



State of Connecticut  
Department of Developmental Services

**DDS**

Ned Lamont  
Governor

Jordan A. Scheff  
Commissioner

Elisa F. Velardo  
Deputy Commissioner

ARPA Residential Transformational Committee  
Meeting Minutes  
7/13/23  
2pm-3:30pm

Attendance: Brian H, Heather L, Pam F, Peter M, Lori S, Lauren Grey, Kathy & Carlie Bobenski,

Absent: Kathy C, Peter E

Meeting started at 2:10pm

1. Welcome by Peter Mason
2. Overview of rules for public meeting by Peter Mason
3. Review and approve minutes next time – Meeting Minutes were not available and will be reviewed at the next meeting
4. Updates from Lauren Gray at DDS on Communications
  - Check the STEP page regularly for updates
  - Videos will be added
  - New Regional Summer Office Hours
  - Can sign up to receive updates and to see the dates for the office meetings and sign on
  - Will be posting on twitter and Facebook
  - September will be the next Newsletter
  - Commissioner Scheff will be meeting with Self Advocacy groups about STEP
  - Trainings have been conducted for providers and staff
    - Over 50 providers at each session
    - Over 100 staff
    - Over 200 case managers at the trainings

5. Updates from Deloitte – Peter giving update, 12 approved plans; 4 from each region; reserved 6.7 million dollars in incentive for these plans. Someone in west doing an agency wide reshuffle, goal was 200 for day we are at 42% of goal; for res 100 individual and we are 32% there with these plans; total of 24mil and have allocated ¼ of the money for this. Appendix K approved so there is more incentive money available for providers. We are moving along; I would encourage providers to jump in and avail their agencies of these incentives. Heather asks how many plans are waiting to be reviewed and peter stated that These are all the plans presented.

Lori asks What is the time frame for the transitions? It is all over the place some are already there some will be in 2024; Mix of closing homes and other means? Check with what peter said.

Appendix K update: was approved; retroactive providers get an outcome payment for day providers (15.5K approx. to move to employment); putting in a plan you get a payment – there is criteria – based on size of plan.; incentivizing outcomes if in the plan there is restricting to provide behavioral and clinical needs; outcome for people moving in and out...same as day to provide new supports for employment; if you have a program in day with more complex beh and medical there is an outcome for that. outcome to end subminimum wage certificate. ; national core indicator survey was voluntary but if filled out they will get 2500 to complete survey; incentives for providers to do certain trainings if they send staff to get accredited for customized employment; same for assistive technology...more details to follow. Project search is not part of it since there is not certification; Pam? for ATECH shift training or RESNA training; recognizing CSUN training also.....?is there any money to cover certification but the \$ in the incentive may cover it. Heather when we are taking people who are difficult it must be part of the plan it cannot be individualized? Peter it has to be an approved plan...the way to do that should be by the person. Its hard for me to wrap my head around it...this whole thing with CMS was to transform the system. We have been doing these things that are triggering incentives for ever.

Lori – its all different levels some agencies more than other doing tech. it is a cultural shift, it takes years to build. Most providers are engaged at some level.... will be training 100 of our staff at CSUN; the more trained to more it is sustainable. Discussion included the different levels of these certifications and trainings and what it means and how it can help change agency culture.

Deloitte came up with recommendations and actions steps – transitional outcomes, Action Steps are being broken down and people assigned responsibilities. Peter shared his screen, and shared the goals and actions steps and DDS owners of the task along with time lines; Peter's time is up in December and he will be officially retired, someone at DDS will be assigned to his oversight tasks.

Trying to encourage providers going through technical assistance with Deloitte; providers can call and set up one to ones outside the regular meetings; Peter sharing what will be coming out; a survey to go out to providers – how much step planning has agency done? Any questions of other info needed; based on responses Deloitte will reach out to offer the technical assistance

Working on training for quality assurance liaison; licensing to ensure they are educated about step and that they are aware of possible changes for individuals even with a delay of changes in IP language; regional quality directors will be the point person. In no way is it to mitigate health and safety issues; it is to acknowledge and respect providers following the plan approved by the teams

**Rewarding work website**; working with DSS on RFP to encompass a website for employment networking, self-hiring their own staff.

AT RFP for Assessments, still in process of working through the process; we have a couple and one that can do the whole state, probably not till Jan 1<sup>st</sup> till formal contract can be done.

AT Conference was held in June lots of provider could not go; the sign up shut down earlier than thought – filled up. Learned a lot for the future

Kathy Bobenski, and Carley went to conference learned a lot.

Non-project based supportive housing for a housing project that already exists.

Another one in the fall; MidState has one but the project managers would not sign the agreement so they could not be part of the project.

Once DDS Charge is to look at our case management system (currently CAMRIS).

Working with OPM and DSS; hired project manager to go out and look at other states that are doing what we want here and see if CT could purchase the model from them.

The decision would be late fall to determine for next fall. The idea is it would be all electronic including IP's and attached to authorization system; that providers have access to system and individuals and families have access to the system. Trying to make it more open and transparent

What is the security; for AT; DDS Concerned; it is individualized

6. Updates from McDowell – Lauren did this above
7. Review of STEP done by Lauren
8. DDS Updates – Peter did above
9. Ongoing meeting times

Meeting ends at 3:10 End of august for next meeting August 31<sup>st</sup>.