

**Minutes of May 14, 2009**

**MEMBERS IN ATTENDANCE:** Jennifer Carroll; Carlos Colon (with support staff Kettle Guerrin); Jack Frost; Jim Heffernan, Vice Chair; Tom Kalal; Kevin Morey; Peter H. O’Meara, Ex-Officio; John Pelegano, Secretary; Ted Walen.

**MEMBERS ABSENT:** Sheila Mulvey, Pat Vingo, Lou Richards.

**DDS STAFF IN ATTENDANCE:** Joe Drexler, Director of the Operations Center; Kathryn du Pree, Deputy Commissioner; Ed Mambruno, Ombudsperson; Peter Mason, Contract Services Manager; Christine Pollio, Director of Legislative and Executive Affairs; Captain Michael Woodson, Director of Investigations.

Jennifer Carroll opened the meeting at **6:05 PM** welcoming members and public representatives. Ms. Carroll indicated the first half hour is reserved for public.

**PUBLIC PARTICIPATION**

Lois Niche introduced herself from Rocky Hill. Her son lives in a CLA and is doing quite well. Ms. Niche is concerned about keeping him at the level he has achieved as the staff support from Oakhill have allowed him to develop his skills and reduce his behaviors. Previous to Oakhill, he was at Perkins School that was also positive for her son. Ms. Niche hopes to see services stay in place as his life has been enhanced. Ms. Carroll thanked Ms. Niche for sharing her concerns and was pleased her experiences had been positive. Stan Soby and Walter Glomb were also in attendance, but did not speak.

**MINUTES**

Jim Heffernan referenced Ms. Goduti’s presentation during “citizen input” at the April meeting and asked the minutes be changed to reflect the removal of associated funding to the proposed Rescue Fund legislation.

Mr. Heffernan made a motion to accept the minutes with this change and Jack Frost seconded. The motion was approved.

**OMBUDSPERSON REPORT (ED MAMBRUNO)**

Ed Mambruno referenced suggestions made by Ted Walen at the April meeting and hoped he would find those changes were incorporated. Mr. Mambruno shared his monthly report with the committee.

Mr. Mambruno then summarized his visits to nursing homes this month and discussed a few of the specific concerns he was asked to review and address. Mr. Mambruno discussed his summary of nursing home visits as was requested by Mr. Walen.

Mr. Frost asked about the nursing home that would not communicate with the parents who were not guardians. DDS is helping them to understand the responsibilities of a guardian and how to apply. Mr. Frost expressed concern about who was advocating for the consumer.

Mr. Walen asked if Mr. Mambruno is comfortable with what he is seeing in terms of care and services. Mr. Mambruno has been pleased overall with the level of attention, care and activities.

**TRANSITION TO FEE FOR SERVICE (JOE DREXLER, PETER MASON)**

The department is transitioning to a fee for service rate based system for day services and individual home supports effective July 1, 2009. This is being done to equalize the distribution of resources to our consumers and to address the Center for Medicare and Medicaid Services (CMS) requirement that states operating waiver programs pay the same amount based on the type of service offered and the need level of consumers. This is causing concern among providers who are now reimbursed at a higher rate.

Joe Drexler, Director of the Operations Center, and Peter Mason, Contract Services Manager, presented the five year transition plan. The PowerPoint presentation was shared with all Council members.

Mr. Heffernan asked Joe Drexler how many providers would reach the rates each year. Mr. Drexler responded that we need the transportation information to provide this calculation.

Mr. Walen asked if there are provisions to address changes in individual need or situations. Mr. Drexler explained the use of the Level of Need (LON) to predict need and the PRAT process to determine resource allocation. Mr. Drexler did explain the department's constraint of always meeting changing need within authorized funding. Mr. Walen asked how we balance requests for change from multiple providers. Urgency of health and safety is addressed first then by when requests are made. The department has to balance the distribution of resources across regions. Mr. Walen then asked if this approach would be used for CLAs and would we pilot changes. To date, the department's focus has been on day services and Mr. Drexler acknowledged 24 hour residential support will be more complex assisting the providers to address changing needs with permanent funding. The Waiting List settlement provided funding to help meet these needs but need outpaces the department's appropriation.

Mr. Frost asked about the number of providers who are now paid over the rate. Mr. Drexler responded there are approximately 50% above and below. Peter Mason explained the implications of the LON, which helps determine the amount of support and staffing ratios individuals need. This will impact some providers positively and others negatively. Mr. Walen asked about providers who have differences in related costs. Mr. Drexler explained how the rates account for this through indirect costs. DDS has the ability to fund unique equipment needs in day services.

Mr. Heffernan asked about the system's ability to respond to the need to replace a provider if they cannot stay in business. Mr. Drexler explained our RFP process and how we have addressed changes in the past. Mr. Heffernan expressed concern if low wage providers could manage to accept more people if needed. The department believes from past history they do and hopes this process is moderated by COLAs in the future before 2015,

David Hadden joined the Council and was granted the opportunity to address the Council. Mr. Hadden expressed concern about the 90% expectation and the cost shifting of implementing the fee for service system. He is concerned that we may be creating a disadvantage for individuals who may not be able to attend day services regularly. Mr. Drexler shared that Connecticut is generous in using the 90% factor. Mr. Drexler shared the department's analysis that the providers who cost settled in day services have a low utilization / attendance rate. Mr. Drexler sympathized with the issues impacting particular individual consumers. Our provider system is committed to our consumers and we don't believe that providers will penalize families or consumers. Mr. Drexler reports that

attendance has increased over the past two years and will continue to increase. Mr. Hadden then shared his concern for the changes proposed for the implementation of the rate system on the high wage providers. As a board member of a provider, Mr. Hadden articulated the fiduciary responsibilities of members and the decision that may have to be made that will impact the services that can be provided. Mr. Drexler responded that all providers whether high or low rate have significant issues that will be challenging to address. Mr. Hadden reminded everyone of the importance of deciding how services will be provided to the most vulnerable citizens and how the costs of public services will be addressed.

#### **LEGISLATIVE UPDATE (CHRISTINE POLLIO)**

Christine Pollio clarified that although SB 94 discussed at the last meeting had in fact died, there is still a health care pool bill alive, HB 6582, which remains under consideration by the legislature. The information-sharing bill for DDS's Voluntary Services Program (from DCF) is awaiting final action. It is on the Senate calendar. HB 6309, which is the department's technical bill has passed the house and awaits action by the Senate. The department agreed to remove section 4 of the bill which was technical language pertinent to Birth to Three Program statutes.

Christine Pollio discussed the status of other bills related to DDS areas of interest and shared a written summary of the status of DDS agency bills. There are only three more weeks of the regular session.

Mr. Walen asked about the PRI bills, which are both on the senate calendar.

A comprehensive list of all bills of interest to DDS is posted on the DDS website. The private provider "rescue fund" bill remains on the calendar. CCPA is hosting a press conference at the Capitol on May 15 and Senator Harris has organized a private provider forum for May 18<sup>th</sup>. The catastrophic medical expense bill is still in tact and under consideration. Ms. Pollio will check the fiscal impact and report to the Council. Ms. Carroll discussed the importance of the bill to the Family Support Council. It provides financial assistance for high health care costs based on family income and need. The insurance companies would finance it through a \$1 contribution per policy.

Ms. Pollio shared a letter DDS sent to legislators to explain some changes the department needs to make due to the anticipated retirements of department staff and the budget reductions.

#### **COMMISSIONER'S UPDATE**

The Council discussed the amount of time and process that has been devoted to the implementation of rate change. DDS has been planful and has built in a number of adjustments that will create safety nets and a reasonably gradual transition that gives providers a number of years to adjust. Connecticut DDS has the highest rates in the country. The department will continue to monitor the transition and try to respond to provider needs. We will continue on our transition plan unless CMS requires a more rapid pace to the change. Providers in Connecticut have not gone out of business due to financial reasons.

The Department of Public Health (DPH) and all public agencies have continued to monitor H1N1 flu, which fortunately has not been as virulent as originally anticipated.

A three-day nursing home strike is scheduled for next week. Case managers will check on DDS consumers. To date, no strikes are planned in the private sector.

DDS continues to absorb as much of the budget reductions in FY 09 as possible. The employees have been incredibly supportive of cost reductions initiatives including purchasing, travel, vehicles

and overtime. While current cuts have been primarily absorbed by the public sector, there remains a \$1.1 billion statewide deficit this year. The Commissioner explained the detail of the concession agreement. The department will streamline and modify work processes, consolidate and centralize where possible.

Intake to day programs has been temporarily closed in the private sector. Public day and residential services have been closed since July 1, 2008.

We anticipate over 35 case managers will retire. DDS needs to make changes to who receives case management. We can no longer provide case management to consumers who are not on Medicaid fee for service. The Commissioner also reported that the summer Respite Center schedule and the distribution of IFS grants are revised.

Waiver services are staying in tact. The department is pleased that the vast majority of services will remain. Kathryn du Pree explained the change in case management that will discontinue case management for individuals who are not enrolled in fee for service Medicaid. Letters have been sent to all impacted families and the department has provided contact information so families can continue to access respite and other family support services.

Tom Kalal asked about the closure of residential units at Mystic and potential future closures or consolidations. Deputy Commissioner du Pree and the Commissioner O'Meara explained that this regional center reduction is due to the hiring freeze and an effort to consolidate resources. If the department cannot fill direct support positions, additional residential consolidation may be necessary in the future.

John Pelegano asked if there was any plan for agency consolidations. Ms. Pollio explained that the Legislative Commission on Enhancing Agency Outcomes is still considering various options but no decisions have been made. The Commissioner reflected that the projected savings from past consolidations are not always realized.

Ms. Carroll thanked the Commissioners for their leadership and efforts to share information in a timely fashion and for continuing to demonstrate concern for the impact of decisions on consumers and families.

#### **OLD BUSINESS**

Ms. Carroll introduced the question of holding meetings at 6:00 or 6:30 PM. Dr. Pelegano motioned and Mr. Hefferman seconded a motion to start the meetings at 6:00 PM starting in July. The June 11<sup>th</sup> meeting will begin at 6:30 PM. There is no meeting scheduled for August.

#### **NEW BUSINESS**

Ms. Carroll requested a presentation on the case management bidding process in June.

#### **ADJOURNMENT**

Mr. Kalal made a motion to adjourn which was seconded by Dr. Pelegano. The Council approved. The meeting was adjourned at **9:50 PM.**