

DS State Program Standing Committee (SPSC)

May 18, 2023

Meeting held virtually by ZOOMGov

Attendees

Committee Members: David Ballou, Bethany Drum, Barbara Lee, Ed Place, Karen Price, Karen Prine, Max Barrows and Collins Twing

Guests: Heather Hildebrandt, Mary Graham McDowell, Elise Haydon, Judith Jackson, J Champine, Chuck M, Jen Hayes, Kirsten Murphy, Kristin Brogren, Jess Moore, Collette Wilson, Michael Kasper, Laura Kass, Diane Drake, Dick Courcelle, Beth Sightler, Tonya Mason, Katrina D, Kara Artus, Wendy Trafton, Ashley Berliner, Jessica Stehle, Susan Aranoff, Hannah Eye, Judith Jackson and Jessica Moore

State Employees: Jennifer Garabedian, Jessica Bernard, Hilary Conant, June Bascom, Ellen Booth, Joy Barrett, Chris O'Neill, Jeff Nunemaker Jessica Nadeau, and Judy Spittle

Roll Call and Review of Agenda and minutes –

April minutes were reviewed, and a motion was made by Bethany and Ed seconded to approve the minutes.

RMHS Re-designation

Ellen and Joy reviewed combined results

RMHS met standards for corporate status, data & information systems, fiscal management, and accessibility.

RMHS did not meet the standard for Governance. There has been difficulty maintaining the Local Standing Program Committee during COVID but are now in full compliance.

DDSD is asking the agency to submit a plan to ensure membership and training in the future.

Agency organization & administration—agency meets this overall

Consumer and Family Involvement—RMHS is not meeting this standard because of the issues with the Local Standing program committee. DDSD has asked for a plan of action.

Comprehensive service system—agency did not meet this standard. Action is required in the areas of crisis support, coordination of services for individuals receiving public safety funding (including individuals committed under Act 248). Agency has had staff turnover and is working on an action plan to come into compliance. DDSD is also asking for data on this area.

Barb Prine—this area is worrisome.

Ellen—this is concerning, we are working with RMHS on this issue

Mary-Graham—since getting feedback regarding our crisis supports, we've been analyzing deficits & identifying training issues and clarifying with our partners (OPG being one) regarding crisis support expectations and feedback is not consistent. Trying to collect a variety of information to tackle the problems.

Barb—some of this feels like a result of the staffing crisis, not having enough people, turnover, not sharing institutional knowledge, etc. Some of it seems like, "this is bad." What is RMHS staffing shortage and how does an agency with staffing shortage get this done?

Mary-Graham—We have very significant staffing shortages in pockets. I do not believe this is an area where staffing shortage is an issue. There is an overall disappointment in how we respond to crisis. We need to figure out how to have clear expectations, staff will quit if we don't set up parameters for how we respond.

Barb—can you explain this part: "Staff will quit if we don't set up parameters"?

Mary Graham—requiring staff respond 24/7

We have a 24/7 crisis line & we are figuring out carefully how to staff it.

Laura—requiring staff to be available 24/7 led to staff turnover. It led to burn-out. We created a separate on-call system. It's not reasonable to expect staff to be available all the time when individuals go into crisis. We're going to fine tune it and collaborate with OPG, our internal team, and come up with a Corrective action plan that will meet everyone's needs.

Ellen—clarify that we are not asking for all staff to be available 24/7 but that an in-person presence is there when needed.

Max—curious about the seriousness of this. Recently a situation with GMSS was in serious trouble and almost went out of business. Can you give us an idea of how serious this situation with RMHS is?

Chris—that's a fair question Max. From the evidence we have, I don't think this reaches the same level as GMSS. Key difference is that Mary Graham and Laura and staff are acknowledging issues and making changes.

Barbara Lee—what happens to the folks who do experience crisis? Where are they? Are they getting help?

Mary-Graham—we believe that avoiding a crisis is best practice. We evaluate and build up proactive strategies.

Quality Improvement

RMHS has a system in place. RMHS was responsive during the quality review process. 2022 plan of correction has been submitted.

Consumer support treatment and records

RMHS has work to do in this area related to ISAs, complying with practice and guidelines.

Service Health and Safety

RMHS has had difficulty meeting the needs of individuals with high needs including their group home (North End Ranch). DDSD has accepted the Plan of Correction, related to the group home, and in a monitoring phase as part of the Division's next steps.

Personnel practices

Agency has needs in these areas. High level of vacancy and turnover. Agency is continuing to recruit. They meet the standard in other areas

Training, Rights and responsibilities, confidentiality, Grievance, and appeals—agency meets these standards.

Local system of care plan—DDSD has not asked the agency to update these. As we come out of the pandemic, we will be asking agencies to update their plan.

Barb—feels like people could get hurt with an agency that is trying, and I guess I want to understand why? Why is this happening?

Why is there so many deficiencies in Rutland? Why do things seem to be sliding? It is a global question.

Ellen—from DDSD perspective I am not sure as to why. We take the evidence and see if they are meeting them. We need to count on the agency to answer the why.

Joy—re North End Ranch. When problems happened, we halted admissions so they could work their corrective action plan, turnover in staff, as soon as we saw a health and safety violation, we took action.

Provider Rate Discussion

Jennifer In the System of Care Plan (SOCP) – seek recommendations from SPSC in issuing instructions on any budget increases. The Big Bill includes the state budget, \$8.5 billion per year but includes lots of other things. This has passed the Legislature but not to Governor's office desk yet. The governor has 5 days to sign, veto or not sign. He has signaled he will likely

veto. The legislature has scheduled an override session to consider and vote on bills that the Governor vetoes.

SPSC Recommendations – Asking for SPSC on how the Division would issue those instructions related to any rate increases that may be passed.

Division preference is that rate increases are equally distributed across the 3 kinds of services below:

- Agency Directed Services,
- Self and Surrogate Directed Services (Services Paid through ARIS), and
- Shared Living Provider (SLP stipends).

In this option, everyone gets equal access to the rate increase.

DDSD second preference would be full increase is applied to Agency/Self-and Surrogate managed and that an equal rate increase is given to all home providers across the state but it might be an amount less than the full rate increase.

Recommendations –

Karen Price – whatever can help to improve direct services to families and individuals

Max – I believe the SOCP says that the SPSC has a role in how the increases should be spent. What is the plan for the SPSC to be involved in how to spend?

Jennifer provided clarity on this issue. The division consults with DAs, Transition II and SPSC for recommendations, which is what we are doing now.

Kara – very supportive of across-the-board increase

Beth Sightler - not speaking for full network, giving my own opinion. Agree the proposed 5% should be spread across equally including TII. Will CBA have any impact on this? Are they working on their own allocation?

Jennifer – CBA ensures that everyone is at the minimum wage. This increase is not given to budgets that are based on wages that are already more than the CBA minimum wage. Funds for this are separate from the rate increase funds.

Beth—cited report from AHS that described the 8 percent increase was “minimally helpful” wanted to say it was dramatically helpful. At CCS had high vacancy rate...went from 60 percent vacancy to 20 percent. This offered stability. For agency directed services, the full proposed rate increase (5%) cannot be distributed to everyone – needs to go to business insurance, heating costs, fixing parking lots, EHR systems, computers, maintaining those expenses are substantial. Quality oversight needs to happen—

For example: CCS draft budget left about 3% to give to staff and it's really not enough for the workforce. Frontline staff are getting \$19/hour this will bring them to \$19.50. Maximum flexibility is what's best for agencies.

Barb—concern I have with maximum flexibility, what happens to the agency that gives zero percent increase? That really hurts our system. Do you support that a portion of this be an across-the-board increase?

Beth—yes, personally I agree with this. Not sure that an agency would not give a portion of the increase to the front line.

Kara—when it comes to self & family management, it is spread across to everyone equally including our admin.

Barb—do we want to support a recommendation that at least 3% be allocated for wage increases to direct support workers and SLPs? What do folks think of this concept? Beyond that, agencies could decide.

Barbara Lee—for me it makes sense to request that at least 3% go to direct support workers.

Collins—asked about how the 5% would be applied equally, including the administration?

Jennifer—there are specific things in the waiver that do not get the increases. Agencies admin is based on other factors, rates are adjusted through the Business office, the state crisis line for example, doesn't have the same funding stream.

Kara recommends 5% for DSPs, they do not have health care/cannot offer benefits.

Max would like a summary of the choices in plain language. Doesn't want to make a decision or recommendation without fully understanding. Advocating for increase that preserves staff and addresses workforce issue.

SPSC Overall recommendation

The Committee recommends:

Legislatively appropriately rate increases are equally applied to agency directed supports, self/surrogate directed supports (all services paid through ARIS Solutions), and Shared Living Provider stipends, and

For agency directed supports, at least 3% of the rate increase is used to direct care worker wage increases. Any additional increase can be used to address other expenses incurred by agencies in the course of providing services.

Quality Assurances NCI-CAHPS

Ashley Berliner and Wendy Trafton received comments and wanted to explain what the CMS requirement is. Incorporate specific measures into our state's strategy. In addition to quality work that is being done.

CMS requires reporting at the plan level. 5 HCBS programs services, across levels at the aggregate level. CAHPS covers all areas. NCI does not meet the CMS requirement. CMS requires a tool that captures all populations. NCI does not capture that.

Wendy will get data on how long it takes the CAHPS survey. The % is low that 1 person would be doing both surveys.

Max wants to point out that a majority of states use the NCI. Are you saying CMS is making it mandatory that we use the CAHPS?

Ashley – CMS is not prescribing a specific tool. They require a tool that captures all HCBS populations. DAIL has used NCI in the past, it doesn't meet the CMS requirements. DAIL can use NCI if they want. NCI does not capture all HCBS populations.

Kirsten – are you saying that when reporting this data, you need to roll up all programs and that is why you need a tool that looks at all programs. CMS wants a macro view of HCBS services. There is a perceived burden with the use of two surveys.

Jennifer mentioned we need to assess the capacity. There is a resource question about restarting it and time correctly, so we are not overwhelming people.

Kristen asked that SPSC put this on the agenda for a more extensive conversation about how we can bring back the NCI.

Barb – SPSC supports the NCI. Need to figure out how we can use this to give us more information in terms of quality.

Target for survey is 400 across all HCBS programs.

SPSC in person/summer schedule

Summer schedule - Consensus of Committee was to continue to meet regularly through the summer months.

In person meetings

Karen Price suggested in person with hybrid option

Max – meet in person. Additionally, suggests holding all meetings over the summer months.

Karen Price – in person with hybrid option

It was decided that June's meeting will be held virtually and Judy will check conference room availability for July or August to be in person with hybrid capabilities at the Waterbury offices.