



ARPA Update

ARPA REVIEW

ARPA funding is available to enhance, expand and/or improve person-centered HCBS. Provided states with a temporary 10 percentage point increase to the federal medical assistance percentage (FMAP) for certain Medicaid expenditures for home and community-based services (HCBS).

Fund Temporary Workforce and Provider Stabilization payments
Stability and Infrastructure Improvements through Technology

Stability and Infrastructure Improvements through Technology

Due to the pandemic, many providers experienced fiscal issues. In order to stabilize agencies and their workforce, providers received their first payment in March 2022. They received an additional payments in October 2022. One last payment will be provided on October 23, 2023.

- Expand Access to and Use of Assistive Technology to promote independence while providing a cost-effective option for assistance that maintains quality and oversight of health and safety measures.
 - DDS has issued and awarded \$ 600,000 of grant money to do date.
 - Additional AT grants are now being offered for individuals, providers, and employment settings.
 - Respite Centers purchased additional AT equipment to help introduce the benefits of AT to individuals who respite at the centers.
 - DDS in process to offer training to DDS and provider staff on the use of AT.
 - DDS to implement the AT and Me programs. The AT and Me programs designed to help introduce technology to individuals supported by the department.
 - Recently issued an RFP for one or more companies to provider individuals with AT assessments, purchase and installation of equipment and training.



• Expand Supportive Housing Models

DDS recently issued a Notice of Opportunity to assist providers with establishing supportive housing supports into existing apartment complexes.

Create and Implement an Employment Network for individuals who selfhire their own staff.

DDS issued and awarded a contract to Rewarding Work to enhance the current employment recruiting network. This will be a short-term solution while DDS works with the Department of Social Services on a long-term solution. A draft of the request for proposal is going through the final edits. A target day to issue the RFP is late Spring in 2023. This new initiative is looking to establish an emergency back up staffing component.

Comprehensive Review of Universal Assessment and Level of Need Groupings

DDS continues to engage with DSS to discuss the universal assessment. DDS has completed sampling participants of DDS supports by implementing a universal assessment and comparing it to the current tool used for assessment. The sampling methodology included 61 samples for a confidence level between 80-95%. DDS and DSS are worked reviewing the results of the assessment. DDS worked with DSS and the vendor to review the universal assessment and needed adjustments for the DDS individuals.

Case Management System with Capacity for Universal Modality

DDS requested and received funding approval from CMS to develop an integrated case management system and is working in collaboration with the Department of Social Services CT Medicaid Enterprise Technology System (CT METS) team to seek enhanced Federal funding participation. The planning and assessment process will begin in early 2023 and will result in a solution recommendation based on the results of a needs assessment. Funding needed for the procurement and development of a comprehensive system will require additional approvals from CMS and will take place once the assessment is completed and recommendations are accepted.

Critical Incident Management System Enhancements and Improvements

• DDS is expanding the use of the Pulselight healthcare data analytic application, which helps identify potentially unreported incidents through Medicaid claims analysis. The upgrade will improve the case status, tracking, and reporting capabilities of the system and improve filtering to reduce unnecessary reviews for routine medical care typically monitored by the individual's team.

Participant Survey Improvement and Expansion

DDS and UConn Health have executed an MOA for UConn Health to implement the National Core Indicators survey for HCBS waiver participants served by DDS. The surveys are currently in progress.

SYSTEM TRANSFORMATION UPDATES

Hire Deloitte Consulting LLC to assist DDS with the Transformation Process

The Department is engaging with Deloitte Consulting LLP to assist in the research, development, communication, education, and implementation of a transformational process. The consultant is finalizing their its recommendations for system change to include:

- best practices
- any subsequent, and necessary structural changes to implement the best practices
- incentive-driven outcome payments for providers.

SYSTEM TRANSFORMATION UPDATES

Hired McDowell Communications Group to assist DDS with communicating with the various stakeholders on the transformational process. Have issued the first of a number of newsletters to be issued every other month. The sent out a survey to all individuals and the primary guardians on the transformation initiative. Working on Videos to better demonstrate various individualized supports look like.

SYSTEM TRANSFORMATION UPDATES

DDS has broken the initiative into two phases:

- Phase One : Transitional Plans to be submitted by providers willing to transform their agencies or programs within the current DDS system.
 - Start date of the rolling submission for submittal of transition plans began on December 1, 2022.
- Phase Two: Transitional Plans to be submitted by providers transforming their agencies or programs based on potential changes recommended by Deloitte and approved by DDS and lessons learned from Phase one.
 - Estimated start date of the rolling submission for submittal of transition plans is Mid-April 2023.

CHANGE IS INEVITABLE, BUT TRANSFORMATION IS BY CONSCIOUS CHOICE.

Heather Ash Amar

Four plans have been submitted to date:

- 2 from West
- 1 from the North
- 1 from South

- 1 plan is just for day supports
- 2 plans are just for residential supports
- 1 Plan one is doing both residential and day

Three plans:

- At this stage we are seeing fairly different plans from each.
- All note that this is either work they already planned to do that the incentives are making easier or that it is helping the provider to support individuals and their families who have been asking for this type of transition but is now more feasible.

Three plans:

- Two providers flagged staffing challenges as part of their plan.
- One noted using incentives to bump salaries and attract more staff.
- Both day plans note an expectation that the transitions will get others excited about pursuing employment/individualized employment.

QUESTIONS

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