

### New DDS Policy - Respectful Language

In a continued effort to promote the respect and dignity of individuals who receive services from the Department or its providers, DDS issued a new policy on Friday, January 15, 2010 concerning the use of Respectful Language by employees of the Department of Developmental Services (DDS). The new policy can be found on the DDS Website under "Latest News." The policy applies prospectively to all DDS-related written and verbal communications. The policy was shared with DDS Providers as an advisory of the implementation and to encourage its providers to be cognizant of the Respectful Language policy.

The Respectful Language policy requires the use of "people first" language when referring to individuals who receive supports and services from DDS. It also requires the avoidance of language that implies the person as a whole is disabled; equates a person with a medical condition; or refers to adults with disabilities as "kids," "girls" or "boys." In addition, the policy replaces the term "mental retardation" with "intellectual disability" unless clinically or legally necessary. As standards of acceptable conduct have evolved, individuals who receive supports and services from DDS and its provider network have found the use of disrespectful or "non-person first" language to be offensive and a barrier to full integration into the community. Similar to the Department's name change to DDS in 2007, the Respectful Language policy is a positive step towards the Department's mission that everyone in our service system experience the respect and dignity they deserve.

All new DDS employees will receive a copy of the policy as part of New Employee Training. As a DDS private provider, you have also received a copy of the policy and are encouraged to promote the use of respectful language within your organizations. We have received positive feedback on the new policy and thank everyone for their commitment to the use of Respectful Language going forward.

### Changes to Fire Safety

In response to initial experience with the Fire Safety Training Video Program, a review of the program has resulted in the following changes and recommendations:

- In order to cut down on the length of time, we suggest that the introduction not be viewed and after the first six months (July 1, 2010) of the training, providers will no longer be required to take the pre-test and the post quiz questions will be reduced by one-third.
- Starting on January 1, 2011, as part of the refresher course, DDS will provide a bank of new questions and only require that 1/3 of modules be part of the training each year. This will help keep the information fresh for the staff.
- We are recommending that a staff member needs to have 70% of the post quiz questions correct in order to pass the training. **For compliance with the Grant, we are in need of the class average for the pre-test and the class average for the post tests on a monthly basis. Please email this information to Chief Baldwin at [dds.firesafety@ct.gov](mailto:dds.firesafety@ct.gov).**
- Starting in January 2011, we will be requiring that only 1/3 of the training be used as a refresher. We will be issuing instructions on what modules will be required each year. This will significantly cut down on the time it takes to complete the training.

- Regarding requests for DVDs, costs for DVD production are excessive and such costs were not included in the Grant. Original Grant planning focused on CD formatting so as to be more useful for a larger number of people. The training program can also be run directly from the DDS website.
- Modifications are being made to the training; however, the forms used in the video are from the DDS Fire Safety and Emergency Guidelines and will not be changed. Please feel free to provide your own forms to your staff.
- **Due to problems with the initial CD, new CDs are in production, and will soon be distributed.**
- We have received pricing quotes for Spanish Translation of the training video.
- We are in the process of requesting pricing quotes for training video subtitles for hearing impaired users. I will keep you posted on our progress.

Please continue to direct any questions to Daniel A. Micari at [Daniel.Micari@ct.gov](mailto:Daniel.Micari@ct.gov) or Chief Timothy E. Baldwin at [dds.firesafety@ct.gov](mailto:dds.firesafety@ct.gov).

## Announcement of New Provider Profiles

As of February 1, 2010, the reports attached to the Quality Profiles on the Provider Profile were updated. These reports were updated to include QSR data collected January 1, 2009 through December 31, 2009. These reports excluded the Continuous Residential Supports service type as noted at the bottom of the report.

In addition to the Quality Profile Reports, please review the Provider Profiles that were to be submitted to DDS by your agency for accuracy. If there are corrections to be made to your Provider Profile or if you need to submit a Provider Profile, please submit your information to: [DDS.Provider.Profiles@ct.gov](mailto:DDS.Provider.Profiles@ct.gov).

## DDS Moves Forward with Utilization Based Payments

The Department of Developmental Services (DDS) continues to move forward with utilization based payments for day services in response to a series of budget reductions. Providers began receiving their authorizations last week except for Individualized Day services. They were held back in order to make sure they met the requirements for Individualized Day and were within the funding parameters. Those authorizations will be issued starting this week. Once the Individualized Day (or other service if Individualized Day was not the correct choice) authorizations are issued, the focus will move towards issuing any outstanding one time authorizations.

Modifications to the Web Res Day application are moving forward so that the data already entered by the providers can be used for payments. These changes should also improve the efficiency of the system for waiver billing. These changes were already under consideration but were expedited to ensure a smooth transition to utilization billing.

DDS is cognizant of the negative aspects of any reductions and the extra work that a shift to utilization entails but believes that there are some long range benefits to our service recipients from this approach to reductions. We have already seen some providers reassess the number of days they are closed and are examining ways to encourage higher attendance. These efforts will only make services more helpful to participants. It also serves to create a fairer system where providers can no longer reduce days of service and financially benefit from that decision.

Additionally, we expect improved accuracy and timeliness for billing the federal government. Currently, not all attendance information is provided monthly within the prescribed timeframes. DDS cannot bill without complete information and must follow up with providers to obtain missing data. With the shift to payments based on utilization, we expect that this problem will be virtually eliminated for day services.

DDS believes this decision to implement utilization based payments will reduce costs as required and ultimately create a fairer and more consumer focused system. We are committed to work with providers to ensure the impact is manageable and Commissioner O'Meara has assured providers that we will address hardship situations.

We have identified some key factors that will be considered. They include:

- the overall utilization rate of the agency and the effect on reimbursement
- strategies used by the agency to increase utilization or reduce costs
- if a higher rate than 90% utilization was used to establish the per diem
- whether the agency is a low rate provider
- the effect on individual supported employment programs
- the circumstances of individual participants with low utilization
- the availability of funds.

Additionally, we will be working with providers to develop some specific strategies to address the SEI program, since that has emerged as an area of particular concern.

Though implementing reductions is a difficult task for all involved, DDS is committed to working with providers to mitigate the most difficult situations and support plans to implement appropriate cost saving strategies.

## Governor's Mid-term Adjustments are Issued

Information on the Governor's Mid-term Budget Adjustments is available on the Department of Developmental Services (DDS) website at [http://dds.si.ct.gov/ddssi/lib/ddssi/budget/february\\_11\\_2010\\_dds\\_budget\\_update.pdf](http://dds.si.ct.gov/ddssi/lib/ddssi/budget/february_11_2010_dds_budget_update.pdf) and on OPM's website at <http://www.ct.gov/opm/cwp/view.asp?a=2958&Q=454262&PM=1>.

Highlights include:

**Personal Services and Other Expenses:** DDS operations were reduced by over \$37 million as the DDS operations budget reflects the savings from the conversion and a variety of other reductions.

**Employment Opportunities and Day Services:** For individuals who have aged out or will age out of the Department of Children and Family (DCF) services or Local Education Agency (LEA) funded residential placements (Age Outs), the Governor's Recommended Budget maintains the funding for both the annualization of 73 FY10 placements and funding for 70 new individuals in FY11. This budget also maintains funding for both the annualization of 278 FY10 placements for high school graduates and funding for 254 new high school graduates.

The Governor's FY11 Recommended Budget makes a \$5,946,000 reduction to annualize the savings associated with a FY10 change to an attendance based rate reimbursement system for day services. The Governor's budget also makes a net \$68,884 reduction resulting from moving individuals living in out-of-state placements back to Connecticut to allow for Medicaid billing for these services.

**Community Residential Services:** The Governor's Recommended Budget continues funding for the annualization of 72 FY10 placements for individuals who have aged out and funding for 67 new individuals who are aging out.

For FY11, the Governor's Recommended Budget provides \$2.4 million for the annualization of the FY10 transfer of individuals from public residential programs to private contracted residential programs; \$13.54 million for the balance of the annualization required to fund the FY10 conversion of 17 publicly operated CLAs to CLAs operated by private residential providers; a \$500,000 transfer from the Department of Social Services (DSS) for Home Health Services that will be provided by DDS; and \$379,414 for individuals living in out-of-state placements who will be moving back to the State to allow Medicaid billing for these services.

**Early Intervention:** The Governor's budget provides \$9.3 million for the annualization of the FY10 shortfall. The budget also includes a \$335,928 reduction to reflect the redirection of Birth to Three insurance recoveries that were formerly retained by the providers.

**Voluntary Services Program:** The Governor's Recommended Budget reduces Voluntary Services Program (VSP) funding by \$1,696,390. This reduction is a result of the aging out of 38 participants into DDS adult services and the decision to only start new services for eligible applicants based on the Department's available appropriation.

## **Employment and Day Supports Waiver**

The draft Employment and Day Supports waiver was sent to the Department of Social Services (DSS) for their review and to CMS for informal comments at the end of the summer. CMS has sent us their informal comments and we are nearly finished with making the suggested changes. The DSS review is in the final stages and we believe that it will be finished by early March. Once DSS completes their review, the waiver will be reviewed by OPM then posted in the Law Journal. It will then require Legislative approval before the final draft can be submitted to CMS. We anticipate that this waiver will begin by September. This new waiver is designed for people living in their own or their family homes with a good network of natural and community supports that need employment or community day services. Funding allocations will be based on LON scores with a cap of \$28,000. This waiver will include the following services:

- Adult Day Health
- Community Based Day Support Options
- Respite
- Supported Employment
- Independent Support Broker
- Behavioral Support Services
- Individualized Day Supports
- Individual Goods and Services
- Interpreter
- Specialized Medical Equipment and Supplies
- Transportation.

Please contact Debbie Duval at [deborah.duval@ct.gov](mailto:deborah.duval@ct.gov) or 860-418-6149 if you would like more information about this waiver.

## Planned Amendments to the Current IFS and Comprehensive Waivers

The Department of Developmental Services (DDS) is in the process of preparing amendments to the current IFS and Comprehensive waivers that will be submitted to the legislature for their approval prior to sending them to CMS. We anticipate that the draft amendments will be completed in March with the legislative review occurring early in May. If approved, these amendments will include the following changes:

- Reduction in the number of unfilled waiver slots to more closely align with available funding
- Targeting some slots for specific groups of individuals such as: children in VSP, people with increased support needs, emergency placements, and forensic placements
- Eliminating the cap on the amount of funding an individual can use to purchase Clinical Behavioral Supports
- Creating a service definition and rate for Continuous Residential Supports (CRS)
- Using the Level of Need score of 1 or higher to determine ICF/MR Level of Care
- Enhancing some of the existing service definitions to improve clarity.

If you have suggestions for additional items to be included in the amendments or would like additional information please contact Debbie Duval at [deborah.duval@ct.gov](mailto:deborah.duval@ct.gov) or 860-418-6149.