

PRIVATE PROVIDER COUNCIL  
Meeting of January 8, 2010

1. **REFERRAL TO CLA VACANCIES:** Presented by Deb Duval, Amy Chase, Tammy Garris, Carin Mancini
  - Deb handed out and reviewed a demographic placement list of emergencies for the state. Fifteen people on the list are still in school. Many from the North Region list are in the process of placement and will be coming off the list. The South Region has utilized their beds at Woodbridge to address emergencies.
  - People with a LON lower than 5 will not be referred to CLA vacancies.
  - PRAT is working on standardizing paperwork and redoing the NOO.
  - Providers stated that referrals are still not appropriate.
  - Agencies need to assure the descriptions on the NOO are detailed.
  - The people being referred are challenging and many have behavioral needs and this type of referral will likely continue.
  - The system needs to look at how to reorganize homes to handle this new population (mostly young behavioral children and young adults some of whom have autism).
  - There was discussion on cross region information sharing.
  - Agencies need to use the ARC based roommate program for individuals looking for roommates – can be done through the DDS case manager.
  - People will most likely not move to the available resources in another region due to existing jobs and relationships; resources will need to move to the individuals.
  - CT Non-Profits did a survey, which showed that PRAT issues have improved in certain areas. Providers are still requesting to be included in the PRAT meetings. Julia will email this list to Kathryn.
  - Consensus felt that the list could be whittled down if all parties looked at it as a group and could look at moving existing individuals to more appropriate homes to accommodate the new referrals.
  - There is a large list of children with behavioral needs who are out-of-state, many have been RFP'd but no one has responded.
  - There is no new money except for age-outs.
  - The system that was built one way - to provide resources - now must change to a system based on individual needs. It is a difficult transition.
  - It will take about 1 year to develop the web-based PRAT database.
  - NOOs go to PRAT on the Tuesday after they are received and by Wednesday evening there is a list available to case managers to report the outcome. Regional directors will remind case managers of the need to inform providers of the outcome in a timely way.

- Vacancies average 77.5 days – however, 3 CTH vacancies have been open for over 1 year.
- PRAT coordinators and ARDs will meet on January 15 to coordinate statewide meetings of providers. This meeting will include providers who have openings or could have movement (people who are no longer appropriate for the home). This meeting will look at internal movement, agency to agency movement, in the hopes of developing openings appropriate for the emergency referrals.
- There was a discussion on the Tumbleweed system. Providers can only access this system through a response to a previously sent message. Providers would have to call a DDS employee and have them send a message through Tumbleweed and then respond to that message in order to send confidential info back to DDS. The Tumbleweed system is automatic at DDS. Therefore, some messages will be sent (because of certain wording) that do not need to be sent through this system. IT is attempting to address the problem.

## 2. DAY SERVICE ATTENDANCE-BASED REIMBURSEMENT:

- Details of the system and how it works will be sent to providers next week, by the 15th.
- Joe distributed a formula for the attendance percentages and the day rates to be used (using the attendance data from the ACOR).
- The attendance percentages with day rates will be set by model (DSO, GSE). Everyone will be based on 90% (225 days) unless they are over 90% and then it will be set on what the average percentage is over the 90%. (i.e., GSE could have an average attendance of 92% and the rate set will then be set on the 92%. Agencies would only recoup additional money when attendance goes above 92%).
- Provider programs across all regions will be grouped together for this attendance percentage.
- There was a discussion on problem attendance as a result of medical or behavioral issues. DDS will address certain attendance issues on a case by case basis but for the most part the system will stand and providers will need to take on extra people to make up for the decrease in attendance
- Providers express concern that the revenues would be removed when attendance dropped but not recouped when it went over 90% (unless it is over the average for the model). This seems to be a double hit for providers. Joe explained that there was no double hit for a provider. Once the per diem was set, if a person's attendance was higher, the provider would receive payment that could exceed the expected amount based on the per diem calculation. In fact, the people with higher attendance would help offset people with lower attendance. The difference from the rate system is that providers with high attendance will not receive an increase in revenue unless their attendance exceeds historical levels.

- March 1<sup>st</sup> providers will receive an estimated payment based on 90% for February. Then, in April they will receive the estimated payment for March with an adjustment for the actual February attendance.
  - This system is for 4 months of payment – February – May; DDS does not expect to recoup all the money through this system and will also plan on pulling back 1x money and holding vacancies.
  - Agencies would get paid for the day for anyone who attends at least 2 hours and 45 minutes. Anything under that will count as an absence.
  - SEI and Individualized Day will go to an hourly rate.
3. **FIRE SAFETY TRAINING:** Presented by Dan Micari
- According to Stan Soby, the new training, test and videos take 2 ½ hours. This is an hour increase from previous requirement. This is a big unfunded mandate for providers.
  - DDS is not holding providers accountable for the January 1<sup>st</sup> deadline.
  - DDS will review provider concerns at the executive staff meeting.
4. **PROVIDER PROFILES UPDATE:** Presented by Dan Micari, Joe Drexler
- The profiles are up-to-date. Maureen Prewitt is handling this. If there are any issues, providers should email Maureen.
  - DDS is planning on breaking out Clinical and Health Services to make it easier for families to locate providers.
  - On February 1<sup>st</sup>, a full year of QSR data results will be posted and every 6 months thereafter. There are some glitches that should be fixed by the 6-month timeframe so that the actual number of reviews can be posted for each provider.
5. **OPERATIONS CENTER ORGANIZATIONAL PLAN**
- Pat Dillon will be transitioning out of the West Region to manage state contracts. (She will still be working in Cheshire).
  - There will be one contract for Day and one for Residential for each agency starting next year. This will be done by CO based on the service authorization, which will be done by the regions.