

DDS EXECUTIVE BRIEFS

An Update on CT DDS Initiatives

February 9, 2009

Issue 27

DDS Legislative Proposals

The following bills were proposed by DDS this session:

S.B. No. 756 (RAISED) PUBLIC HEALTH. 'AN ACT CONCERNING A DEPARTMENT OF CHILDREN AND FAMILIES CHILD ABUSE AND NEGLECT REGISTRY CHECK FOR APPLICANTS OF EMPLOYMENT WITH THE DEPARTMENT OF DEVELOPMENTAL SERVICES OR THE DEPARTMENT'S PROVIDERS', to provide the Commissioner of Developmental Services with the authority to require an applicant seeking an employment position in the department or seeking employment with a provider licensed or funded by the department, to submit to a check of the Department of Children and Families child abuse and neglect registry. **REF. PUBLIC HEALTH**

The Public Health Committee held a Public Hearing on Friday, February 6, 2009. Testimony is available on the Legislative Affairs page on the DDS Website.

S.B. No. 789 (RAISED) PUBLIC HEALTH. 'AN ACT CONCERNING THE SHARING OF INFORMATION BETWEEN THE DEPARTMENT OF CHILDREN AND FAMILIES AND THE DEPARTMENT OF DEVELOPMENTAL SERVICES', to allow the Department of Children and Families to share limited information with the Department of Developmental Services that will be used to facilitate enrollment and the planning of services for children in the Department of Developmental Services voluntary services program. **REF. PUBLIC HEALTH**

The Public Health Committee held a Public Hearing on Friday, February 6, 2009. Testimony is available on the Legislative Affairs page on the DDS Website.

H.B. No. 6309 (RAISED) PUBLIC HEALTH. 'AN ACT CONCERNING ADMINISTRATION OF THE DEPARTMENT OF DEVELOPMENTAL SERVICES', to make various minor changes concerning the internal administration of the Department of Developmental Services and entities under the auspices of the department including technical changes to the Birth to Three statutes, elimination of the sunset of the DDS Abuse Neglect Registry, clarification of term limits for the Family Support Council and Council on Developmental Services and a change in membership on the Harkness Advisory Council. **REF. PUBLIC HEALTH**

The Public Health Committee held a Public Hearing on Friday, February 6, 2009. Testimony is available on the Legislative Affairs page on the DDS Website.

The following concepts for bills have been submitted by DDS and are awaiting further action:

- 1. An Act Concerning Sexual Assault Against Persons Placed Or Treated Under The Direction Of The Commissioner Of Developmental Services.** This bill would clarify that it is a crime (sexual assault in the second degree) for someone in a supervisory capacity to engage in sexual relations with a client of the Department of Developmental Services. The Judiciary Committee voted to raise this concept as a bill.
- 2. An Act Concerning Volunteer Programs Within State Agencies.** This proposal eliminates the requirement that a cost benefit analysis of volunteer services for the preceding year (based on guidelines established by the Council on Voluntary Action which no longer exists) be submitted to the Governor in each agency's annual report. It also eliminates the requirement that this information be submitted to the Council on Voluntary Services. The concept was submitted to the Government Administration and Elections Committee to be raised as a bill.

In addition, a list of bills being tracked by the department can be found on the DDS Legislative Affairs Webpage. The volume of bills this session is truly incredible and while we are trying to maintain a comprehensive list of all bills that could potentially impact in some way upon the department, its consumers, public employees or private providers, the list is by no means exhaustive. Any testimony on bills by the agency will be posted to the website.

www.ct.gov/dds (link to Legislative Affairs 2009 from the main page) or go directly to <http://www.ct.gov/dds/cwp/view.asp?a=2039&q=431222>

Individualized Home Supports Medicaid Billing

The change from Supported Living to Individualized Home Supports (IHS) in October 2008 has apparently created some confusion for those completing Medicaid Attendance Forms. The change in services necessitated a change from per diem billing to billing for units of 15 minutes for direct contact with an individual. A preliminary audit of October 2008 billing data indicates some instances where correction is needed. It is imperative that each agency providing Individualized Home Supports review their billing and correct errors and ensure that documentation is available to support IHS billing. As an example, if your consumer receives 24-hour support, you must make sure the hours of employment or day service are subtracted before billing for IHS. Please be sure that individuals who complete IHS billing forms understand the following:

1. Units of service should only be recorded for the time a staff member works face to face with a consumer. If a staff member works for one hour with a consumer four units should be recorded.

2. If a staff member works with more than one consumer at a time, the time should be split between the consumers. If staff work with two people for one hour, record two units for one consumer and two units for the second consumer.
3. Being on call cannot be billed.
4. You cannot bill when the person is in a day program. You cannot bill if you visit a person who is admitted to the hospital.

The Waiver definition of Individualized Home Supports is as follows:

This service provides assistance with the acquisition, improvement and/or retention of skills and provides necessary support to achieve personal outcomes that enhance an individual's ability to live in their community as specified in the plan of care. This service includes a combination of habilitative and personal support activities, as they would naturally occur during the course of a day. This service is not available for use in licensed settings. The service may be delivered in a personal home (one's own or family home) and in the community. Payments for Individualized Home Support do not include room and board.

Limits on the amount, frequency, or duration of this service:

May not be provided at the same time as Group Day, Individualized Day, Supported Employment, Respite, Personal Support, or Adult Companion.

Update on the New CTHealthJobs.org Website

The economy may have slowed, but we all still need to hire the best employees to work with our consumers. Join DDS and the 27 Private Provider employers who have already registered and are using the new CTHealthJobs.org website. Add this valuable tool to your recruitment toolbox!

Currently, we already have almost 1,300 registered job seekers who have submitted applications on the website. Private Provider employers can have access to all of these job seeker applications, but they must first register as New Employers on the website. **Registration and use of CTHealthJobs.org is FREE!** To register on the website, employers need a Validation Code and PIN (Provider Identification Number).

Check out the website at www.CTHealthJobs.org. Please contact Daimar Ramos – CTHealthJobs.org Coordinator – at 860-418-6121 or via email at Daimar.Ramos@ct.gov in order to learn more and to obtain the Validation Code and unique PIN necessary to register as an employer. Training for employers on the use of the website is also available. You can view a brief video presentation on CTHealthJobs.org from the November Trades meeting by visiting the DDS website at www.ct.gov/dds and clicking on the Video Library link on the left-hand side of the page.

Please share this information with your Human Resources Directors.

DDS Prohibited Use of Prone Restraints

This month, the Department of Developmental Services will soon be issuing a Program Directive I.E. DIR. 001, which prohibits the use of Prone (Face-Down) Restraint as a restrictive intervention.

The Directive applies to ALL individuals placed or treated under the direction of the Commissioner and all staff providing services to those individuals. This includes individuals receiving services in DDS-operated, funded, and/or licensed facilities or programs, or DDS-funded services delivered in family or individual homes or day services. The Directive states that:

1. The Use of Prone (Face-Down) Restraint is banned as part of a Behavior Support Plan (BSP) or as an emergency intervention.
2. Regional Program Review Committees will not approve any future use of Prone Restraint in Behavior Support Plans.
3. As with all prohibited interventions, if it is used by staff, a Critical Incident Report must be completed, and the department will investigate staff's use of this prohibited intervention.

There are several states that have already banned Prone Restraint due to the possibility of injury or death due to the use of this intervention. After discussions with DDS Clinical Directors and Management Team, it was decided that for the safety of our consumers this restrictive technique would be banned. This will not adversely affect private or public programs to any degree, as there were only a few people with previously approved Behavioral Support Plans that utilized this intervention. These will be reviewed by the affected consumers' Planning and Support Teams and scheduled for Regional Program Committee review by June 30, 2009.

Should you have any questions about the Directive you can contact: H. Steven Zuckerman, Ph.D. at DDS Central Office - (860) 418-6080 or by email at steven.zuckerman@ct.gov <<mailto:steven.zuckerman@ct.gov>> .

Institute for Community Inclusion (ICI) Training Grant Opportunity for Job Developers

DDS has been selected to participate in an employment training grant that Institute for Community Inclusion (ICI), University of Massachusetts Boston and University of Minnesota have received from the federal government. This grant is to assess the relationship between the use of customized employment strategies during the job search and job seeker outcomes. It also seeks to validate a training and mentorship approach for improving the skills of employment consultants or job developers. Ten to 14 private providers of employment services with job development staff will be selected to participate. Watch for a letter from DDS and ICI and application to participate in this in-depth job development training.

Root Cause Analysis Update

Root Cause Analysis (RCA) is an analytic technique designed to identify a broad range of factors that may have contributed to or directly caused an adverse event. The RCA process in DDS is conducted under the auspices of the Independent Mortality Review Board.

At the request of the Commissioner, an RCA of an adverse event was conducted in the latter part of 2008. The DDS Executive Management Team reviewed the analysis, considered the findings and adopted safety improvement recommendations made by the RCA team. Strategies to address the recommendations have been incorporated into a Recommendation Implementation Plan. These recommendations have been posted to the DDS website. Please be sure to visit our website to learn more about this information.

As result of these recommendations, regional and central office staff are reviewing data, individual plans and Level of Need assessments for individuals at risk for choking, incidents of pica, wrong food consistency or impulsive ingestion of food or liquid. Discussions in a variety of forums are currently underway and system improvement plans are being developed and implemented. We will provide updates on this work periodically. The following describes the work of one of the statewide groups:

The IP Improvement Committee—RCA

The IP Improvement Committee is conducting a review of documentation for a sample of individuals who are at high risk for injury or unusual incidents related to choking, PICA, wrong food consistency, or impulsive ingestion of food or liquids. Documentation under review includes: Individual Plans (IPs), Level of Need Assessment Tools (LONs), assessments (e.g., eating, behavior), protocols, programs, and incident reports. The group is evaluating whether the team identified potential risk areas and addressed those issues within action plans, protocols, programs, and services. Following is the checklist the committee uses for its reviews.

- ✓ The Individual Plan addresses the high-risk areas identified in the LON.
- ✓ The Action Plan includes clear information regarding protocols, programs, guidelines and activities to address the high risk needs and identifies persons responsible.
- ✓ The IP indicates integration of activities to address high-risk needs across settings.
- ✓ The perspective of the individual and direct support employees and clinical staff are adequately represented during LON completion and plan development and review.
- ✓ Key historical information about the individual's prior placements and health and safety issues is incorporated in the plan.
- ✓ The team is aware of trends in unusual incidents and injuries and has obtained needed assessments or modified the plan as appropriate.
- ✓ Information from assessments is clearly translated into protocols or guidelines.
- ✓ All protocols and program strategies are simplified to facilitate employee understanding.
- ✓ All protocols, guidelines, and program strategies are routinely reviewed by the team.
- ✓ Changes in the individual's health, safety and other life circumstances are noted and formally communicated immediately to essential staff, and the plan updated accordingly.

- ✓ Consumer specific training needs of staff are properly identified in the plan and training is routinely provided.
- ✓ Data collection methods are simplified and coordinated for ease of use by direct support staff.
- ✓ Implementation of multiple program strategies and data collection methods are fully integrated within the shift routine and staff responsibilities for consumer supervision.
- ✓ The programs have been approved by PRC or HRC, if applicable.

As a result of these individual record reviews, providers may be notified of the need for follow up activities, which may include team meetings, updates to assessments, or revisions to plans, protocols or programs.