



REHABILITATION & COMMUNITY
PROVIDERS ASSOCIATION

Meeting Notes

Residential Services Subcommittee of IDD Committee

April 11, 2019

Chairperson Peg Van Schaick and RCPA staff Carol Ferez convened the meeting. Members present introduced themselves.

The meeting began with a general discussion about what members would like for this committee to focus on.

It was recommended we add the workforce crisis with recruitment and retention, and how can we continue to provide services to our discussion list. This obviously has an impact on all other issues faced by providers.

Roundtable discussion covered many topics

- Residential Vacancies – particularly when deaths occur in programs. ODP staff (depending on the region) are not consistent in responding to providers when there is a vacancy due to a death. Some regional staff will approve a capacity reduction until an appropriate placement is made, and then capacity is approved to move back up to the original, but others will not. This issue has been brought to ODP's attention and we are trying to find resolution.

When individuals are hospitalized and are in reserve capacity (after the first 30 days), the capacity change is consistently approved in order to hold the placement so the individual can return to their home. Some regions will question the remaining individuals needs in the home and whether their needs justify a reduction in capacity. At times there is a challenge regarding the provider being able to commit to returning the individual to the same home due to the uncertainty of future needs – the provider is willing to commit to serving the individual, but not promising the same house.

Referrals of appropriate individuals who are well matched to move into vacancies are difficult find. (I.e. remaining housemates are older, frail individuals, and the referrals are younger, perhaps behaviorally challenged individuals who would not be appropriate). There is a general concern about the need level of individual entering the system. Although there is an influx of younger individuals who have gone through the public school system, and the majority are looking for more independent living services, there are also a number of individuals who present much more complex needs. We have concerns that the capacity to serve these individuals may not be where it needs to be – this is compounded by the DSP crisis, and lack of specialized knowledge.

Recommendations: Request consistency across the state so that providers know what to expect and can take action based on what “the rules” are. Also encourage looking at referrals across the state versus just the local referrals since there may be openings in another part of the state that could serve the needs of an individual who does not have any local opportunities. Information regarding the type of home that is accepting referrals so needs of individuals can be matched.

Develop strategies in partnership with ODP to address the DSP crisis. ODP needs to accept some ownership for this issue. We need a comprehensive approach that is statewide. Pursuing partnerships with institutes of higher learning or developing a state credentialing for DSPs that ODP would provide/fund. Also develop career ladder for staff who complete training and experience that would provide a pathway for staff to move up (Program Specialist) regardless of college degree or even high school diploma. Resources need to be focused on development of staff.

- Partnership with ODP, are we really in a “partnership”? For example, during emergency situations, does ODP come to assist and do whatever needs to be done to meet the needs of individuals, or do they show up to issue a citation? This has an impact on how much providers are able and willing to take risks and serve people in difficult situations. In the past, government advertised encouraging people to enter the teaching profession. There should be support from the government for addressing DSP shortage. ODP’s response to problems continues to be to be reactive, and punitive – adding more oversight, more regulations and requirements, increased monitoring. Efforts should be made to assist with prevention. Capacity building institutes have been happening for some “hand-picked” providers, more of these efforts would be helpful. Risk management is of great concern for providers.

Recommendations: ODP should continue to offer Capacity Building institutes and make them available to all who are interested. Work with ODP to develop more of a partnership relationship with providers.

- Remote supervision and technology in homes – this can help replace some manpower and can help to reduce risk if someone is monitoring what is occurring in the home and can intervene when necessary. ODP is developing a committee – Sheila Theodora and Jeremy Yale are working on this issue. Smart homes including sensors that alert remote staff if the stove is on, or a door is opened, etc. can help increase independence. Medication dispensers are available in various types. Individuals could make their own video to remind themselves of a morning routine, etc.

Use of cameras in homes has been viewed in different ways by ODP and licensing – biggest concern is whether it violates privacy. Now they are permitted but there are requirements that need to be followed including consent, and efforts to respect privacy as much as possible.

Recordings can be very helpful in conducting investigations. Cameras and GPS systems that monitor staff driving habits, can mitigate risk, but also adds to staff turnover when staff feel they are always being monitored.

Recommendations: Support the exploration of technology and participate with ODP in pursuing options to increase independence as well as address the DSP shortage. Encourage ODP to take a reasonable approach to balancing privacy rights and use of technology.

- Incident Management and definitions of neglect and abuse will be changing in the future. Incidents that are moving to the definition of abuse are incidents that used to be able to be handled as teaching opportunities – i.e. “that is not a nice way to talk to others, that hurt my feelings, etc.” This will overwhelm the system and also make it harder to focus on issues that are truly abuse.

Another concern is the effect on Provider Profiles that will soon be available for public view for use by families and individuals in their search for a provider. Minor issues that will become

investigated incidents are suddenly going to appear as much higher numbers of incidents of abuse, etc. To the general public these statistics will be alarming.

Currently there is no opportunity to determine if allegations warrant an investigation or are there other factors that need to be evaluated before initiating an investigation. And when the determination is unfounded, there is still a need to develop a corrective action plan. This is a challenge when there is nothing that can be done to address meritless allegations.

How are providers to handle I to I abuse – how can the individuals be separated if is both of their home? ODP has required providers to serve one of the individuals in a hotel with 1 to 1 staff. Difficult to do when short staffed and can lead to other problems.

OPD has been asking for multiple entities reporting and investigating incidents – that is not of any value. False allegations that are made anonymously are now illegal in the Childline system. There is nothing in place with APS and time and resources have been wasted due to disgruntled employees. A registry of staff who have been convicted of abuse has been discussed.

The definition of what is considered restrictive is changing too – ODP has a training in May to address this. There is an ODP Western region staff who is very knowledgeable and helps with the thought process of determining if behavior is purposeful. He has provided very helpful training. (Stacey Dowden recommended him as a resource and will find the contact information).

Recommendations: The definitions of abuse and neglect need to be clear, reasonable and aligned with legal definitions, APS definitions, etc. It should not include the extraneous, trivial issues such as staff arriving late for a shift, using a gait belt with the intent to prevent harm, but is considered restraint... These situations can be remedied by coaching/training, etc. We need to advocate for changes in the IM Bulletin to avoid a systemic crisis.

- SIS Scores and needs exception requests – what have been providers experiences? Some have had good experience with asking for a new assessment due to changing needs and requires additional support. It is important to share all pertinent information on the required application. Providers have noticed that there are inconsistencies in how the SIS scores are assigned – they don't always align with the individual's needs.
- One of our members is **looking for examples of a job description for a nurse. If anyone has a nurse on staff and is willing to share their job description, please send to Carol.***
- The CAP has an upcoming meeting with Dr. Cherpes – if anyone has questions, Stacey Dowden and Karen Jacobsen are willing to include them in their list.
- A few years ago, Dr. Cherpes has sent out information regarding procedures/practices that DSP staff can perform, with training. Now there seems to be questioning by licensing, SCs etc. why you aren't utilizing nurses. Has ODP's position changed? Hospice has been very helpful with assisting individuals, but there are some complications with the medication administration, change of meds, etc. Power of attorney and guardianship also present challenges since we are required to educate individuals and respect their choices, etc. and then balance the information coming from both. Documentation is always important, and collaboration. It might be helpful to shift decision making from agency CEO, to HCQU in order to make conflict free decisions regarding medical care.

- The Residential Learning Collaborative was a great experience for those who participated. It was a group that was recruited by ODP to share ideas and discuss best practices etc. Recommendation: We would like to encourage ODP to continue holding these for various levels of positions in Residential Services. Also some of the resources available on MyODP are really helpful and good.
- Carol shared a presentation from the ISAC meeting regarding the Provider Profiles. These will be online profiles that the provider develops, and results of IM4Q questions if at least 10 individuals from a provider participated. There is a list of questions that are provided as a guide for providers to answer in their narrative. A caution was given by members who were part of the pilot – when writing your agency “narrative”, be sure to include the “question” in the answer you enter (i.e. “To visit our agency, call this number” versus “Call this number”). ODP utilizes the answers from the IM4Q interviews to “score” the provider in different areas. This could incorrectly portray information about your agency and the profiles will only be updated annually. It is very important for providers to be sure that their contact information is kept up to date so that ODP can communicate with the agency if necessary. Dolores Frantz (ODP) and Celia Feinstein (Temple) are willing to come and speak to groups about the process. Licensing plan of corrections are also available online for the public to review. There is quite a bit of information that is available regarding the agency and can be easily misinterpreted.
- Mike Bernatovich (Step-by-Step) asked if any member has a staff time keeping and service/billing system that is integrated, to please share that information with him. Mike also mentioned the ANCOR discussion online and how helpful that discussion line is. Some systems providers are using currently are Netsmart, Avatar, MITC, Evolve, NX. Software to handle all of the needs of Residential providers is a challenge to find.

The next meeting of this sub-committee is not scheduled until October. The group thinks that the information sharing that occurred today was valuable, and development of some recommendations from our discussion could be shared with ODP (with further development). Hoping to help make positive changes in system.