

System-wide Response

In the past there have been instances of systemic responses to single agency issues, we propose that corrective action plans be used to address individual issues. In the future, we would hope to avoid broad, fast-moving mandates whenever possible. One such example occurred a little over a year ago related to lead testing and abatement. We agree that lead safety is important to safeguard Connecticut's young; however, the initial memorandum did not even take into account the age of a home/facility. Lead testing and abatement is costly; in the future we would like to see such costs built into the rates and applied to new procurements and/or site changes.

- DCF Response:
 - We agree that specific instances should not be unilaterally generalized to all providers, and we will try to avoid doing so in the future. It will be important for providers to communicate through their trade association and the association in turn to contact the DCF Chief of Staff if, from the provider perspective, there appears to be similar actions taking place.

Nursing

In a memorandum, dated June 9th, 2009, Lou Ando wrote that he, Stacey Gerber, Peter Mendelson, and the Licensing and Program Review nurses agreed with the provider's notions regarding "discussions at the [Operations Workgroup] meeting centering around the fact that programs differ significantly and priorities regarding nursing care and the application of nursing standards should be considered within the context of the program length of stay, goals, etc." He stated that it was the Department's intentions to establish a small DCF and provider collaborative group to identify which standards should apply in which program models. We strongly support such an effort and would be eager to get started.

The requirement of RN staffing vs. LPN staffing we would like discussed as part of the nursing standards review.

- DCF Response:
 - Dr. Rayford and his Bureau of Continuous Quality Improvement has worked with a "steering committee" of DCF and provider nursing staff to schedule a meeting of provider and DCF nurses for February to develop reasonable strategies to enhance nursing standards. It is anticipated that the meetings will continue on a quarterly basis. We recommend that the work products of this group be standing agenda item for the quarterly meetings between DCF and the trade associations.

Medication Administration

Providers would like the ability to perform their own medication administration testing. The current system requires DCF to administer the written test; providers assert the proposed change would allow them to move more quickly in staffing new hires and would save money that is being spent on overtime for staff who have

to come in to do the med pass if there is no one who is med certified on a shift due to having to wait for the exam.

- DCF Response:
 - We subsequently came to understand that the request is to have the testing administered for staff from one agency by staff from another agency. In general, the Department supports this proposal. There are details that need to be worked out, and Dr. Rayford will be taking the lead on behalf of DCF. We recommend that progress be reviewed in the quarterly meetings of DCF and the trade associations.

Background Checks

Conducting criminal history background checks on those who desire to work with children in Connecticut is an important safeguard to the protection of youth. Currently, providers are required, via DCF agreement and contract, to use the State Police Bureau of Investigations to perform background checks. We request that changes are made to allow providers to use private companies to perform the checks. This request is made urgent by the fact that the cost for the State Police background checks doubled from \$25.00 a search to \$50.00 as of October 1st, 2009. In addition to saving money, such a move will also save time, as many of the private companies are able to perform the checks with a faster turnaround time.

- DCF Response:
 - Current statute does not allow the change proposed in this recommendation. In the event that the associations intend to initiate action leading to the necessary consideration of a change in statute, DCF's support for such a change would be contingent on receiving the necessary information as to the qualifications of the private company and assurance from the Department of Public Safety (DPS) that the private company had access to information that was of equivalent quality to that currently provided by DPS.

Licensing Standards vs. Personal Preferences

Currently, many providers voice that their experiences with DCF Licensing vary widely based upon the licensing person they are working with. A common concern expressed by providers is that they are often required to develop a corrective action plan for identified items that are based on a subjective interpretation of the regulations and/or inconsequential wear and tear of the facility. In a recent meeting with group home & independent living program providers, Jim McPherson conceded that variations do exist, and that it was his desire to develop interpretive guidelines for program models to "minimize the human element." He stated that his goal was to draft interpretive guidelines and review/revise them about every five years. Jim expressed that he was open to providers taking part in the drafting process. In an effort to standardize the review process, the providers support such efforts, and look forward to discussing steps for the initiating this work.

- DCF Response:

- Mr. McPherson will start drafting the interpretive guidelines during this quarter and will afford providers the opportunity to participate and/or review drafts of the guidelines as they develop.

Reporting/Administrative Demands

We applaud the intentions of the Department to ascertain data to support quality; however, as these efforts have picked up steam providers are struggling to manage the increased costs and staffing demands required to complete the reports. In line with the DCF Strategic Plan 2010-2014, we support a focus on outcomes and efficiency. We propose charging the Operations Workgroup with the challenge of streamlining required reporting. We need an intensive effort looking at what reporting is required, where is reporting duplicated, and the time it takes to complete these reports.

- DCF Response:
 - We agree that this is an area that requires focused attention and recommend that it become the single agenda item for either the Operations Workgroup or a sub-committee of that group. The reporting requirements will inevitably vary by program type, but DCF supports the goal of avoiding redundant reporting and of minimizing additional costs to providers associated with reporting.
 - We will look for the Operations Workgroup to more formally establish a structure to pursue this agenda item, and the DCF participants on the committee will be adjusted according to the outline established. Judi Jordan and Cindy Butterfield will be the points of contact on behalf of DCF.

Special Investigations

We propose a change in the 136 process to allow it to move more quickly when an agency or facility comes under investigation due to a 136. Currently, many providers pay their employees on administrative leave due to a 136; providers must also cover these shifts by other staff, often at time and a half. The result is very costly, particularly when these investigations become protracted. The fact that a special investigation can stretch on for many, many weeks is problematic. Providers understand that investigations must occur; however, we are looking for their negative financial impact to be mitigated. Wanting to streamline this process, we ask that an e-mail be issued immediately upon a decision by the Special Investigations Unit, prior to the formal letter of findings being sent, and allow the provider to act on the contents of the e-mail without delay. We would also request the Department explore the development of consistent time frames by which an investigation is to be completed, that would require DCF Administrative approval if the time frame needs to be exceeded.

- DCF Response:
 - We appreciate the need for prompt completion of investigations and acknowledge that there has been some delay in the completion of Special Investigation Unit (SIU) work. However, at this time 82% of the investigations are being completed within the required 45 days and none are more than 60 days old.

- We agree that the Program Director of the SIU, Maritza Velez, will, upon request, provide e-mail notification to providers regarding the outcome of the investigation if the investigation work has been completed and is only awaiting the written report. Ms Velez is also available to meet with providers individually or in groups to discuss ways to expedite the process through formal engagement protocols that minimize number of visits by the DCF investigator to the provider's location.