

Division of Developmental Disabilities Services Task Force
Prevailing Service Delivery Issues Subcommittee Meeting #2

November 1, 2019
Legislative Hall – 10:00
Minutes

Sign in Sheet Attached – meeting start time 10:08

ICAP and Exception Rate: Presentation given by the small work group

- **Historically what was the process**
 - Individuals were either ASP or Community and the rates reflected that programming
 - If anything changed with the individual it was possible to go to the Director to discuss the funding.
 - ICAP was introduced and individuals were grandfathered in with rates
 - New individuals coming into the system or changes in behaviors or health continued to be discussed with the Division at the upper level.
 - The process was much simpler
- **What is the current process and what has been the impact**
 - Because the ICAP process does not take into account medically and behavioral vulnerabilities the ER process was put into place
 - This process has changed several times over the last couple of years
 - Depending on who is reviewing the requests – information required for approval varies
 - New Castle Count / Kent and Sussex follow different rules.
 - Kent/Sussex County process seems to be more of a partnership process
 - Individuals with complex needs are being left behind in funding supports
 - Supports are being provided without Authorizations and without pay.
 - Division has come back after months and has refused to pay the ER rate. Leaving the provider financially impacted.
 - The current ER request process was developed with a partnership between providers and the Division. However, the Division is not following the guides that were agreed upon, specifically the response time frame.
 - There is a communication breakdown between DDDS Programming and Fiscal. Is it a personnel issue or a lack of understanding?
 - Support Coordinators do not understand the funding hours. They need more training on what the hours of supports include
 - The hours of support have also become an SIE issue. They are using it as a weapon during their investigations.

What are the recommendations of the sub-Committee / what needs to improve or change?

1. Support Coordinators and Investigators need additional training to understand ICAP / ER process and hourly supports
2. Division needs to follow its own guides as far as timely response for approval or feedback.
3. All three Counties must follow the same approval and communications guidelines and time frames
4. Decision process cannot be subjective
5. Division should pay the provider the ER request rate up until the denial.
6. Support Coordinators should be in clusters in order to cover properly when another SC is out of office.

PROBIS: Presentation given by the small work group

- **Historically what was the process**
 - PROBIS process approval was done by a full committee and in partnership with the individuals BA.
 - Committee had experienced and qualified decision makers
 - Approvals were done in a timely manner
 - National standards and protocols were followed
 - The health and safety of the individuals and their support staff were always a consideration.
- **What is the current process and what has been the impact**
 - Current PROBIS committee is comprised of two members
 - Do not have BCBA or background education or experience in working with adults with difficult needs.
 - Plans must be submitted via email two weeks prior to PROBIS face to face
 - BA's sit for hours waiting for cases to be reviewed with the two person committee
 - Plans being denied for multiple clerical reasons
 - Family signatures not obtained / due to illness
 - Family signed on the wrong line
 - Plan submitted at 12:01 – deadline 12:00
 - Plan is to be submitted two weeks prior to PROBIS / Committee not reviewing in advance and losing plans.
 - BA comes to assigned PROBIS time if the committee cannot find confirmation that they received the plan the BA is turned away.
 - Committee is purposely looking for reasons to deny plans
 - Committee will not approve plan if in their opinion information is in the wrong section
 - 75% of the plans that are denied are because of their clerical guides
 - One reviewer will ask for changes and BA has to come back in three month. The directives are followed and the other reviewer wants other changes and the approval is again delayed for another three months.
 - The plan has seven pages of required signatures for family members

- Committee of two shut down all feedback given by BCBA's
- Does PROBIS understand the consequences for all involved by their actions
- If a BCBA has spoken up PROBIS retaliates and does not approved presented plans.
- PROBIS does not follow national standards and guidelines.
- PROBIS are neglecting persons in crisis
- Providers are absorbing liability out of their control.
- Directors have acknowledged issues with PROBIS but have not corrected
- Individual was suicidal / plan included that staff must have keys to all locked rooms / plan denied as restrictive.
- Individual with sexually abusive history / plan included supervised and limited time around children. Plan was denied as restrictive
- BA's are now leaving information out of plans just to get plans through to meet the required approval percentage.
- PROBIS no longer follows the Prader Willi National Foundation guidelines. Individuals with diagnosis receiving supports express their anxiety because they cannot continue the plan they have been successful on for years
- Violent aggressive individuals are being left without plan for more than a year.
- BA's are not required to go to Psych appointments / This is believed to be a financial decision on the Divisions part because individuals are running out of units.

What are the recommendations of the sub-Committee / what needs to improve or change?

1. PROBIS should be a full committee peer review as designed / with provider community members.
2. All committee members must have either a BCBA or extensive experience in working with the adult IDD population
3. All approvals must be in a timely manner
4. Individual's rights to a complete appropriate and timely approved plan must be respected.

Documentation: Presentation given by the small work group

- A partnership with the providers in reviewing the guides for documentation did not and has not taken place.
- The guidelines presented by the Division have left not only the providers but also the state in a vulnerable position to CMS taking back millions of dollars.
- Easter Seals has put together ISP boiler plates in an attempt to do a crosswalk training.
- How is the Division doing the assessment on the individual? LSP's are only looking at goals instead of looking at vulnerability of the individual. We are risking person's lives because we are not looking at the fatal four.
- Providers agree the current documentation requirements will not be met by DSP's because they are clinician level requirements.

- The state's unrealistic guidelines were the reason NY had money taken back.
- What is most important? Keeping the person safe first.

Risk Mitigation: Presentation given by the small work group

- There are many individuals within the DDS system who are in crisis
- Providers attempt to do a clear review of an individual during the admissions process
- Most Providers admissions are decided by internal committees
- Most ETLA's become permanent to the detriment to all involved
- Once a person is accepted, it is difficult to discharge – even if it is in the persons best interest
- We have to have a clear partnership
- Good chance a provider will end up on probation if it becomes clear you are unable to support and individual. This can be traced back to issues with PROBIS, ER, and PM46 investigations.
- The policy has been put in place so individuals and their families do not have a choice but are forced towards a provider
- Providers cannot be all to all people.
- Does this policy show the Division is being neglectful?
- Factors include- underfunding at 35-38%, reduction in training, high turnover, some individuals required highly specialized and skilled staff. The staff are tired, does the Division understand this?
- Keystone has cancelled their internal nursing services – direct reflection on the decisions made by the Division.

Meeting adjourned at 12:00