SERVING PEOPLE WITH DISABILITIES

Perspectives of Private Providers

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Private Providers – An Overview

Provide a continuum of care for people with disabilities and their families

- person-centered supports
- additional level of community supports, including education, housing and advocacy

Private Providers – An Overview

- 252 providers throughout Connecticut
- Services include Day Programs, Residential Supports, Respite, Recreation, Birth to Three (early intervention), school services, transportation, community supports, family supports, behavioral health and nursing
- Licensed by Department of Developmental Services (DDS)
- Some agencies also hold accreditation by private entities (CARF, JCAHO)

Private Providers – An Overview

- Employ thousands of staff, including direct care professionals, nurses, behavioral health providers
- Larger agencies are major employers in some regions

Private Providers – An Overview

- Commitment to Staff
  - Safe, respectful work environments
  - Training to deliver services with confidence
    - Technical Training – Physical Management Techniques, CPR, First Aid, Dysphagia, Active Treatment, Medical Certification
    - Participant-specific training
  - Professional Development
    - Leadership training
    - Tuition Reimbursement
    - Recognition of length of service, commitment to families

Private Providers and DDS

- Purchase of service (POS) contract with DDS
- Usually the largest source of revenue for most private providers
- DDS:
  - Licenses programs
  - Promulgates regulations guiding delivery of services
  - Conducts quality service reviews
  - Monitors and responds to allegations of abuse or neglect of participants

Provider's Landscape

- Medicaid's financial incentives have shifted provider business models:
  - Electronic medical records
  - 15-minute billing and recordkeeping
- Higher expectations of staff :
  - More detailed documentation and recordkeeping
  - Interpretation of waiver requirements
- LEAN concepts being applied to Provider/DDS relationship

CHANGING LANDSCAPE - Providers

- Educating staff about healthcare-focused care = larger investment in staff development with limited resources
- Conflicts between person-centered practice and silos of existing system require new ways of service delivery
- LON funding approach not always flexible enough to meet changing needs
- Need for a quantitative process to predict future participant needs

CHANGING LANDSCAPE – Providers

- Inadequate wages and benefits
  - difficult to attract and retain staff who remain invested in the field
  - Challenging to provide meaningful career paths and benefits to retain professionals at all levels
- Managing multi-agency expectations (DSS, DCF, DHMAS) as more services move to medical model.

Changing Landscape: Supporting Families

More complex needs:

- Families look for comprehensive, lifetime services
- Often need complex emotional support from all levels of staff
- Look to agencies to help with multiple stressors (work, food, housing, family dynamics, parenting)
- View agencies as partners (and advocates) in procuring services and supports for family members

CHANGING LANDSCAPE: DDS

- Shift to engage in truly person centered practices (Community of Practice, Living the Mission Mentoring Project)
- Recognized need for a proactive approach to providing a continuum of care for people with disabilities

CHALLENGES: DDS

- Resource limitations inhibit some person-centered supports
- Siloed approaches to care prevents implementing innovative solutions to changing participant needs
- Quality Assurance process has to evolve to embrace medical model of service delivery
- More collaborative approach with agencies needed to address DDS' concerns about health and safety issues

Recommendations:

- Unbundle" the system to allow families the flexibility to select services that best meet their needs
- "Right services at the right time at the right cost"
- Use actuarial analysis to help predict future service needs
- Wages/Compensation must improve - medical model requires additional staff skills; existing, experienced staff must have incentives to stay in the field
- Continue to focus on a collaborative approach to person-centered care, involving families, agencies in decisions
- Involve families in the critical decision making process (PRAT) – written statements, pre-meeting with case managers

Recommendations:

- Improve communication with families before, during and after key decisions, especially PRAT
- Continue collaborative approach, seeking provider input when considering major programmatic changes or how unfunded mandates may affect providers
- Continue to support revenue retention efforts, rewarding agency efficiencies without sacrificing quality of care
- Invest in agencies to support move to medical model for reimbursement, while supporting person centered approach principles.