

Presentation to: The Task Force to Study the Needs of Persons with Intellectual Disability

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Nationally, there has been a shift from institutional settings to settings that promote fuller community integration.

CMS issued a Final Settings Rule that reflects its intention to ensure that individuals receiving funding and services through Medicaid's home and community-based services (HCBS) programs have access to community living and are able to receive services in the most integrated setting possible.

In the guidance on new residential construction, CMS states, "It was CMS' expectation that after the publication of the final regulation, stakeholders would not invest in the construction of settings that are presumed to have institutional qualities, but would instead create options that promote full community integration, per the HCBS Settings regulatory requirements found in 42 CFR 441.301(c)(4)(i), 441.710(a)(1)(i), and 441.530(a)(1)(ii), respectively."

The 2019 Arc/Council on Quality and Leadership (CQL) Housing Study

allows for better understanding of how people with I/DD and their families make decisions about where to live.

Key Findings:

- Most people with I/DD and their families said that they had very little choice in where they live because there were not many home options that would take a person with I/DD.
- Family members often decided where the person with I/DD would live, but people with I/DD want to be involved in this decision.
- People with I/DD cherish time they have in and with the community and want more opportunities to integrate into their communities.
- People with I/DD want to contribute to the choices that impact their lives, such as where they live, who they live with, and how they spend their time.
- People with I/DD want opportunities to learn new skills, participate in tasks such as cleaning, cooking, and medication administration, and interact with friends and romantic partners.

- People dream of having independence and opportunities, a setting that is physically accessible, having the ability to see their friends whenever they want, being treated with respect, and having well paid and qualified support staff.

Link to the ARC/CQL report:

<https://futureplanning.thearc.org/pages/learn/where-to-start/deciding-where-to-live/housing>

The Best System Includes Appropriate Options

DDS as the Manager of Care and Care Options, needs to be able to create a Continuum of Care that meet the needs of the people they serve; so that the right options are available, at the right time, and for the right rates to cover the costs. Once in the system, people should not have to worry about getting care, just that they know they will move throughout the continuum as appropriate to need and receive high quality care. If done well it will lead to 1) improved health care outcomes; 2) improved participant experience; 3) lower cost of care; and 4) improved provider experience.

Options can and do exist if the State is willing to include them in a DSS Waiver - These Programs already exist in CT and are successful in other CT State Agencies

1) Specialty Supervised Services for Dual Diagnosis I/DD and Mental Health

Supervised Apartment Programs are intensive, community-based programs designed to serve individuals with severe mental illness, with or without co-occurring disorders including I/DD, needing a supportive, supervised living environment, and are not able to function in the milieu of a traditional group home setting. Gender specific programming is provided that offers 24-hour, 7 days per week, on-site supervision for intensive needs and support in order to improve or maintain functioning in the community. These programs effectively blend the provision of 24-hour staffing with increased privacy and opportunities for education and life skill supports with an apartment style arrangement of the facility.

Supervised Apartment Programs provide an intensive level of care with on-site support to assist with activities of daily living, develop a maximum level of functioning, and introduce and encourage the use of natural supports. Individualized plans are developed with each individual according to their needs and preferences promoting empowerment. Staff assist to consistently complete life skills, including shopping, paying bills, money management, cooking, laundry, home cleaning, medication education and supervision, as well as, emphasize and focus on vocational opportunities. These programs implement a flexible staffing pattern that includes staff deployment in order to serve the individual's shifting needs.

2) Supported Apartments

Supported Apartment Programs are intensive, community-based, support services programs for individuals usually in their own apartments (located near a staffed office). The Apartment Program includes two components: (1) The “Program – Apartments” component and the (2) “Residential” component. The programs provide more intensive services than an ACT team and need less structure than a traditional group home or supervised apartment program provides. Individuals served by these programs may require multiple daily staff contact and/or extensive outreach and they typically need the availability of 24-hour staff supervision, although not necessarily on-site. Individuals served by these programs usually have significant risk of injury and/or violence and require intensive risk management procedures. Scattered site, as well as, on site apartments are available, depending on an individual's need. Individuals served by the program have the ability to meet some basic daily needs with training and direct assistance from staff. The individual may have emergencies that require staff intervention, but is able to access staff or other appropriate help when needed and/or the level of risk can be comfortably managed through regular contact with staff.

3) Assertive Community Treatment (ACT)

ACT services are a set of evidence-based practices provided by mobile, community-based staff operating as multidisciplinary teams of professionals, paraprofessionals and support specialists, who have been specifically trained to provide ACT services. The services are designed to respond to the individuals’ personal goals and needs and are provided with appropriate timing and intensity. ACT services are habilitative and rehabilitative, and include intensive engagement, skill building, community support, crisis services and treatment interventions. ACT services include clinical and psychosocial services and maintain compliance with the National Program Standards for ACT Teams:

<https://portal.ct.gov/DMHAS/Initiatives/Evidence-Based/ACT>

The services cultivate and maintain positive and productive relationships that assist individuals to attend and participate in services and activities in the community and often focus on:

- a. Independent Living Skills,
- b. Personal Care,
- c. Safety,
- d. Money Management,
- e. Transportation,
- f. Interpersonal Communication Skills,
- g. Health Awareness,
- h. Coping, Stress & Impulse Control Skills,
- i. Cognitive Functioning,
- j. Employment & Education,
- k. Leisure, and
- l. Rights & Advocacy

4) More Options already exist and are available if the State would pay

Connecticut's system is no longer a one-size-fits-all system and with additional system, financial, medical, and behavioral resources DDS Qualified Providers are willing and able to engage with the varied and complex populations.

Real Life examples:

Linda McKercher lives in a specialty supervised program

Fran Ludwig, Past Board President and Parent of an ACT Team participant