



State of Connecticut
Department of Developmental Services

DDS

Ned Lamont
Governor

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Commissioner

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Deputy Commissioner

**American Rescue Plan Act (ARPA) Engagement Committee
April 5th Meeting Minutes**

Location: Meeting Held Virtually via Microsoft Teams

In attendance: Princess Russell-Raynor, Co-Chair; Cres Secchiaroli Co-Chair, Peter Mason; Marina Derman; Shannon McCormick; Dawn DeMatteo; Gunnar Abrahamsson; Claudine Testani; Wayne Seidel; McDowell (Maura Fitzgerald and Rebecca Brockway); Deloitte (Betsy Bella and Julia Oak), Thomas Marinak.

Absent: Sherri Knightly, Kevin Bronson, Yana Razumnaya

Call to Order:

Co-Chair, calls the meeting to order at 11:06 am

Discussion Topics:

1) Maura Fitzgerald & Rebecca Brockway (McDowell Communications)

- a. Updated the group on the progress McDowell has made on the branding of Supporting Transformation to Empower People (STEP) Initiative.
- b. STEP is intended to transcend and outlive ARPA funding and reflective of DDS values and goals.
- c. Maura shared McDowell's iterations of the STEP logo, the color pallet for the logo was specifically selected to allow for those who may be colorblind to see the logo properly.
- d. Maura provided an update on the video series that McDowell is working on, 5 of the videos have been shot and are in the editing stages of development. The videos are built around a number of services that individuals served by DDS receive through the agency, including remote supports, assistive technology, remote supports, Community Companion Home (CCH) etc. Two videos on employment and self-direction are yet to be filmed. McDowell is in the process of identifying individuals who can participate in the videos and working on the logistics of the video.

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- e. Along with the videos McDowell is also working on information one-pagers for each of the videos to help explain the technology or support that was featured in the video. The one-pagers will be uniform in their appearance and layout, and will be provided to Case Managers, Providers, and Internal Stakeholders ahead of their release to individuals and families to better prepare internal stakeholders to answer questions and be prepared for specific inquiries on the videos. While these one-pagers complement the videos they can also be used for informational purposes as standalone information sources.
- f. McDowell reviewed their April Communications Calendar with the team, highlighting focus points for individuals and families, DDS Communication strategies, and web-design efforts for STEP. McDowell provided updates on what contents will be included in the STEP webpage, including the one-pagers, videos, a calendar of forums and upcoming events, a description of STEP, and a link to the refreshed and redesigned ARPA webpage.
- g. McDowell completed their update by providing updates on the May Newsletter that will be released at the end of April.
 - ❖ Co-Chair opened the meeting for questions following Peter Mason's update – no questions.
 - Dawn DeMatteo (Parent) expressed concern that while she appreciated the work the agency is doing on communicating the STEP Initiative and understands the importance of promoting independence, she feels as though those individuals that are of higher Level of Need (LON) are being left behind. Dawn explained that many feel that the Group Home setting is being phased out, and that more balanced communication is needed.
 - Director Seidel, Case Manager Princess Russell-Raynor and Temporary Worker Retiree (TWR) Peter Mason each provided feedback to this raised point, agreeing and offering some reassurance that group homes are a fixture in the DDS community and are not being removed or phased out, and that DDS will work to better communicate this message.

2) Deloitte (Betsy Bella and Julia Oak)

- a. Deloitte updated the group on Phase 1 of transition plans that have been submitted. So far Deloitte has received eight transition plans, which have been evenly split between residential and day program, there has also been a variety of approaches for transition plans. Some providers will only be transitioning a few individuals while others have identified up to eleven that they hope to transition.
- b. Deloitte has seen an increase in providers who have been integrating and using Assistive Technology within their group homes to help build independence for individuals who may not be well suited for transition and for those that are suited for the transition movement.
- c. Deloitte is working on integrating feedback, best practices, and comments from providers to better inform Deloitte on implementing Phase 2, updating transition plan templates that are more streamlined. The big difference in Phase 2 will be the inclusion of guidance materials, information sessions, and training courses for Private Providers.

- d. Deloitte provided an update on the educational materials that will be provided to Resource Managers, Case Managers, and DDS Staff/Leadership. Deloitte now has a much firmer sense of what the transition model may look like given provider feedback and plans.

3) Peter Mason (ARPA Update)

- a. Funds are available to enhance and expand the Home and Community Based Supports (HCBS) Waiver. ARPA has provided a temporary 10% increase in the funds that DDS receives to expand and enhance our services. A large portion of this is being funneled to Private Providers to enhance staffing, boost stabilization payments, and upgrade systems and services to help them move forward.
- b. In addition, ARPA funding has been used in expanding the use of Assistive Technology, to date DDS has given out \$600,000 in grant money to individuals and families, and providers. DDS uses some of the money to enhance the Assistive Technology in Respite Center to allow individuals to get a better understanding of the benefits of Assistive Technology. DDS provides training on Assistive Technology to both Providers of DDS Staff and Providers. The agency is also in the process of purchasing equipment for an Assistive Technology and Me Program, a program where DDS will train Self-Advocate Coordinators (SACs) on the technology, allowing the SACs to subsequently go out into the community and train other individuals on its uses and benefits.
- c. DDS is also working to expand its Supportive Housing models, models where individuals are able to live in an apartment complex where apartments are reserved for those with Intellectual Disability (ID), the apartments have Assistive Technology and a company or agency that staffs the apartment complex 24/7 to provide supports. The apartments reserved for those with ID are scattered throughout the apartment complex, not clustered in one section. DDS is looking to create and implement an employment network for individuals who self-hire their own staff, DDS has issued a contract with Rewarding Work who is in the works of developing a website where individuals who self-hire can access the website to advertise job openings.
- d. DDS is in the process of working through the Universal Assessment and Level-of-Need (LON) in order to identify changes that need to be made to the Universal Assessment to make it more compatible for those with ID.
- e. DDS is looking at its Case Management System (eCAMRIS), and potential ways to upgrade it to allow for more user-friendly access, more electronic capabilities, and better information storing capacities.

4) Thomas Marinak (CCH Updates and overview).

- a. DDS licenses people to provide care and services in their home to adults or children with intellectual disabilities. A CCH is licensed by DDS to make sure that the health, safety, and social needs of the individual are met. A matching process is used to ensure a successful placement. A CCH home can be supported by a team comprised of a Case Manager, Compliance Coordinator, Nurse, and a Behaviorist to ensure a successful placement.
- b. Core elements of the CCH model include: Provide a safe and nurturing home for the individual with intellectual disabilities. Helps the individual to maintain meaningful involvement with the CCH family, the individual's natural family, and the community. Assists the individual in learning meaningful life skills and how to access community resources and services. The CCH Licensee ensures that the person's identified health, safety and medical needs are met, and that care

complies with the DDS regulations. They assure that activities they participate in are valued and appropriate for the individual's age, gender, culture, and religion.

- c. How to become a CCH Home: Initial CCH application process. Applicants need to provide proof that they are in good health. Applicant provides three written references from people who are not related. Background checks are completed on all occupants of the home over the age of 18. Home Study interviews with the applicant and family. The applicant's home is put through a comprehensive Health and Fire Safety checklist. Quality Reviewers from DDS Central Office will visit the home for an inspection to ensure that the environment is safe and that the CCH applicant has been properly trained.
- d. Essential training for CCH Homes: Overview of disabilities, abuse & neglect prevention and reporting, program development, interacting with families, language, and communication needs. Essential safety training is required in: CPR, First Aid, infection control, medical & emergency procedures, positive behavioral supports and DDS policies and procedures. There is also specialized, individual training sessions for topics that relate specifically to the person's needs.
- e. CCH matching process: An individual is matched based on similar interests and backgrounds. Visits are conducted between the individual and the CCH. The final placement decision is made between the individual, the CCH Licensee, and the individual's natural family.
- f. What are the roles of DDS Case Manager and Clinical Supports? - The DDS Case Manager will visit an individual a minimum of once every 3 months to see how the individual and the family are doing and to create and review the Individual Plan (IP). A DDS or Private agency staff member visits the CCH home monthly to assist and provide feedback to the Licensee. Each home has nursing coordination and behavioral health services as needed to provide supports to the CCH.
- g. DDS Quality Management Monitoring – Annual Inspections: After an individual moves into a new CCH, a Quality Management review will occur within four to six months to make sure that the appropriate services are being provided. After that, QM inspections will occur annually to make sure that the individual's needs and goals continue to be met. QM will look at a number of different areas of an individual's life (e.g., Individual Plan, health care, finances, human rights, safety)
- h. What are entitlements? - Entitlements assist in covering the cost of care (room & board), with a portion going to the individual. A spending allowance or PNA is available for the individual to use on personal needs, recreation, clothing, and other things the individual wants. If an individual makes over a certain amount of wages, a portion of the wages will go towards the cost of care. To the extent needed, and with team oversight, the Licensee assists the individual in the management of their entitlements and finances.