



EXECUTIVE BRIEFS

An Update on CT DMR Initiatives

July 16, 2007

Issue 18

June Supported Living Provider Information Session

On June 20, 2007 the department hosted an information session about supported living services for private and public executive and managerial staff. Over 120 people attended. The Commissioner and Deputy Commissioner offered opening remarks. As our system has evolved and we have been fortunate to offer a much wider array of supports and services that give consumers and their families greater flexibility, the designation of a Supported Living Program has become antiquated. Reviewing our history reminds us that the original intention of the program was to provide residential supports to people who want to live independently with staff supports tailored to meet their needs. Supported living was considered a concept rather than a program model by its designers. Now that the department can offer individualized supports through the waiver that allow people to self direct their plan and service package, it is confusing to use a term that is counter to the fuller description of waiver supports that assist individuals to live more independently in our communities.

There were presentations about:

- The LON findings for individuals receiving supported living regarding health indicators
- A new health and wellness training approach for consumers that was piloted in each region
- The methodology to revise the rates for waiver services
- Changes that are proposed to be made to the medication administration regulations for individuals who live on their own or with their families who hire staff to dispense medications
- Changes that are proposed for the waivers to provide health care coordination and to support the development of other approaches to residential support including shared living arrangements with a typical roommate

Three of our self advocacy coordinators, Carol Grabbe, Chavis Chappell, and Jossie Torres conducted a panel and reminded us all of the importance of respect by staff and the ability to listen to what the people we support want from life.

Everyone learned a great deal from small group discussion as well as the presentations which will be available on the DMR website.

In the fall, the department plans to offer a follow up information sessions and training for support staff who work with individuals who live on their own.

<http://www.dmr.state.ct.us/>

How to Enroll in the New CT College of Direct Support Web-based Training Program

In September, CT DMR will begin to offer the College of Direct Support (CDS), a comprehensive on-line learning program, to direct support and other professionals who deliver services to individuals receiving services from the department. Some of the benefits of web-based learning include consistency of instruction, competency-based learning, around-the-clock availability, reduced travel costs, and more efficient use of resources.

The CT CDS program consists of 15 courses with over 70 lessons and will be customized to CT law and regulations, and department policies and procedures prior to making it available to providers in mid-August. The department would like all direct support professionals working in the public and private sectors to receive the same high quality learning opportunities.

DMR purchased an annual licensing fee for \$250,000 to make this web-based curriculum available to an unlimited number of DMR employees, employees hired directly by individuals and families, self-advocates, family members, and private provider employees and their associates. Private provider agencies will be able to make the curriculum available to their employees by contracting directly with the CDS and paying a \$2800 annual administrative fee. This fee allows the provider agency to perform their own system administration responsibilities and access all of the features of the CDS program including the learning management system. We will also be working with the Trade organizations and providers who may be interested in setting up sub-accounts for smaller agencies to provide access to the on-line courses to their staff for a nominal fee. More information on CDS enrollment options and procedures was emailed to provider executive directors and is available on the DMR website.

For more information on the CDS System, visit their website at <http://www.collegeofdirectsupport.com/>

Please contact John Tierney, DMR Curriculum Manager, at john.tierney@po.state.ct.us or (860) 418-6137 for more information.

DMR Waiver Renewal and Amendments

IDEAS, EXPERIENCES, RECOMMENDATIONS WANTED!

Background

The DMR IFS Waiver expires January 31, 2008. The renewal application is due to CMS no later than October 31, 2007. CT has had two and a half years of experience with changing the way people get in to the DMR service system and how to access services, and choose and receive the services they want and need. Providers have experience in what services are

covered under a waiver, what training their employees must have, how to document and bill for services and how they are paid. Case Managers and other DMR employees have experience with how to help people plan for what services and support they want, how to find the right provider, how to process the paperwork, approve the services, pay the bills and assess the quality of the service system.

Change has been fast, difficult to grasp, and hard to manage. We are all part of a evolving service system that seeks to offer the services people want to as many people as possible. We want the system to meet the needs and preferences of the people we serve, to be efficient and effective, and to maximize the state resources to the greatest extent possible. The new waivers provided the opportunity to add new individual and family support services, offer individuals more control over their services, and brought self-direction into the mainstream.

With the submission of the renewal application, now is the time to change those things that just didn't hit the mark well enough. All stakeholders are being asked to provide feedback, opinions, suggestions, ideas and recommendations about what the new waiver will offer and how it will operate. When the IFS Waiver is submitted for renewal, the Comprehensive Waiver will have amendment requests submitted at the same time. That way, whatever changes we make in one will be done in the other for the same effective date of February 1, 2008.

Ideas Under Consideration to Date

From Consumer Advocates:

- Make it easier to find and keep a job
- Improve transportation
- Listen to them
- Help with learning to live more independently.

From Families:

- Make the whole thing easier to understand
- Get answers when needed
- Help find providers.

From the Supported Living Information Session:

- Change the name "Supported Living" and merge all services associated with the old SL into one service definition, "Individual Supports"
- Add a new service for Health Care Coordination for people who live in their own home so

access to a nurse can be available to review appointments, test results, talk with physicians, and provide consultation to the person and support staff

- Develop medication administration procedures for non-licensed and non-facility based settings.

From the Case Management Workgroups

- Streamline wherever possible, access to services, approval of plans and budgets and completion of paperwork
- Make the Individual Budget process simpler.

From Provider Workgroups

- Streamline approval for new services
- Streamline methods to access approval for increased services when needed
- Improve the speed in which payments are made
- Make billing easier and simpler
- Evaluate the rates.

From Experiences with the Voluntary Services Program

- Add a professional parent model
- Add family therapy services
- Identify training and experience necessary to support clinical needs of children.

This is only a sample of the input and comments received over the past two years. Now we need everything everyone can think of!

Areas to Think About – Provide Concrete Suggestions For

Access: How can we improve how people learn about services? How they apply? How they keep informed of progress? How to access services? How to change or get more services?

Planning: How would it be more effective? Supportive? Valuable?

Services: Which ones are good? Which ones are we missing? Which ones don't we need?

Training/Provider Requirements: Are employees getting the right training? Should we require more or different experience, education or training in specific services? How can we deliver

training most effectively?

Quality: Are people protected from harm, exploitation and neglect? Are we providing enough or the right kind of oversight in behavioral interventions, the use of medications, the safety of where people live? Do we know if the services are of good quality?

Satisfaction: Do we know if people are satisfied? Do people know how to complain?

Outcomes: Are people experiencing good outcomes? Are they in control of their lives? Are they part of their community? Are they included in the decision-making? Are they making gains in their goals and dreams? Do they have a job that is valued?

Administration: How can the system be more effective? More efficient? More responsive? More inclusive?

Anything else?:

How to Be Heard?

- Attend Leadership Forums and Family Forums in the Regions.
- Watch the DMR Website for draft sections of the waiver application and feedback opportunities.
- Read Family Newsletters, Executive Briefs, and Employee Updates
- Attend meetings, go to self-advocacy meetings and events, talk to your support staff and case manager, be part of workgroups, talk to your colleagues.
- Send written comments to Laura.Nuss@po.state.ct.us, or Deborah.Duval@po.state.ct.us or to 460 Capital Avenue, Hartford, CT 06106.

Quality Service Review (QSR) Update

The Quality Service Review (QSR), as the newest part of the DMR quality review system, measures personal outcomes and vendor support expectations for all service settings. The QSR incorporates elements of present quality management activities and new best practice components to address the department's policies and procedures as well as the Centers for Medicare and Medicaid Services (CMS) quality system expectations. The QSR serves as the foundation for gathering system wide information for quality improvement.

The QSR computer application is undergoing final modifications and testing prior to application deployment by the department's Information Technology staff and user implementation. It is anticipated that the data application system will be completed by October 1, 2007. Thereafter, statewide training across all regions is expected to occur this fall, during October and November. In an effort to assist with the final testing process, DMR

Quality Reviewers from the Central Office are entering QSR findings from current CLA visits into the My QSR application to see that scheduling, data entry and reporting are functioning as designed. The Central Office reviewers are currently conducting reviews in CLA's to compare the QSR review process in relation to CLA licensing inspection process and regulation. This will produce a comparison of the findings between the two methodologies and analysis to ensure that the QSR incorporates necessary CLA regulatory mandates.

Statewide, the DMR Regional Offices continue to implement elements of the new quality review system. Along with Vendor Quality Improvement Planning, the Regional Quality Monitor and Case Manager Supervisor reviews will continue as they are presently occurring. Any changes to the Regional review tools regarding content will be sent to all providers and posted to the web.

The state level QSR for day and residential support settings is planned for the late fall following the completion of user training.

For more information regarding the QSR CLA Licensing evaluation please contact Daniel.Micari@po.state.ct.us. For more information regarding the QSR computer application, please contact Tim.Deschenes-Desmond@po.state.ct.us.

Additional information regarding the QSR is posted on the department's website at the following address: <http://www.dmr.state.ct.us>

Vendor Documentation and Billing Guide

A Vendor Documentation and Billing Guide will be issued to providers by email on Monday July 16, 2007. This document was developed to expand on the Home and Community Based Waiver Manual sections 8.4, Service Documentation and section 9, vendor billing, invoicing and payment. It also includes some sample formats for qualified vendors to consider in establishing or modifying their documentation and invoicing systems. This document was developed by a work group that included Debbie Seeger and Julie Erickson, CCARC, Rick Barnard, Baraco, Mark Kovitch, Key Service Systems, Mark Semmelrock, Blum Shapiro, Andrew Wagner, Mickey Verno, and Susan Klick, DMR, Delcarme Francois, Public Partnerships. Their assistance in helping with this document is appreciated.

Please contact your resource manager or Mickey Verno at michael.verno@po.state.ct.us with any questions.