CT DDS
Supported Living Information Session

New Directions

June 20, 2007

Please Note:
The Medication Administration section of the presentation has been updated to reflect the current status of proposed regulation changes.

POPULATION PROFILE

What we are learning

about people who receive supports in their own homes from LON data…

LON REVISIONS

- Included additional common health conditions, smoking and age to be able to better understand the health risks of this population
- Able to analyze data specific to people served in their own homes

BASIC DEMOGRAPHICS
n=700
("24 hr. SL" removed)

- Almost one third (27%) of the people who receive IS/OH supports are 55 years or older

- ***In 10 years that figure will double!*** 57% are 45 years old or older right now

OPPOSE SUPPORTS

- A third of people served oppose or refuse supports
- Of people who oppose supports, 19% are also identified as being at risk due to refusal to accept critical services
- The majority of people who oppose support are under 55 years old (75%)

HEALTH CONDITIONS

- 11% Asthma
- 4% Cancer
- 13% Dental Disease
- 10% Diabetes
- 5% Diabetes (injection)
- 10% Heart Disease
- 27% High Blood Pressure
- 19% Foot/Nail
- 4% History Falls (7% in 55-64 yr)
- 5% Pulmonary Disease
- 31% Weight (42% 35-44yr)
- ??% Smoker (data in new LON)

PRESCRIBED DIETS

- 23% of people with diabetes are NOT on special diets
- 45% of people with high blood pressure are NOT on special diets
- 42% of people with weight issues are NOT on special diets

MEDICATIONS

- 73% of people served take medications; 30% take psychotropic meds

- Of these people, 42% are independent with self medication; 34% require prompting or monitoring

MEDICAL VISITS

- 35% have 6-11 medical visits per year
- 35% have 12-23 medical visits per year (one third of them over 55 yr)
- 12% see doctors 2-3 times per month or more (one quarter of them over 55 yr)

DIRECT CARE BY NURSE

14% people served receive hands-on nursing care by an RN/LPN; two thirds (66%) of these people are 45 yr or older.

- Of those people:
  - 27% receive nursing care once a day
  - Add those who receive nursing care 2-3 times per week = 35%
  - Add those who receive nursing care once a week or more = 61%

These data are just a start…

Lots more information is available for analysis from the LON to help guide program and policy decisions

OVERVIEW
HEALTH AND WELLNESS
PILOT PROGRAM

WHY A PILOT PROGRAM

- mortality review findings
- prevalence of chronic health conditions identified in the general population
- need to prevent and/or mitigate chronic health conditions
- teach healthy life style changes for for consumers and support staff

HEALTH CONDITIONS

HYPERTENSION
OBESITY
LUNG DISEASE (SMOKING)
VASCULAR DISEASE
HIGH CHOLESTEROL
GASTROINTESTINAL
DIABETES

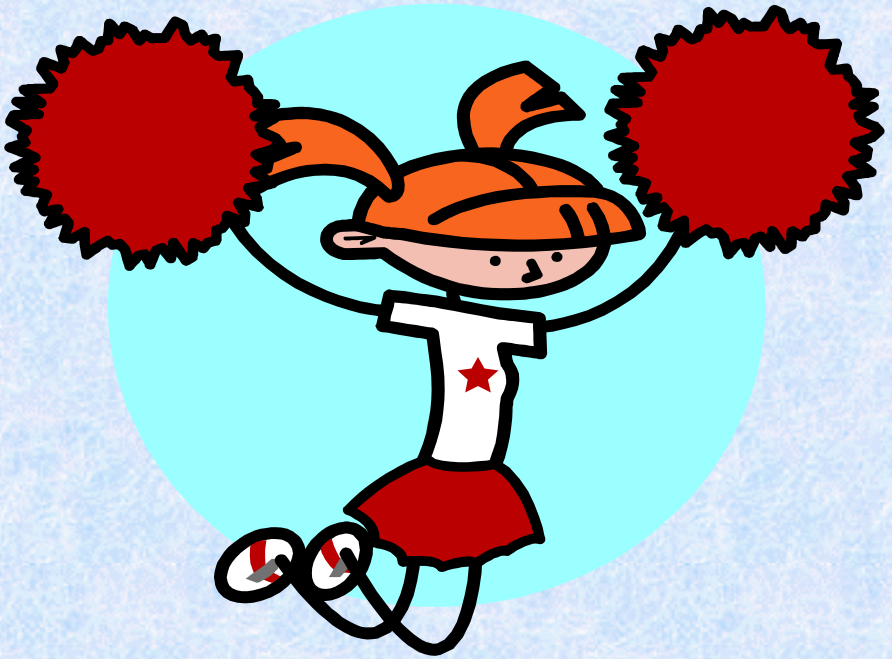
AVERAGE AGE OF DEATH

2006 FISCAL YEAR 52.3

2007 FISCAL YEAR 62.1

LEADING CAUSES OF DEATH

Heart disease
Cancer
Respiratory disease
Pneumonia
Renal failure



SAVE THE CHEERLEADER

SAVE THE WORLD

OBJECTIVES

SUCCESS EQUALS

- Positive change in lifestyle
- Healthy eating habits
- Transition from meetings to home
- Improve the quality of life and possibly extend someone's lifespan

CURRENT HEALTH AND WELLNESS PILOT

- Total number of participants 25
- Participants in each region 7-10
- Facilitators per region 2-3

DEMOGRAPHIC PROFILE

- AVERAGE AGE 53.8
- MALES 6
- FEMALES 4
- AVG HOUR SUPPORT/WEEK 12

SAMPLE OF HEALTH CONCERNS/CONDITIONS FOR 10 OF THE CONSUMERS IN THE PILOT PROGRAM

- **OBESITY (7)**
- **DIABETES (4)**
- **HYPERTENSION (6)**
- **ASTHMA (3)**
- **HEART (5)**

CURRICULUM ADAPTED FROM

Exercise and Nutrition Health Education Curriculum for Adults with Developmental Disabilities" 3 'rd Edition.

The Department of Disability and Human Development University of Chicago
Marks, Beth, Heller, Tamar, Sisirak, Jasmina

Health and Nutrition Curriculum

- HEALTHY LIVING
- IMPORTANCE OF DRINKING WATER
- HEALTHY FOOD CHOICES
- SNACKING AND VENDING MACHINES (FAST FOOD)
- GROCERY SHOPPING AND PLANNING WHAT TO BUY
- PORTION SIZE

Curriculum (cont)

- WHAT FOODS DO I LIKE TO EAT
- NUTRIENTS WE NEED THAT ARE IN OUR FOODS

- FOOD PYRAMID
- EATING FRUITS AND VEGETABLES
- WHAT INFLUENCES FOOD CHOICES
- PROPER FOOD HANDLING EXPIRATION DATES

Curriculum consists of 10 individual sessions (1 ½ - 2 hours)

- Group activities
- Dinner prepared by host and facilitators
- Field trips
- Multiple choice exercises (picture etc.)
- Exercises are adapted to the skill sets of the consumer(s)

FACILITATORS

NURSES

CASE MANAGERS

SUPERVISORS

SUPPORT STAFF

SELF ADVOCATE COORDINATORS

TYPICAL SESSION /MEETING

- Ice breaking
- Review of personal goals
- Review of theme of last meeting
- New learning material/ theme
- Meal / snack
- "Assignment" for next session

WHAT WORKS

PARTICIPANTS LIVE CLOSE BY

HAVE FUN

GROUPING POSITIVE FEELING OF SHARING

PERSONAL COMFORT AND SAFETY

MULTI MODAL APPROACH (DIDACTIC, ROLE PLAYING AND VIDEO)

FACILITATORS MEET ON A REGULAR BASIS

ROTATING MEETING PLACE

CERTIFICATE OF ACCOMPLISHMENT

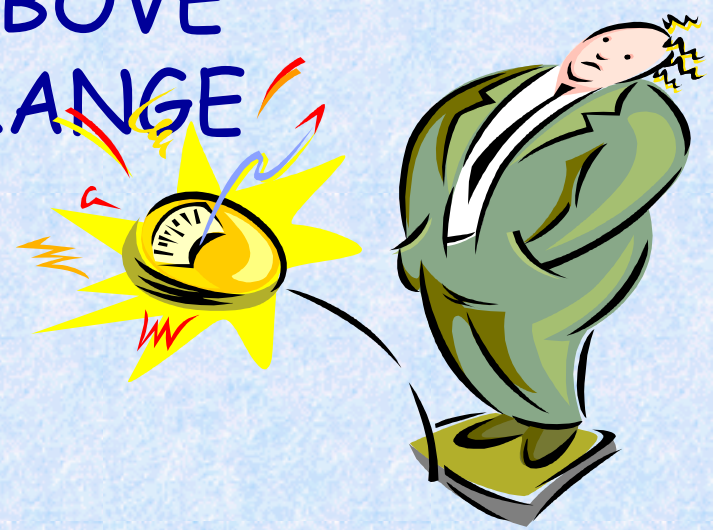
INCENTIVES/AWARDS DURING AND AT THE END OF THE PROGRAM

FACILITATORS FOUND

PARTICIPANTS ROUTINELY SKIPPED BREAKFAST

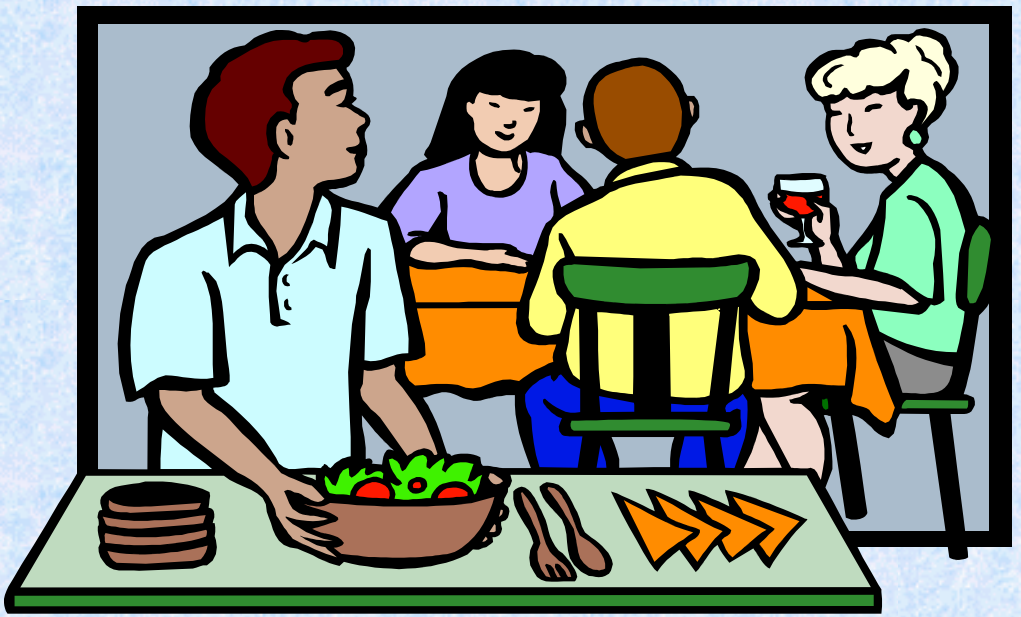
GRAVITATED TOWARD "FAST FOOD"

THE MAJORITY WERE ABOVE THEIR IDEAL WEIGHT RANGE AND HAD SENDENTARY LIFESTYLES



POSITIVE BENEFITS

LIVELY SOCIAL INTERACTION



UNINTENDED BENEFITS

ESTABLISHMENT OF A WALKING GROUP

LIFESTYLE CHANGES DIRECT SUPPORT STAFF AND FACILITATORS

FRIENDSHIPS BETWEEN CONSUMERS AND STAFF

BUDDY LINE CREATED FOR ENCOURAGEMENT AND REINFORCEMENT OF PERSONAL GOALS

FAMILY CONSUMER INTEREST OUTSIDE OF PROGRAM

CONSUMERS VOLUNTEERS FOR MENTORING/ FACILITATING

SOCIAL EVENT

DIRECT CARE STAFF CONTINUALLY REINFORCE CONCEPTS

EVALUATION

PRE POST PROGRAM EXERCISE

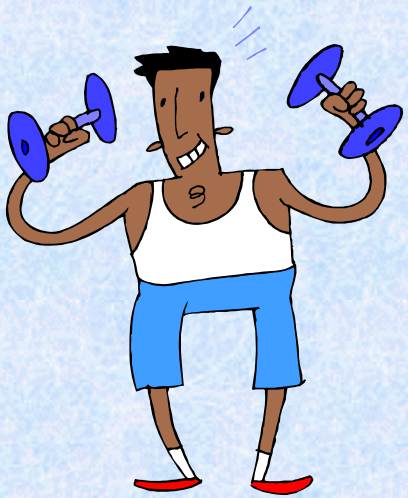
WHAT DO YOU KNOW ABOUT NUTRITION

WHAT DID YOU LEARN ABOUT NUTRITION

FUTURE PLANS

- STANDARDIZATION OF THE CURRICULUM AND PROGRAM MODEL
- TRAIN FUTURE FACILITATORS
- CREATE AN ABBREVIATED TRAINING MANUAL
- BEST TEACHING PRACTICES AND STRATEGIES
- SHARE THE PROGRAM AND CURRICULUM
- PURCHASE AND UTILIZE MULTI MEDIA

DEVELOP OTHER HEALTH PROMOTION PROGRAMS



- EXERCISE
- SMOKING CESSATION
- HEALTHY CHOICES
- LIFESTYLE CHANGE

REFERENCES

Exercise and Nutrition Health Education Curriculum for Adults with Developmental Disabilities 3 rd Edition
Marks, Beth; Heller,Tamar; Sisirak, Jasmina

Department of Disability And Human Development University of Chicago

WEB
www.wellnessnebraska.org

MEDICATION ADMINISTRATION

BY

NON-LICENSED PERSONNEL IN OWN HOME SETTINGS

Medication Administration by Non-Licensed Personnel

- Permitted because of an exemption to the Nurse Practice Act
- Department regulations currently identify a certification process limited to residential facilities and day programs
- Further exemption approved by legislature in 2006

NEED FOR REVISIONS

- Address and incorporate changes in statute
- Reflect evolution and changes in DMR service system that have occurred to improve support to persons served by CT DDS
- Incorporate changes in clinical practice and technology

CURRENT REGULATIONS

- Provides process for medication administration by certified non-licensed personnel in residential facilities and day programs (includes CTH and Supported Living)

- Delegation by RN of responsibility for med administration to certified non-licensed staff and continuing oversight and re-training

Revision Development Process

- Med Admin Public & Private Workgroup
- DDS Workgroup
  - Director of Health and Clinical Services
  - Director of Legal and Governmental Affairs
  - Asst. to Deputy Commissioner
  - Director of Staff Development
  - Self-Determination Director
  - Med Admin Coordinator
  - Nurse Consultant

TIMELINES FOR APPROVAL OF REGULATION CHANGES

- Publication of proposed revisions
- Public hearing and comment
  - Provider input
  - Nursing Board
- Approval by Legislature

Final Approval anticipated within 6 months of submission

Proposed Changes To Regulations

Primarily creates a process for medication administration by "Trained" Non-Licensed Personnel

Definition of "Trained" Non-licensed personnel

means persons who have successfully completed training required by the department for medication administration involving consumers receiving individual and family support, or specialized day services, provided or funded through the department as paid employees.

PURPOSE OF THE TRAINED NON-LICENSED PERSONNEL

To expand the resources and supports for persons living in their own homes

Highlights of Proposed Changes

- Candidates for this responsibility will be screened
- Non-licensed Personnel will receive training
- Qualified personnel will be able to administer medications
- A process will be developed for quality oversight

Screening Process For Med Administration Training For Non-Licensed Personnel (NLP)

- Screening for past history of certification revocation or suspension or other significant medication administration issues
- Screening for history of convictions for sale or possession

Proposed Training Requirements for "Trained" NLP

Two (2) part training requirement:

1. Successful completion of identified course or e-learning instruction (less than 21 hours)

2. Consumer specific training on medications to be provided by person's family, nurse, or primary health care provider

If Non-licensed Person Is Already Med Certified…

- NLP who are currently certified or have been certified (in good standing) can substitute this training for part of the identified training
- Certification is not valid for administration of medications outside of licensed facilities and day programs

Certified vs. Trained NLPs

Certified

- CLAs
- Day Programs
- Respite Centers

Trained

- Own home/ family home
- CTHs
- Individualized community day services

Quality Oversight For Trained NLP

MEDICATION ERROR REPORTING

Family Home

(at the home or during the individualized day service)

• For direct hire NLP	Report to family
• For NLP Employee of a Vendor agency	Report to the family Report to provider

Quality oversight (cont)

Medication Error Reporting

Lives in Own Home

- For direct hire NLP
  - Report to the broker
- For NLP Employee of a Vendor Agency
  - Report to the provider agency and complete an incident report per agency procedures

Quality oversight (cont)

- Process for removal of medication administration privileges under development
- No nursing delegation of medication administration by the NLP
- All critical incidents reported per the DMR critical incident reporting procedure

HCBS Waiver Changes

- Individual Supports/Own Home - replaces:
  - IFS Individual Support Habilitation
  - IFS Supported Living/Res Hab
  - Comprehensive Supported Living
- New Services:
  - Health Care Coordination
  - Live-in Caregiver

Individual Supports/Own Home

- This service is designed to deliver support for an individual who has training and/or habilitative objectives outlined in their plan such as; to teach IADL skills, implement PT, OT, SPL, Cognitive and/or Educational treatment/learning plans, provide assistance and instruction to obtain housing, manage a household, coordinate and attend to health care needs, plan and access social activities, learn transportation routes, etc. This service may also be used to support an individual who requires constant behavioral support and intervention.

- This service may include personal care if needed during the delivery of the primary service objectives.

Live-In Caregiver

- Live-in caregiver services are provided in a participant's home by a principal care provider who lives as a roommate with the participant.
- This service differs from CTH in that the participant lives in his own home (rented or owned) and does not require 24 hour direct supervision.
- The Live-in Caregiver assists in implementing the needed supports as identified in the Individual Plan which enable the participant to retain or improve skills related to health, ADLs, IADLs, community mobility, use of community resources, community safety and other adaptive skills needed to live in the community.

Live-In Caregiver (Continued)

- The number of hours of support a care-giver is expected to provide is detailed in the Individual Plan.
- It is typically only a few hours a day or less.
- The Individual Plan must clearly detail the responsibilities of the service especially as it pertains to "supervision" of the consumer.
- The Live-In Caregiver must deliver a waiver service and be paid for the service by an agency. Typically the rate of pay is low as the employee receives free room and board.
- The agency also receives the room and board money and in turn has it deposited into the consumer's bank accounts so as not to be counted as earned income for the consumer.

Live-In Caregiver (Continued)

Details still to be fully outlined are the room and board rate and methodology for determining that rate, and exact mechanisms for the transfer of funds from the agency to the consumer.

Residential Support Menu

- Individual Support–Own Home
- Personal Support
- Adult Companion
- Live-in Caregiver
- Adult Host Home (CTH)
- Assisted Living
- Residential Habilitation (CLA)

Health Care Coordination

A new service no state in the nation has yet to include in a HCBS waiver!

- The service is expected to be delivered by an RN, who will:
  - provide consultation and assistance to review medical evaluations and treatment plans,
  - interpret diagnostic test results, appointment outcomes, test outcomes,
  - communicate with physicians to ensure health care plan is coordinated between specialties,
  - advise the consumer and non-licensed support staff on health care needs, and
  - provide counseling and training to the consumer regarding management of their health care and personal lifestyle practices.

Health Care Coordination
(Continued)

- It is not intended for direct skilled nursing services such as suctioning, administration of medications, or wound care
- The RN may provide some generic and or consumer specific training, but will not supervise/ delegate or monitor the administration of medications by trained non-licensed staff
- Use LON data and NR Pilot findings to determine who is eligible

Waiver Application Timelines

- IFS waiver due for renewal effective February 1, 2008.
- Must be submitted to CMS no later than October 31, 2007
- Must be prepared for CT DSS and Legislative Review by August 15, 2007

- Comprehensive waiver will be amended at the SAME time to maintain continuity between the two waivers so consumers can transition easily between the two when needed, and to streamline the administration of the two programs.

Questions