

**DDS West Region
Regional Advisory Council
Minutes
January 18, 2024**

Attendance: Charles Bergamo, Lori Chiappiniello, Mickey Herbst, Gil Kellersman, Shannon O'Brien. Karen Simon, Arlene Steinfeld

Guest speakers: Judi Blanchet (Director of Nursing Services), Shannon Humphrey (Nurse Consultant), and Timothy Ryan (Nurse Consultant)

Call to Order: Upon a motion duly made and seconded, the meeting was called to order at 4:01 pm

Approval of agenda: Upon a motion duly made and seconded, the agenda for the meeting was approved.

Review of Minutes: Upon a motion duly made and seconded, the Minutes for the meeting on October 19, 2023, were approved.

Regional Nursing Presentation (Judi Blanchet, Director of Health Services) gave an overview of the Nursing Division and what specific duties she and her staff are responsible for.

She explained that the Nursing Department oversees individuals in the private sector, which includes all DDS community living arrangements (CLAs), community companion homes (CCH) and some individuals residing in nursing homes. They also oversee nursing issues in the Family Division which consists of individuals living in their own homes. Judi also oversees services in the respite centers and our dental clinics.

The Nursing Department consists of registered nurses (RNs) and licensed practical nurses (LPNs). The LPNs are normally seen working in our respite centers.

The West Region has two dental clinics. One located in Norwalk and the other is in Stratford. These clinics serve many individuals. They try to provide services for as many individuals as possible. It was briefly discussed that there is a waiting list for dental services.

The Division also has psychology staff that are supervised by Dr. Brooke Lloyd who is our Clinical Director. We also have physical therapists, occupational therapists, and a speech therapist.

There is also a Self-Advocate Coordinator that is in the division.

The goal of the nursing staff is to assist individuals in reaching their optimal health and achieve their personal health goals.

Judi explained that nursing policies and procedures are also developed and implemented as part of her role.

The nursing staff also provide health education to our consumers. They assist agencies and families on disease prevention, early detection, health screening activities as well as appropriate assessment and management of chronic disease, medication management and education for individuals, families, and our staff.

There is on-going training that also takes place. Last month, there was a presentation on choking.

Another area of nursing responsibility is that Do Not Resuscitate (DNR) code status changes are monitored and reviewed. This is a requirement from DDS. Judi explained how DNRs are reviewed and what requirements are reviewed to have a DNR put in place. She shared that the individual's condition must be terminal and irreversible.

Also part of the Nursing Department function is a review of all deaths and trends. This is done by the Regional Mortality Review Committee. This committee reviews trends of deaths (both unexpected and expected) and discussed with the respective agencies. We also have an Independent Mortality Review Board (IMRB) that is in Central Office. That board is appointed by our commissioner.

A question concerning speech therapy was asked. The question that was posed was: "Do we provide assistance to consumers that are non-verbal?" Judi explained that there is training provided to staff that work with individuals that are non-verbal and require assistive technology to communicate.

Shannon Humphrey (Nursing Consultant) continued the presentation with an explanation of further duties carried out by nursing division staff. She stated that DDS nurses are largely involved in consulting, teaching, and collaborating with the individuals and the teams that we serve. Concerns and issues are addressed to ensure best practices are adhered to.

She explained the different residential settings where our nurses work:

- Group homes (CLAs): holds up to six people and is a licensed home; inspected by state inspectors.
- Continuous Residential Support (CRS): holds up to 3 people; oversight is done through Quality Service Review (QSR) instead of State Inspectors.
- Community Companion Homes (CCH): this setting is for individuals that live in private family homes that are licensed by DDS to provide the residents and the necessary support to up to three people who are eligible for services.
- In-home supports (IHS): individuals in their own or a family home.

The CLA and the CRS have their own nurses there that have a certain number of hours that they're available and in the home. They are responsible for doing reviews of the individuals in the home and need to make sure that their medical care is up to date. This is also communicated with medical providers. They communicate with the team on a regular basis and complete their nursing reports. There's also on-call nursing available in these settings.

In the CCH setting, there are nurses who also oversee these individuals. The nurses provide oversight for medical appointments and appropriate follow-up. Reports are also done for these settings as well. The nurses also make sure that medications are stored appropriately and that the individual's health needs are met. Any changes in condition are addressed right away. The goal is to ensure that the DDS standards of care are met.

For in-home supports, the nurses serve in more of consultative capacity. Nurses provide health care coordination and answer questions that a family or individual may have.

Questions were asked about families living in homes and what do the nurses do. The nurses will assist the family with medication questions and help the family to get follow-up care from the appropriate providers.

Ms. Humphrey also discussed the federal legislation on the Omnibus Budget Reconciliation Act (OBRA), as it applies to any individuals who are served by DDS or who is thought to have a disability who may be admitted to a skilled nursing facility (SNF).

The OBRA nurses go out to provide oversight and ongoing monitoring of these individuals when they're in the nursing facilities. They determine the need for the placement there and for the specialized services. They collaborate with the individual's case manager to make sure that appropriate referrals have been made to get the individuals back home as safely as possible.

Timothy Ryan (Nurse Consultant) continued the presentation with an overview of services and supports provided to individuals residing in their own home. He explained that sometimes individuals or families might be overwhelmed by medications and new diagnosis. These individuals can speak with their case manager or call the DDS Helpline and a referral will be made to the Nursing Division. A nurse is the connected with the family to provide assistance. This is usually short-term assistance. If the family finds that they need more nursing assistance, they can always call the Nursing Department. If there are individuals who need more chronic or long term supports, then the case is reviewed with the case manager and more supports are offered.

Mr. Ryan talked about the Dental Clinic and the services offered here in the West region. There is one dental clinic at the Lower Fairfield Center in Norwalk and the other one is at the Ella Grasso Center, which is in Stratford. The dental clinic is staffed by two dentists, a dental hygienist, and a dental assistant.

The West region also has 4 respite centers. They are in Torrington, Southbury, Trumbull and Norwalk. The centers operate Thursday evening through Monday morning. The respite centers allow family members or caregivers a break if there are other things that they must do. Each respite center can have a total of 6 persons at a time. The nurse's role is to work with the family to gather all the relevant health information before a person comes to the respite center. They also work with the primary care providers to make sure that we have physicians' orders in place during the visit that account for the person's diet and any dietary restrictions. They also make note of any adaptive equipment they need or special supports needed during their respite stay.

There are also 4 Licensed Practical Nurses (LPNs) at two of the respite centers and that is to account for guests that we might have who need more nursing supports during their visits.

There was a question about these services impacting an individual's budget. The answer to that is "no." All the services mentioned today are covered as a state offered service and there is no impact to an individual's budget.

There was a question asked about dental services and providers who accept Husky. There are limited dental offices that provide services to individuals on Husky. Information will be shared with Eunice who will forward to the RAC. Izabella Pulvermacher is the Dental Coordinator for DDS. She can be reached at Email: Izabella.Pulvermacher@ct.gov or by phone at Tel: (860) 418-6099.

It was also mentioned that Fone School of Dental Hygiene at the University of Bridgeport offers free dental services to anyone. You don't need Medicaid, Medicare, or anything else. They offer cleaning, x-rays and in some cases, they'll do cavities as well.

There was some discussion on the lengths of stays in the hospital (or rehab center) and how the nurse in involved with getting assistance. Shannon stated that periodic reviews take place to ensure the individual is placed in the proper setting.

Regional Director O'Brien explained how the department closely reviews all nursing home placements and the appropriateness of such. The Commissioner has the final approval on whether an individual will remain in the nursing home.

There was a comment made from a RAC member about the difficulty with transitioning his daughter back into her group home after a hospital stay. The staff at the group home didn't feel comfortable or were not properly trained in using a feeding tube. The transition for this individual to return to her home was three weeks from the time of discharge. It was expressed that this seemed like it took too long for her to go back home. It was suggested that training should be offered, and this should be looked at so this does not occur moving forward.

Chair's Report:

- **5001 legislation** -there is a final report that was submitted to the legislature in terms of amending the statute as to DDS. The Bill of Rights section of the Statute. Mr. Bergamo will send to Eunice to share. The report provides some mental health concerns and better education as to how people may assert their rights.
- **Medicaid Waiver** –The 90-day timeframe for CMS (Center for Medicare Services) to review approval on whether an individual's guardian can be paid to provide care. The 90-day review timeline started back in December. We now wait for the decision.
- **Criteria for who can be eligible for ID diagnosis:** Changes are coming to the definition of who gets services right now; currently individuals must have an IQ of 69 lower or Prader Willie syndrome. This is also under review. More information will be provided to the RAC as it becomes available.

Regional Director's Report:

New Initiatives for 2024:

- Community companion home program: the funding remains there. Anybody that's interested in that type of residential placement is eligible. They go through our PRAT committee and we are going to continue to fund those folks. They don't need to be an emergency.
- There is funding available for individuals moving into their own apartment for setup costs. The money available has increased to \$2000.00. This money is to be used for individuals that need help to set up their own apartment (i.e. getting furniture, pots and pans, etc.).
- Caregiver Initiative – the age has been reduced to 65 for guardians. If you turn 65 mid-point in the fiscal year, you will qualify now. One RAC member stated that she was told that there was no funding available to her. RD O'Brien will follow up and get back to her. This is an inaccurate statement.

- Grant Funding - some more funding for family grants is available.
- Funding for Remote Supports and Assistive technology is also available.
- The department is looking to creating an emergency transition program for the South region. The West Region currently has one in Wilton and then the North region has one in existence.
- We're also advocating for additional funding for 2 of the regions do not have respite centers that are open 24/7.
- RAC Membership - There was a discussion about RAC membership and families not knowing about the RAC committees. It was determined that there is a notification go that does go out and there is mention of the RAC Committee.
- RAC Bylaws - each region has different bylaws. The Bylaws will be shared with the RAC for review at the next meeting.
- DDS is rebranding our logo. The new name is Developmental Services. There is no cost associated with this change. We are not spending any money to do this. There is no cost to develop new letterhead. All old business cards will be used up and the new ones will be created when the new name is adopted.

New Business: No new business

Old Business:

Status of staffing changes – status is that it remains the same. It is still a struggle to staff many areas. Nursing is extremely problematic.

Meeting Adjournment: Upon a motion duly made and seconded the meeting adjourned at 5:25pm

Respectfully submitted by:

Eunice B. Rivera
Executive Secretary
DDS West Region