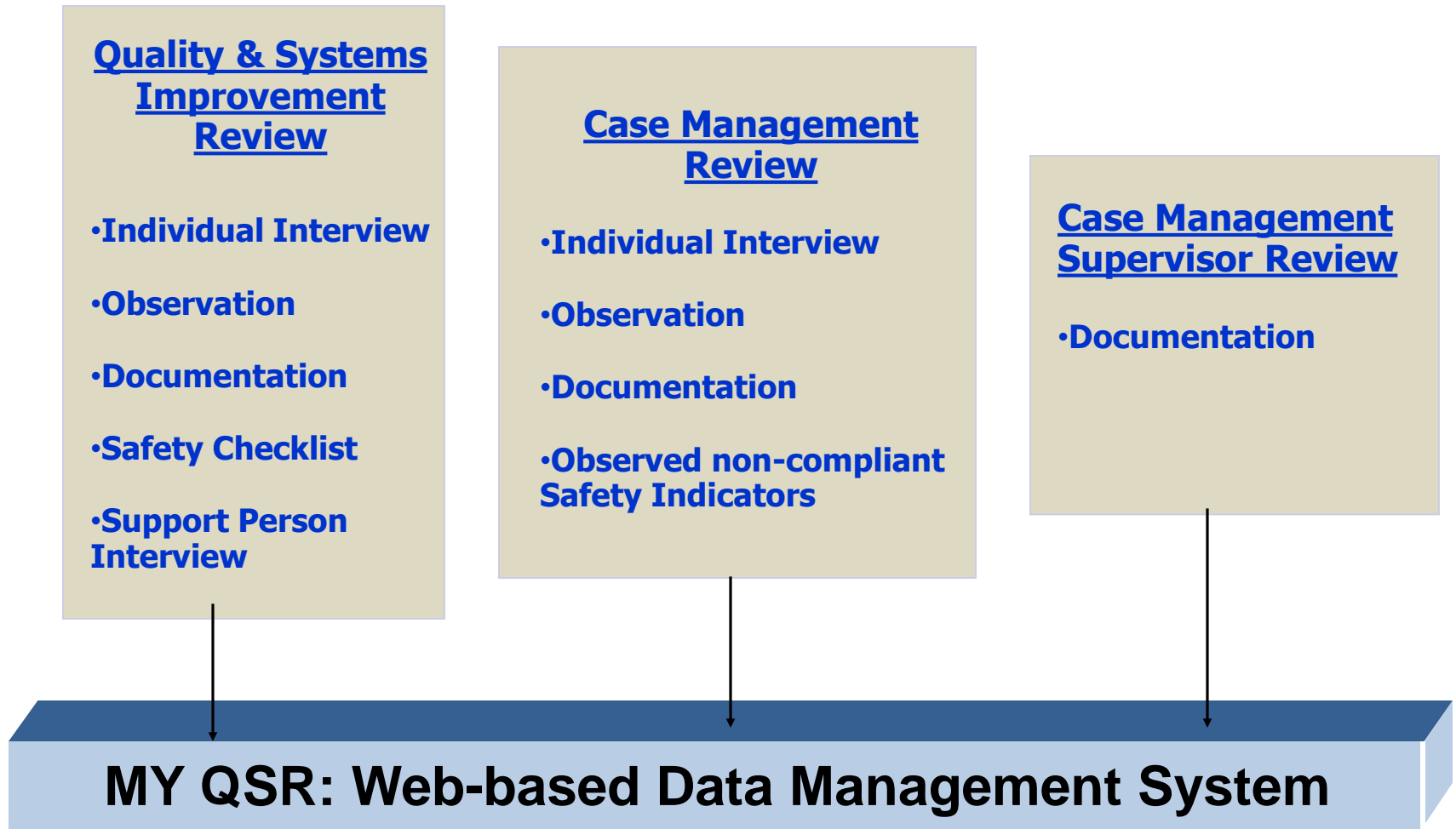
NOT RATED

- The indicator is applicable to the individual or service type, but circumstances have not allowed the reviewer to evaluate the indicator.

QSR Visit Process

- DDS identifies an individual and their service for a review.
- The reviewer will use a review *tool* (set of indicators) that matches their role and the service type being reviewed.
- Review is conducted; visit may be announced or unannounced.
- Review findings are recorded in My QSR.
- Not Met findings must be addressed.
- If written corrective action plans are required, they must be entered into the My QSR and monitored until closed.

One pool of quality indicators are drawn from to make service and role-specific review tools for data collection.



Quality Cycle

- Information gathered may identify areas for improvement or indicate progress is being made, and is used for ongoing quality improvement.
- Findings and quality improvement actions should be used to address both individual and systemic factors.



Integrating the QSR Process

- The QSR process includes provider self-assessment and quality improvement planning activities to evaluate the effectiveness of their own service and quality management systems.
- The QSR process includes DDS using QSR and other data for systemic improvements.

QSR Web-Based Data Application (My QSR)

- Allows quality review data to be recorded by DDS and reported to providers and appropriate DDS personnel.
- Allows required corrective action planning and implementation to be documented and monitored.
- Ensures information is available for use in DDS and Provider quality improvement activities.

DDS QSR Web Address

<https://www.ddsapp.ct.gov/QSR>

Agencies must be assigned in the system by DDS before the logging into this application.

The screenshot shows a Windows Internet Explorer browser window with the address bar displaying <https://www.ddsapp.ct.gov/QSR/>. The browser's menu bar includes File, Edit, View, Favorites, Tools, and Help. The address bar also features a search box with the text "Live Search". The browser's toolbar shows several icons, including a search icon, a home icon, a back icon, a forward icon, a print icon, and a page icon. The browser's status bar at the bottom shows "Done" and "Internet" with a 100% zoom level.

The main content area of the browser displays the DDS QSR login page. The page has a header with the CT.gov logo, the text "STATE OF CONNECTICUT", and the text "QUALITY SERVICE REVIEW". The DDS logo is also present. Below the header, the page title is "Log On to the QSR System". The main content area contains a login form with the following fields:

- Username:
- Password:

Below the password field is a "Log On" button. Below the login form is a link for "Forgotten Your Username or Password?". The text below this link reads: "If you have forgotten your username and/or password, please use our [Password Reset](#) tool to have a new password emailed to you. If you are not sure whether you have an account or not, please try your email address in the Password Reset tool. If you need other assistance, please contact [QSR support](#)."

QSR Requirements

- Providers are responsible for participating in DDS Quality Systems, including establishing and maintaining QSR Web-based interactions.
- Quality & Systems Improvement will provide assistance to providers. Please contact us for initial set-up in the system and for any questions. Once providers establish a designated Vendor Administrator they can establish and manage the accounts of others within their organization.

Public Act No. 14-194

AN ACT CONCERNING THE ALZHEIMER'S DISEASE AND DEMENTIA TASK FORCE'S RECOMMENDATIONS ON TRAINING

As part of the provisions of the Act, all residential facilities serving persons with Down Syndrome fifty years of age or older have at least one staff member trained in Alzheimer's disease and dementia symptoms and care. Below is a quick summary of the provisions of the act in relation to the training and clarification on curriculum.

PL 14-194

1. All agencies serving individuals with Down syndrome and who are 50 years of age or older are required to have one (1) staff person per shift and per said setting trained in dementia, aging and Down syndrome.
2. The training will cover the following four (4) components:
 - a. Dementia & Alzheimer's disease
 - b. Symptoms of Dementia & Alzheimer's disease
 - c. Dementia and Alzheimer's disease as it relates to Down syndrome
 - d. Care of an individual with Dementia and Alzheimer's disease
3. The agency can determine the method of training
4. The training will occur annually and within 6-months of new employment
5. The state statute applies to all private & public Community Living Arrangements (CLAs) and ICFs, CRSs, Community Companion Homes (CCH), Regional Centers & Training School.

Reference

Please see the DDS web site: <http://www.ct.gov/dds>

For More Information On...

- Quality & Systems Improvement
- Supports and Services
- Home & Community Based Services (HCBS) Waivers
- Information for Providers
- Safety Alerts / Advisories/ DDS Safety Campaign
- Health and Clinical Services
- DDS Manual
- Health Standards
- Fire Safety and Emergency Guidelines
- Emergency Management
- Medication Administration
- Announcements, updates, and other information

PLANNING & RESOURCE ALLOCATION TEAM (PRAT)

PLANNING & RESOURCE ALLOCATION TEAM (PRAT)

LON

UTILIZATION RESOURCE REVIEW (URR)

NOTICE OF OPPORTUNITY (NOO)

HOW DO SUPPORTS GET PAID FOR?

PRAT

- Purpose
- Composition of committee
- What needs to come through Planning & Resource Allocation Team (PRAT)?
- How do providers have items/concerns presented at Planning & Resource Allocation Team (PRAT)?
- Allocations based on Level of Need (LON)

Level of Need (LON)

Funding Guidelines

Residential

Day

Utilization Resource Review (URR) Process

- **When** is it required?
 - A URR is done when an individual is above the LON based allocation for home and work/day; has a 1:to:1; or has line-of –site supervision.
- **What** is required?
 - The provider must work with the DDS Case manager to properly prepare the URR package. The provider must provide a descriptor of the specific program, a schedule of what the enhanced staff does specifically with the individual, data (including baseline data and current status; a copy of the behavior program; a titration plan to reduce the enhanced staffing.
- **How** is this decision communicated?
 - URR approval can be granted up to 3 years. If you receive a conditional approval that is time-limited, you must submit the requested information by the date established by the URR committee. Medical URRs may not need to come back through the URR process.
 - Failure to provide substantiating information can lead to removal of funds from a budget/no additional requested funds being added to a budget.

Notice of Opportunity (NOO)

- Notice of Opportunity (NOO) – the start of the referral process
- Format
- Completed by provider – this will help formulate the type/number of referrals you receive – be as specific as possible.
- Responses – you need to respond to the PRAT Manager and Resource Manager regarding your ability/inability to provide services for an individual. You must be specific as to why you can or cannot provide services.
- Referral packets are available on a secure website. Contact Kayon Brown-Palmer at Kayon.Brown-Palmer@ct.gov to get access to the website.

How Do Supports Get Paid For?

- Personal Benefits
 - Husky C
 - Social Security
 - Private insurance
 - Other
- Community Resources
- Individual Budgets (IP 6)
- Purchase of Service Contracts



Community Companion Homes (CCH)

Community Companion Homes (CCH)

- CCH is a licensed community-based residential setting.
- Private Agency CCH development is a priority for DDS in securing future residential services.
- The CCH model offers a family setting to people with intellectual disabilities.
- Families of diverse cultures, backgrounds and composition are sought for the best possible match.
- Agencies receive a monthly CTV Rate corresponding to the LON Score of the individual(s) in the home.



Qualifications of CCH Licensees

- Submit background checks, references, be in good health.
- Own or rent an insured home with an available bedroom.
- Maintain required trainings, including CPR.
- Be available for emergencies.
- Participate in all IP meetings and goals.
- Document medical needs, financial transactions, etc. and review meetings and help facilitate any goals set from these meetings.
- Keep individuals connected to their friends and family.

Community Companion Homes is about CHOICE!

- CCH is an informed choice.
- Matching is done with an eye toward long-term success.
- Individuals have the opportunity to get to know CCH licensees and vice versa.
- Individuals and their families decide with the CCH licensee if they are a good match.

Referral/ Matching Process

- Matching critical to long term success.
- Is an open process.
- Information sharing is key.
- Family knowledge and history is crucial.
- Introductions, meet and greets and pre-transition visits.
- Once all goes well... Transition!

Portability

- What happens when CCH licensees and individuals decide to make a change?
- Agencies, with support from DDS, help individuals and CCH licensees work through it.
- Sometimes goals, needs, or health concerns arise which necessitate a move.
- This is an opportunity for growth.
- Agencies coordinate with DDS for new referral opportunities.

Provider's Responsibilities

- Advertisement, recruitment, initial and ongoing training.
- Participate in meetings and IP development and planning.
- Ensure timely financial/benefit reporting, medical needs.
- Provide Nursing and Behavioral Supports.
- Assist the Licensee with the Plan of Correction.
- Ensure alternative placement for individuals in the event of an emergency.
- Ensure the adherence to all Licensing Guidelines/Regulations with at least monthly visits.

Monthly Monitoring of CCH Licensees

- Reviewing CCH Books:
 - Medical
 - Journal Entries
 - Incident Reports
 - Behavior Plan and Data as applicable
 - Respite Profile
 - Safety Alerts
 - IP/Periodic Reviews in the home
- Reviewing Home:
 - Test hot water
 - Look for safety issues
 - Verify Licensed Bedroom sleeping conditions
 - Observe interactions between Licensee and Individual(s)
- Reviewing Finances:
 - Review Ledger Sheets
 - Review Checkbook against Ledger
 - Verify Cash on Hand
 - Verify that Benefits/Entitlements are correct
 - Verify that the individual is not over assets for DSS
 - Ensure Inventory List contains all items over \$50



INDIVIDUAL BUDGETS and PURCHASE OF SERVICE (POS) Contracts

Medicaid ID Number

Rates

Non POS Provider

Role of the Statewide Liaison

Service Authorization/Documentation

Invoicing

Financial Reporting

POS Contract Provider

Role of the Provider Specialist

POS Contracts

Service Authorization

WebResDay Attendance System (Billing)

Financial Reporting

Documentation and Audits

Medicaid ID Number



Medicaid ID Number

- All DDS Providers with a POS contract will be required to maintain an active Medicaid ID Number for:
 - all **non-licensed** services
 - each **licensed setting** (currently Community Living Arrangements and Community Companion Homes)

Re-enrollment

- Every three years
 - You will receive a notice from DXC Technology notifying you six months before your re-enrollment is due as well as several additional reminders by mail. The letter will contain a tracking number to start the process.
 - Failure to re-enroll will result in payments being held
 - Sample screen shots of enrollment and re-enrollment applications can be found on the CTDSSMAP.com web page. Many of the screens will be pre-populated with data already on file

<https://portal.ct.gov/DDS/ProviderProfile/Medicaid-Enrollment/Medicaid-Enrollment-Re-enrollment>

Contact Nick Jerard with questions (Nicholas.Jerard@ct.gov)

Rates

<https://portal.ct.gov/DDS/OperationsCenter/Providers/Rates>

Standardized rates are used to develop the cost of an individual's support package.

LON Allocations

Rates for all home and work/day supports are based on LON allocations.

Case Manager

Utilize the Case Manager if there are concerns regarding the services or rates that were used in developing an individual's authorization.

Role of Fiscal Intermediary Liaison And Provider Specialists

A Fiscal Intermediary Liaison is assigned to all non-POS Providers and a
Provider Specialist is assigned to each POS Provider

<https://portal.ct.gov/DDS/OperationsCenter/Providers/Contacts>

Role of Fiscal Intermediary Liaison

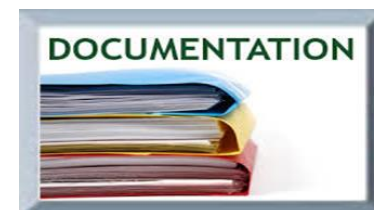
- **Technical Assistance** - Provides technical assistance to Case Management for the IP6 Individual Budget system

Role of Provider Specialist

- **Payment Issues** - Assists Providers to resolve payment issues should regional resources be exhausted.
- **Financial Reports** - Tracks and reviews Financial Reports for non-contract Providers (as required: End of Year Expense Report and Agreed Upon Procedures or audit)
- **Data** - Provides data to the Regions for Performance meetings
- **Revenue** - Tracks non-POS Provider revenue to initiate moving to POS contract for Providers nearing the threshold of \$200,000.

Non POS Provider Service Authorization/Documentation

1. Authorizations: Vendor Service Authorization (VSA's)
Developed by the Case Manager in the Individual Budget System when the individual is self-directing services or the services are delivered by a Provider who **does not have a Purchase of Service (POS) contract** with DDS.
2. Providers must obtain an authorization to provide services **prior** to the delivery of services. **DDS will not pay for services provided without an authorization in place.**
3. For each service provided, documentation must include:
 - Goal or Outcome identified in the Individual Plan
 - Date of service
 - Start time and end time of service
 - Signature of staff providing service
 - Daily progress note related to the outcomes in the Individual Plan



Non POS Provider Invoicing

4. Providers submit invoices to the Fiscal Intermediary identified on the Vendor Service Authorization. Payments for services based on Individual Budgets are managed by one of the two fiscal intermediaries (F.I.'s) used by DDS.

Allied Community Resources

P.O. Box 509, East Windsor, CT 06088-0509

Phone: (860) 627-9500

Toll Free: (866) 275-1358

FAX : (860)627-0330

Sunset Shores of Milford

720 Barnum Ave. , Stratford, CT 06614

Phone: (203) 380-1228

Toll Free: (877) 666-1366

FAX (203) 380-1481

After utilizing the Case Manager and Fiscal Intermediary, direct unresolved payment issues to the F.I. Liaison
Liaisons

Operations Center – Evelina Bula (860-418-6057)

North Region - Jessica Sundell (860-263—2485)

South Region - John Rispoli (203-294-5087)

West Region – John Adams (203-805-7442)

Note: \$200,000 or more in revenue - Vendor services for **non POS Provider** may be converted to a **Purchase of Service (POS) contract**. (See handout labeled Similarities and differences in services through individual budgets and POS contract)

Non POS Provider Financial Reporting

Revenue

- **Under \$100,000** - Not required to submit annual financial reports.
- **\$100,000 or more** - Submit an End of Year Expense Report (due on October 15th) and a report completed by a Certified Public Accountant detailing the provider's compliance with standard DDS Agreed upon Procedures.
- **Exceeding \$300,000** - Submit State Single Audit (non-profit providers). Submit an Audited Financial Statement (for-profit providers)

Financial requirements are found on DDS website:

<https://portal.ct.gov/DDS/OperationsCenter/Documents/End-of-Year-Financial-Reporting-Requirements>

Provider is responsible for covering the cost of financial audits.

POS Contract Providers

Role of Provider Specialist

A Provider Specialist is assigned to each Provider

<https://portal.ct.gov/DDS/OperationsCenter/Providers/Contacts>

Role of Provider Specialist

- **Collaboration** - Collaborate with Regions and Providers to execute needed contracts and amendments
- **Financial Reports** - Tracks and Reviews Financial Reporting Requirements of Contract:
 - Operational Plan
 - 8 Month Report
 - End of Year Expense Report or Annual Report
 - Agreed Upon Procedures
 - Audits



Contract reporting requirements can be explained by your Provider Specialist

- **Meetings** - Participates in providing data and attending End of Year Fiscal Meetings.

Purchase of Service (POS) Contracts

- **Revenue** - When non-POS provider revenue exceeds \$200,000, the Provider moves to a POS Contract
- **POS Contract** - There is one state wide POS contract for home and work/day services per agency. Home and work/day POS contracts have contract service authorizations which identify the provider individual, rate, service type, and number of hours.
- **Operations Center** - The Operations Center is a division of DDS Central Office that oversees statewide contract development.
- **Affidavits and Certificates** – www.ct.gov/opm
 - Ethics Affidavit
 - Gift and Campaign Affidavit
 - Consulting Agreement
 - Non-discrimination certificateAffidavits and certificates ARE filed electronically through BizNet
The Provider Specialist can assist with any BizNet issues.

DO NOT PROVIDE SERVICES THAT HAVE NOT BEEN AUTHORIZED

Purchase of Service (POS) Contract Service Authorizations (CSA)

1. Providers will receive a Contract Service Authorization (CSA). **Review authorization immediately upon receipt for accuracy and contact Case Manager/Resource Manager should there be a discrepancy.**

DO NOT BEGIN SERVICES THAT HAVE NOT BEEN AUTHORIZED.

2. The CSA document will indicate authorization to provide services and supports. The CSA will include the following:
 - Service recipient
 - Service, Rate, and Unit that have been authorized
 - Date of Authorization
 - Authorizer



IMPORTANT: In the event of an emergency, an email from a Regional Director, Assistant Regional Director, Resource Administrator, or PRAT Manager can provide a temporary authorization until addressed by the Planning & Resource Allocation Team (PRAT).

Purchase of Service (POS)

WebResDay Attendance/Payment

3. Providers bill for services through the WEB RES DAY attendance system. Contact Nick Jerard with system issues (Nicholas.Jerard@ct.gov)

Day Supports

Day support payments are based on utilization as reported in WebResDay attendance either per day or hourly based on 15 minute units.

Residential Supports

CLA and CRS payments are 1/12 of the service cost if one unit of service is provided during the month as reported in WebResDay attendance. Service authorizations are prorated based on move in date for the 1st month of service.

IHS, Personal Support and Adult Companion

Payments are reported hourly, based on 15 minute units.

4. Payment Reports

Summary and Detail Reports - All payment reports are available for view and download on the DDS Gateway (<https://www.ddsapp.ct.gov/DDSGateway/Home.aspx>)

Utilization Reports - Reports are used to assist providers to align with authorizations or can work with the region if certain individuals need additional support.

Purchase of Services (POS) Providers Financial Reporting

Financial Reports

- **Operational Plan** –Due annually prior to the beginning of the fiscal year and updated when a cost center is added to the contract.
- **Annual Report** – POS Providers doing \$300,000 or more of business statewide
 - Due **October 15th**
 - Completed or audited by a Certified Public Accountant
 - www.myersandstauffer.com download report, instructions, & checklist
 - **Penalty** - will be assessed for each day the annual report is late.

Extensions - should be submitted in writing to the attention of the DDS Commissioner prior to **October 15th**.
- **Financial Statements**
 - Due **December 31st**
 - State single audit (Non-profit providers)
 - Audited financial statements (For Profit providers)
 - Reconciliation forms (Non-profit providers)
 - 8 month expense report – due **March 31st**
 - End of Year Expense Report– less than \$300,000 – due **October 15th**

POS Providers Financial Reporting

Miscellaneous

Executive Director Salary - Cap of \$101,000

Related Party Transactions - must be identified in the Annual Report and approved by the DDS Ethics Committee yearly.

Financial Reporting Index:

<https://portal.ct.gov/DDS/OperationsCenter/Providers/Financial-Reporting>

Department of Social Services (DSS) Documentation and Billing Audits

Audits - Department of Social Services (DSS) Audits

ALL DOCUMENTATION FOR BILLINGS MUST BE AVAILABLE FOR REVIEW

- Documentation – Provider is responsible for following DDS documentation guidelines. Documentation must reflect the service authorized and be aligned with the individuals Individual Plan (IP.)
- If documentation is not present to support billing, the DSS auditor will extrapolate a percentage across the entire program.

LUNCH

1 HOUR

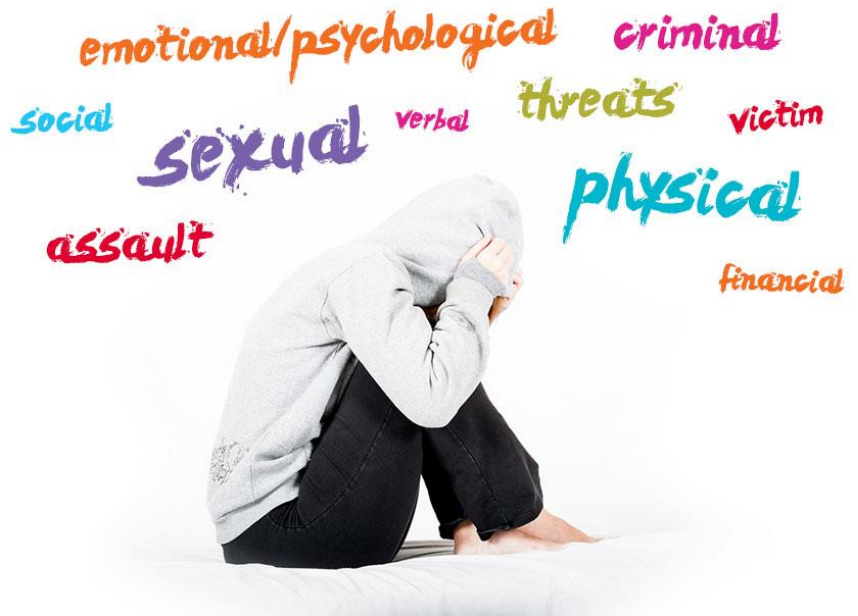


ABUSE and NEGLECT



Types of Abuse/Neglect

- Abuse
- Neglect
- Verbal Abuse
- Psychological Abuse
- Financial Exploitation
- Sexual Abuse
- Programmatic Neglect



Definitions

- DDS definitions (hand out)
 - Not universal (police, DDS, DCF, DSS, etc.)
 - Involve caregivers (if alleged perpetrator is not a caregiver, DDS does not have jurisdiction)



Words can
hurt more
than you **think**
they can



If you suspect Abuse/Neglect

- If you witness or suspect abuse or neglect, you MUST:

1. Stop it!



Intervene and protect the victim

2. Report it!



Reporting

WHY?

- Mandated reporters (timeline and follow-up (no messages)
 - Agencies cannot filter allegations
 - Reporters must follow up (no messages)

when

- Suspicion threshold (reasonable cause to suspect abuse/neglect)
- Timely reporting

WHO?

- Authorized agencies

Reporting agencies

- Abuse Investigation Division (AID)
- Department of Children & Families (DCF)
- Department of Social Services (DSS)
- Department of Developmental Services (DDS)
- Department of Public Health (DPH)
- Police

Age Range:

AID: 18 - 59

DCF: 17 and under

DSS: 60 and over

Anything AID doesn't take!

AID DNTs:

*** Verbal**

*** Psychological**

*** Financial**

Report to A/N Liaison

Official Notification

- Agency responsibilities related to an allegation or investigation
 - Confirm receipt of intake
 - AP off duty
 - Assign and have a DDS Trained investigator complete investigation
 - Make and fulfill recommendations to prevent future instances
 - Do not share copies of investigation
 - Maintain a secure copy in agency file
- Other
 - Injuries of unknown origin
 - Administrative versus abuse/neglect
 - Sleeping on duty, med errors, non-ingested food consistency violations



Investigation

- DDS Investigator training
- Conflict of Interest
- Investigation timelines
- Submitting investigations
- Follow-up



Prevention of Abuse and Neglect

- Leadership
- Expectations/High standards
- Training & Monitoring
- Quality Behavior Support Plans
- Clear documentation
- In-tune with staff
- Individuals needs being met
- Financial checks and balances



What is the DDS Abuse & Neglect Registry?

The Abuse and Neglect Registry is a registry, mandated by Connecticut General Statutes, which is administered and maintained by DDS. It contains the names of former employees who have been terminated or separated from employment as a result of substantiated abuse, neglect or both of an individual that receives services or funding from DDS.

Important Definitions

- **Abuse** means (A) the willful infliction by an employee of physical pain or injury, financial exploitation, psychological abuse or verbal abuse; (B) the willful deprivation of services necessary to the physical and mental health and safety of an individual who receives services or funding from the department; or (C) sexual abuse.
- **Neglect** means the failure by an employee, through action or inaction, to provide an individual who receives services or funding from the department with the services necessary to maintain such individual's physical and mental health and safety.
- **Financial exploitation** means the theft, misappropriation or unauthorized or improper use of property, money or other resource that is intended to be used by or for an individual who receives services or funding from the department.
- **Psychological abuse** means an act intended to (A) humiliate, intimidate, degrade or demean an individual who receives services or funding from the department, (B) inflict emotional harm or invoke fear in such individual, or (C) otherwise negatively impact the mental health of such individual.
- **Sexual abuse** means (A) any sexual contact between an individual who receives services or funding from the department, regardless of such individual's ability to consent, and an employee, or (B) the encouragement by an employee of an individual who receives services or funding from the department to engage in sexual activity.
- **Verbal abuse** means the use of offensive or intimidating language that is intended to provoke or cause the distress of an individual who receives services or funding from the department.
- **Employee** means any individual employed (A) by the department, or (B) by an agency, organization or individual that is licensed or funded by the department.
- **Employer** means (A) the department, or (B) an agency, organization or person that is licensed or funded by the department. This includes supported individuals who hire their own employees.
- **Separated from employment** means that in lieu of or prior to being terminated from employment for abuse or neglect that is later substantiated, an employee resigns, abandons or otherwise leaves employment.

Registry Basics

- **Employer notification responsibilities**

If an employee is terminated or separated from employment due to substantiated abuse, neglect or both, the employer must notify DDS of the termination or separation no later than 5 business days following notification of substantiation by an authorized agency.

- **DDS Responsibilities**

Once DDS receives notice of an employee's termination or separation for substantiated abuse, neglect or both, the DDS notifies the employee of their right to an administrative hearing, the outcome of which will determine if their name will be placed on the Registry.

- **Placement on Abuse and Neglect Registry**

A former employee whose name has been placed on the Registry is prohibited from volunteering with or being employed by any individual supported by the DDS or by any employer licensed and or funded by DDS for a minimum of five years for a finding of abuse and two years for a finding of neglect.

- **Pre-Employment Registry Inquiries**

Prior to the hiring of any employee by an agency, organization or individual that is licensed or funded by DDS, an inquiry must be made to determine if the potential employee's name is on DDS Registry. If the applicant's name is on the Registry, the employer shall not hire the applicant. Additionally, if an employer receives notice that a current employee's name has been placed on the Registry, the employer shall not retain the employee.

- **Confidentiality**

The registry and information contained therein is confidential and not subject to disclosure.

Five Elements

The Five Elements that Must be Proven at a Registry Hearing

1. Whether the individual was an employee.
2. Whether the individual was employed by an employer.
3. Whether the individual was terminated or separated from employment due to allegations of abuse or neglect.
4. Whether the allegations of abuse or neglect were substantiated by an authorized agency.
5. Whether the allegations of abuse or neglect were substantiated are supported by a preponderance of evidence.

Removal of Name from Registry

- **Removing a name from the registry**

The Department shall remove an employee's name from the Registry upon receipt of notification from an employer that an arbitration or a legal proceeding resulted in a finding that the employee was unfairly terminated from employment.

An employee whose name has been placed on the registry may, not less than 5 years after the placement of his name on the registry for substantiated abuse, and not less than 2 years after the placement of his name on the registry for substantiated neglect, and not more than once every 2 years thereafter, request in writing to the commissioner that his name be removed from the registry for good cause shown.

A final thought...

Once you lose respect for a person, it is only a matter of time before the abuse/neglect starts.

By watching for respect, we can become part of the solution!



RESOURCE ADMINISTRATION

WEB PAGE REVIEW

PROVIDER PROFILES

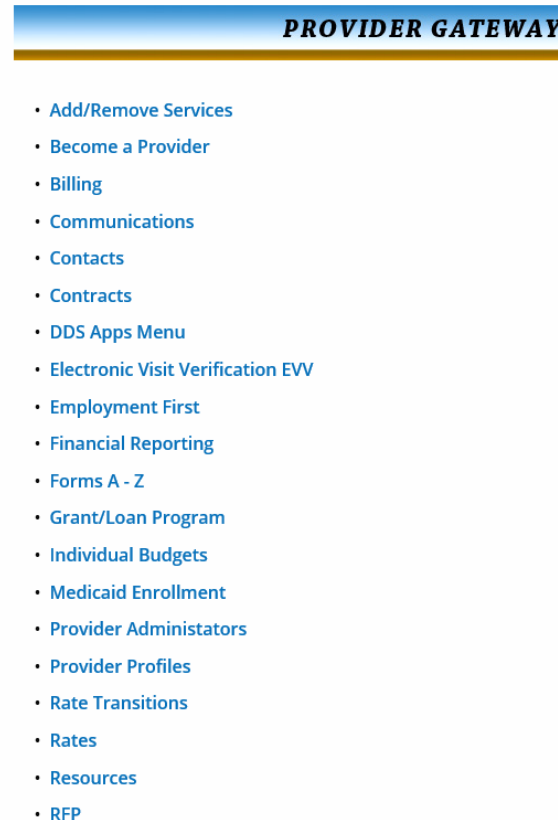
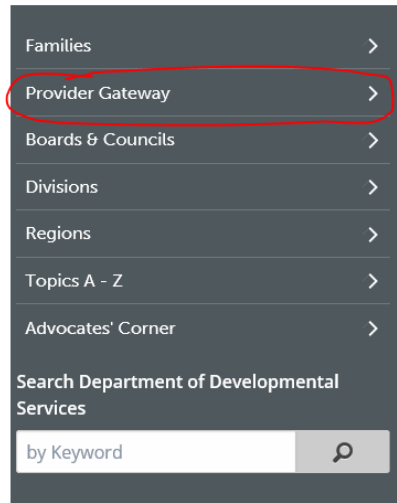
PERFORMANCE AND FISCAL REVIEWS

PORTABILITY

Web Page Review

DDS Web Site <https://portal.ct.gov/dds>

Select **Provider Gateway** – This section should contain all information a provider needs to do business with the State of Connecticut.



Web Page Review - Continued

Contact your Provider Specialist if you have questions. The Provider Specialist assigned to you is located on the Provider Assignment List:

Provider Assignment List

<https://portal.ct.gov/dds> > Provider Gateway > Contacts > RM
Provider Assignments

DDS Manual of Policies & Procedures

<https://portal.ct.gov/dds> > Provider Gateway > Topics A – Z >
Policies & Procedures > DDS Manual

Provider Profiles

NEW PROVIDERS

New providers will be given a Provider Profile Form by the Provider Qualification Specialist to complete when becoming a qualified provider. It contains information about each qualified provider.

PROVIDER PROFILE FORM

Profiles and the list of qualified providers can be found on the DDS web page:

<https://portal.ct.gov/dds> > **Provider Gateway > Provider Profiles**

VIEW PROFILES - You can view for one provider at a time, view the entire list of qualified providers or by town served.

CORRECTIONS/UPDATES

Changes to provider information, i.e., contact names, phone numbers, email addresses, etc. should be submitted on the Provider Profile Correction Form. The form can be found on the DDS web page:

<https://portal.ct.gov/dds> > **Provider Gateway > Forms A-Z > Provider Profile Correction Form**

Contact person(s) will receive all information from DDS and is responsible for inter-agency distribution. An agency can have up to five contact people: Executive Director, Main Contact, CFO, Provider Administrator, Medicaid Contact

Performance and Fiscal Reviews

DDS will hold two meetings with providers each year. You will be notified via e-mail with the date and time of your scheduled meeting:

1. Performance/Quality Meeting
2. Fiscal Meeting.

Fiscal Meetings

- Time - Typically held in May & June each year.
- Location - Held in the Prime Region with participation from other regions as appropriate.
- Agenda - The focus of these meetings are fiscal issues, participant lists, FI issues , etc.

Quality Review Meetings

- Time - Typically staggered throughout the year with the exception of May, June & July.
- Location - Held in the Prime Region with participation from other regions as appropriate.
- Agenda - The focus of the meeting is on a review of Quality Improvement (QI) data and the Continuous Improvement Plan. **This meeting will result in a recommendation for agency certification.**

QI data is forwarded to providers prior to the meeting for their review and analysis. Be sure to look at trends and issues. Incorporate these into the Continuous Improvement Plan. *Note: The Continuous Improvement Plan will be discussed in another section of the training materials.*

Portability

- If the person isn't happy with supports, they can choose to change them.
- Portability Policy defines the process to be followed when an individual desires/needs a change in support plans which includes a change in provider.
- Procedure applies to all individuals who are funded by DDS
- Agency is given notification that individual is leaving program with date.
- Policy applies to home and work/day supports

QUALITY IMPROVEMENT

Continuous Quality Improvement Plans

Enhanced Monitoring

Continuous Quality Improvement Plans (CQIP)

<https://portal.ct.gov/dds> > Provider Gateway > Forms A-Z > Continuous Improvement Plan

Forms

Continuous Quality Improvement Plan

Quality Organizational Self-Assessment - Used to identify strengths, challenges to providing quality services & supports, and themes/trends that are priorities to be addressed.

Continuous Quality Improvement Plan

- This information should come from the agency self assessment, data provided at the semi-annual Quality Review, agency own tracking and data.
- This is a dynamic document. It should be continuously changing as goals are met and new ones added. The focus of the goals should be around quality outcomes for the individuals you support.
- Regional staff may make goal recommendations based on data review and/or feedback on performance.
- The provider agency can use any format as long as the following items are included: goal (including a cultural competency goal), action, task, person responsible and timeframe. *Note: Day support providers must include an employment goal.*

Enhanced Monitoring

<https://portal.ct.gov/dds> > Provider Gateway > Topics A – Z > Policies & Procedures > DDS Manual > Enhanced Monitoring policy (Procedure No.: I.G.PR.003)

This procedure addresses issues with a provider who is not complying with DDS regulations, policies, procedures, directives, provisions of the Purchase of Service Contract, Provider Assurance Agreement etc. and is having a negative impact on supports and services to individuals.

Meetings

Initial meeting

Held with the region to outline the issues. The Board of Directors are notified of this meeting and a **representative is required to attend**. Expected outcomes and timeframes will be defined.

Follow up meetings

Held to determine if issue(s) have been addressed and resolved.

Other Actions

The intent of the meetings is to address issues. The Department will support providers with corrective action plans. Future actions could include:

- Suspend new admissions specific program/regional/statewide
- Suspend expansion
- Remove as qualified provider
- Terminate contract

HEALTH AND WELLNESS

MEDICATION ADMINISTRATION CERTIFICATION

DNR

NURSING POLICIES/PROCEDURES/DIRECTIVES

NURSING MEETINGS

Medication Administration

- **Medication Administration** is an R.N. delegated task.
- Med cards require a recertification test every 2 years. Checklist A&B must be done within 90 days prior to the expiration date listed on the Medication card. Annual pass and pour must be done within 4 weeks before or after the staff's anniversary date on their medication card.
- **Contact** - Jackson Pierre-Louis (203-294-5001) the statewide contact at Central Office for courses and curriculum.
- **Revocation Requests** - Send to Regional Health Services Director

End of Life Issues and Information

- **DNR**
 - For all contemplated Do Not Resuscitate (DNR)'s contact Case Manager Or Nurse Consultant – who in turn will notify the Director of Health Services.
- **Death**
 - When a death occurs during regular business hours notify the Case Manager, Nurse Consultant and/or Director of Health Services as soon as possible. . When a death occurs after business hours, weekends and holidays – notify the Regional Director On Call for appropriate region.
- **Mortality Review**
 - When a case is being reviewed all documents will be collected by the Case Manager or Director of Health Services.

Nursing Policies/Procedures/Directives

- **Policy and Procedures**
 - DDS Website, Publications, Manuals, DDS Manuals, I.D. Quality Enhancement, PO.001, PR.001, 002, 003, 005. I.E. Health and Safety, PO.007.
- **Medical Advisories, Health Standards, or Nursing Standards**
 - DDS Website, Supports and Services, Health and Clinical Service – choose either – Medical Advisories and Health Standards or Nursing Standards.
- **RN On Call**
 - CLA, CRS and IHS out of family home – must have an on call program in place. RN must be the contact not a manager or LPN.
 - Contact Nurse Consultant with any questions. DDS Web Site under Manuals – Procedure No IE PR 008.
- **Hospitalizations and Psychiatric Hospitalizations**
 - Notify the Case Manager and the Regional Nurse Consultant of all hospitalizations and psych hospitalizations.

Private Sector Nursing Meetings

- Held quarterly.
- Contact Regional Nurse Consultant for schedule.

Regional Contacts And Leadership Forum Meeting Schedule

Provided as separate attachments from this document – (Links and handouts.docx)

Provider Orientation Training

- Once a quarter
- Rotates among regions
- Providers must attend a training prior to beginning services/supports:
 - A portion of the training is a video that can be reviewed prior to attending the orientation. A sign-off sheet must be submitted to DDS.QPAPenrollment@ct.gov
 - The PowerPoint slides, the video and sign-off sheet are located at:
<https://portal.ct.gov/DDS/OperationsCenter/Qualified-Provider-Information/Document-Library-and-Checklists> (path: <https://portal.ct.gov> > Provider Gateway > Become a Provider > Document Library and Checklists > Training Materials)

IMPORTANT – Be sure to view the Review Processes video on the DDS website and submit the sign-of sheet. This is a requirement as part of the orientation training for new Executive Directors:

<https://portal.ct.gov/DDS/Video/2019Video/New-Provider-Orientation-Review-Processes>

QUESTIONS AND EVALUATIONS



PLEASE BE SURE YOU HAVE SIGNED THE
ATTENDANCE SHEET BEFORE LEAVING