

## State of Connecticut Department of Developmental Services



Ned Lamont Governor Jordan A. Scheff Commissioner

Elisa F. Velardo Deputy Commissioner

## DRAFT Minutes of March 21, 2023, ARPA Advisory Committee Meeting

Location: Meeting held Virtually via Microsoft Teams

In attendance: Peter Mason, Keith Lavalette, Tracey Walker, Win Evarts, Katie Banzhaf, Cheryl Ellis, Shannon Jacovino, Barry Simon, Paige Librandi, Melissa Kremmel, Michael Beloff, Greg McMahon Deloitte attendance- Betsy Bella,

Absent: Kate Haaland Brian Smith, Steven Siegelaub, Kathleen Stauffer

Keith Lavalette, Chair, called the meeting to order

Keith Lavalette read the Public Meeting Requirements

Minutes of the 2/21/2023 Advisory Committee meeting were approved on a motion by Simon/Evarts.

## **Update from Committee co-chairs**

**Residential Transformational Committee**- The residential committee did not meet this past week. No new updates to report.

**Day Transformational Committee** – The SELN Commission presented to the day committee. Suzanne Freeze and Wesley Anderson are from the State Employment Leadership network of 25 member states. The Commission was developed because there was a plateau and decline in integrated employment outcomes. There were also increases in facility-based work in the late 90's and early 2000s.

Over the last 10 years they have seen increases in integrated employment services, but data has also shown that nonwork settings have continued to grow. States are considering a shift in what they consider a successful program transformational path and largely states are leaning towards the individual employment model. States are at the point of considering what really needs to be offered, what is possible and what can be sustained differently than in any time in the last 10 years.

If individuals want a job, they say that they want a job, they don't say they want a service. It's up to the provider to decide how the individual gets the job.

McDowell also presented and discussed the videos, the completed surveys and the bimonthly newsletter that was sent out to individuals, families, providers, and DDS staff.

**DDS Engagement Committee:** McDowell presented to the committee, they went over the communication plan, the newsletter was discussed and sent out. They are also doing forums for Case Managers. Peter will be attending the next meeting to discuss the ARPA transition plans. Case Managers that have been involved in the transition plan review can begin to work with other Case Managers on the review process.

**Individual and Family Committee:** McDowell attended the meeting to discuss the newsletter and the communication plan and broke down activities they're involved in and the roles of the folks who are participating in those activities.

Most of the activity is around approving a program description template that will outline what the services and explain what each service is for individuals and families including challenges and benefits for each of those services. They have a draft of the IHS Template and are now working on the CCH template and will continue to work through all the services and develop a fact sheet for each of those services.

McDowell is also in the process of recording the videos.

The question was presented asking if new kinds of residential options would be considered in phase 2 and if there has been any discussion on newer service models?

If new programs are developed they would have to match with the DDS waiver definitions otherwise DDS would need to go through the waiver amendment process. It was stated that DDS has not found a lot of new options. DDS will be working with Deloitte and plans to discuss changes to the system.

Discussion included that if a provider had a novel idea that loosely fits within the funding structures DDS would consider it. DDS is trying to emphasize creativity so providers should bring ideas forward and if it fits in the current waiver, DDS could consider it.

If families have ideas, the current system is not set up to figure out how to make it work. A suggestion was made to invest in marketing, individual support brokers to put together a plan and working with DDS to develop a plan that is outside the box. This has been successful elsewhere.

DDS has amended its Appendix K. The revised Appendix K must go through a public hearing through the legislature and once that is done DDS can submit to CMS. CMS has up to 90 days to approve. Several outcome payments for providers were added to enhance the incentive plans. If approved, it would be retroactive to February 1 and all providers who submit plans would be eligible for the additional incentives.

The rewarding work redesign website was supposed to start on March 1<sup>st</sup>. There has been a glitch with the DDS IT department and DDS is hoping to resolve the issues soon.

There are four notices of opportunity for assistive technology that are currently available. 34 individuals have submitted applications and seven applications from providers have been received. The AT RFP was posted earlier in the week. This is a request for proposals for companies to complete an assessment and then purchase the equipment once approved.

The non-project based supported housing grant deadline has passed. Multiple submissions have been received.

**Deloitte Presentation:** Betsy Bella provided an update; they continue to hold technical assistance office hours. DDS has received three plans to date, two from the West Region and one from the South Region. Two plans focus on day transitions and two focus on residential, so one provider is doing both day and residential. Two providers flagged staffing challenges but both day plans note an expectation that the transitions will get others excited about pursuing employment and individualized employment. The providers are looking into travel training and benefit coordination to support people in this process. A provider is looking to have their staff trained in customized employment.

The residential transformation in the West Region includes moving 11 individuals out of different CRSs. With some of the CRSs closing and other CRSs would support individuals with increased needs. They are recruiting additional staff including management staff due to the scale of this transformation.

The provider in the South Region is looking to move individuals into a transition house which would not be eligible for an incentive, but it is part of their plan to move individuals to an IHS.

Providers should be working with the individuals and families and discussing the possibilities and the plans so they may get more creative interesting ideas to integrate in their plans.

Review of the items from previous meetings included: Peter discussed the issue of shared living and the issue with the mechanics of it. DDS is looking how other states handle shared living. Shared living may include an individual or a couple of individuals. It is based around the person and what the person can do. Shared housing is if parent may want to buy a house, and everyone can live there but that is not considered shared living. With shared housing in a lot of cases it's an issue of ownership and it becomes a lot more complex. Issues arise over ownership of the home, rental agreements, if it is a limited liability corporation and then related party issues need consideration. DDS has to make sure the rent is a fair rent, and the related party is not making a profit from it. Other issues include if an individual moves out or there are issues in the home around who is the mediator if something goes wrong. If there are shared staffing responsibilities including there is a question of who is responsible to make sure staff are doing their job? It was discussed that if guidelines were put into place, it would lower the number of issues.

The next meeting is scheduled for April 4, 2023, at 1:30pm. The meeting was adjourned on a motion by Evarts/Jacovino