

MINUTES OF MEETING
BOARD OF DEVELOPMENTAL DISABILITIES SERVICES
August 1, 2013
Conway Human Development Center
Conway, Arkansas

A regular meeting of the Board of Developmental Disabilities Services (DDS) was held on August 1, 2013 at the Conway Human Development Center's Visitation Center in Conway, Arkansas. The meeting convened at 11:00 a.m. pursuant to the call of the Vice Board Chair.

MEMBERS PRESENT: Mr. David Rosegrant, Ms. Artie Jones, Ms. Sally Hardin, Ms. Suzann McCommon and Mr. Darrell Pickney.

STAFF PRESENT: Dr. Charlie Green, Ms. Margo Green, Mr. Forrest Steele, Mr. Jeff Gonyea, Ms. Judy Adams, Mr. Calvin Price, Ms. Debbie Eddington, Mr. James Brader, Ms. Tammy Benbrook, Mr. Dale Woodall, Mr. Brooks Reese, Ms. Kathy Guffey, Ms. Teresa Bailey, Ms. Elizabeth Litton, Ms. Linda Henderson and Ms. Shelley Lee.

OTHERS PRESENT: Ms. Loretta Alexander, Mr. Eric Treat, Mr. Wes Eddington, Ms. Jan Fortney, Ms. Rita Hoover, Mr. Troy Clark and Mr. Grant Massanelli, Stephens, Inc., Director Tom Massaeau, Ms. Susan Pierce, and Mr. Paul Davidson, Representatives from Disability Rights Center and Ms. Amy Ford, Attorney General's Office.

Mr. David Rosegrant, Board Chair, called the meeting to order and welcomed everyone in attendance.

Mr. Rosegrant welcomed our newest DDS Board Member Mr. Darrell Pickney to the meeting and introduced him to the DDS staff and attendees.

Mr. Rosegrant then presented Suzann McCommon, former Chairperson for the past two years with a plaque of appreciation from the Board. A round of applause was given to Ms. McCommon.

Mr. Rosegrant called for a motion on the minutes from the May 1, 2013 regular meeting of the Board of DDS.

Ms. Sally Hardin made a motion the minutes from the May 1, 2013 regular meeting of the Board of DDS be approved. Ms. Artie Jones seconded the motion which passed unanimously.

Mr. Rosegrant invited consumers, advocates and guests to address the Board. Ms. Jan Fortney, parent of a client who resides at Conway HDC, addressed the Board with concerns regarding long range plans for the Alternative Community Service Waiver discussed by Dr. Green at the Public Hearing that was held July 17, 2013. Ms. Fortney's question was: "Is there a Systematic Action Plan in place to save our Human Development Centers (HDCs) from being

phased out as an option for the continuum of care that Dr. Green talked about needing? If not, a plan needs to be developed and put in place as soon as possible.”

Mr. Tom Masseau, Director of the Disability Rights Center, stated he would like to address the DDS Board regarding his observations over his first three months in Arkansas and his visits to the human development centers. Mr. Masseau stated he has been an advocate for the disabled for 27 years and has always had the disabled clients' well-being as his number one priority. Mr. Masseau stated he and his organization will be focusing on the following issues within the HDCs the next few months:

- 1) Clients that are ready to be discharged into the community but who have guardians who do not feel their ward is ready for discharge.
- 2) Progress of the State's Olmstead Plan.
- 3) The high percentage of residents with guardians within the centers.
- 4) Training centers within the centers vs. work centers outside the facilities.
- 5) Smoking on the grounds of the centers.

Several of the DDS Board Members voiced their disagreement with Mr. Masseau's observations and findings. Mr. Masseau was asked to provide the number of clients wanting to move into the community who were not being allowed to transition, but he declined to respond with a specific number. Several family members of HDC residents also addressed Mr. Masseau and the Board and advocated for the centers.

Mr. Rosegrant thanked the advocates and guests for their comments and stated Dr. Charlie Green would be addressing the issues when he presented the Division Director's report.

Ms. Suzann McCommon presented the report for the Administrative Services Subcommittee and stated the Subcommittee had one item for recommendation to the Board for action. Ms. McCommon stated it was recommended and motion made that the DDS Board funds should remain in their current status the Stephens Accounts where the CDs mature at different times of the year as currently being maintained. Motion carried.

Mr. Rosegrant and Ms. McCommon also asked the representatives from Stephen's Inc., Mr. Troy Clark and Mr. Grant Massanelli, to provide the full Board with a brief update on the funds/account portfolio.

Ms. Sally Hardin presented the report for the Physical Management Subcommittee and stated the Subcommittee had two items for recommendation to the Board for action. Ms. Hardin stated the first was recommended and motion made that the DDS Board approve Conway Human Development Center to grant the city of Conway an easement of 600 feet for a sewer line. Motion carried.

Second item recommended and motion made was for a Letter of Intent be written and signed by the DDS Board for the Jonesboro Human Development Center to apply for a grant from the Parks and Tourism Department to develop a walking trail on the JHDC grounds which will join the Miracle League Park. Motion carried.

Ms. Margo Green, Superintendent at Arkadelphia HDC, presented the report for the human development centers (HDCs). At that time, Ms. Green reminded the Board that monthly

reports for the HDCs were included in the Board packets. Ms. Green presented items of interest about each HDC along with recent survey results as provided to her by each Superintendent.

Mr. Calvin Price informed the group that lunch would be served in the dining room after the meeting and invited everyone in attendance to stay. Mr. Price also asked everyone to take note of the beautiful red, white and blue handcrafted quilt decorated with personal handprints hanging in the lobby that was made by some of the clients at Conway HDC as a memorial for the events that occurred on September 11, 2001.

Before Dr. Charlie Green presented the Division Director's report, he began by thanking Mr. Price and staff for hosting the Board meeting and welcomed Mr. Darrell Pickney as the newest DDS Board Member.

Dr. Green stated he would be addressing the concerns and questions of the speakers first by addressing a few concerns from the last Board meeting. Dr. Green handed out information titled *Summary for DDS Alternative Community Services Waiver; FF/CFR Public Statement; Email responses; DDS Response to FF/CFR Public Statement on Foster Care Expansion and DDS-ACS Increased Reserve Capacity for Foster Children* regarding the long range plans for the Arkansas DDS Service System and the human development centers. All the information was reviewed by the Board. (See attachments 1:5).

Dr. Green asked Mr. Forrest Steele to address the functional bed capacities and admissions process. Mr. Steele informed the group that the Superintendents and their committee members have held several meetings to evaluate their waiting lists, available openings, physical plant resources and admissions processes.

Mr. Steele handed out a *Functional Capacity State Operated Immediate Care Facilities Functional Bed Capacity Sheet* that explained some of the committee's work and how they arrived at their findings for the new functional capacities numbers at each human development center. (See attachment 6) Each Superintendent gave a brief summary of the process implemented and completed to arrive at a more accurate functional capacity number of the clients for each facility. The waiting list was also reviewed and changes noted that will make it a more accurate and useful resource that will be available in the near future on the internal DDS website.

Mr. Steele continued his report by updating the Board with a letter addressed to the *HDC Superintendents dated May 31, 2013 regarding "Weekend Option Schedule"*. The letter explains that the pilot program that started two years ago at the Jonesboro Human Development Center and then utilized at the other centers has staff working the weekend option to help with staff shortage and flexibility. Mr. Steele stated that the hope was that this option would also help in meeting individual lifestyle needs for our clients as well as giving more options to staff. Because each of our facilities have different and unique needs therefore, this procedure has been turned over to the individual centers to self-determine whether or not this option is beneficial to the facility. Mr. Steele thanked all the staff for cooperating and implementing the option and collecting the data of the weekend schedule. (See attachment 7)

Dr. Green concluded his report by thanking Forrest and the Superintendents for their input and hard work on the data collected and offered to meet with any of the groups if further discussion is needed.

Since there have been concerns raised regarding the condition of the buildings at Booneville Human Development Center (BHDC), the next DDS Board Meeting will be held at the BHDC facility in November.

At the conclusion of Dr. Green's report, Chairman Rosegrant asked if there was any other business to be addressed before closing the meeting. Mr. Darrell Pickney, DDS Board Member, stated he would like the DDS Board to look at the Admission Policies adopted by the DDS Board a few years ago denying admission to children under the age of 18. There were some comments and discussion regarding whether or not this was a legal issue and it was decided that the minutes need to be reviewed. The DDS Board minutes from February 2011 and the DDS System Change report from January 2011 will be sent to each Board Member prior to the November Board meeting.

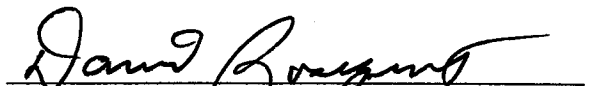
Mr. Rosegrant called for a motion for the meeting be adjourned. Ms. McCommon made a motion the meeting be adjourned. Ms. Hardin seconded the motion. Motion passed unanimously.

Meeting adjourned at 12:35 p.m.

ATTEST:



Executive Secretary



Mr. David Rosegrant, Chair
Board of Developmental Disabilities Services

Summary for DDS Alternative Community Services Waiver

The number of reserved capacity slots in the DDS-ACS waiver will be increased from sixty (60) to one hundred (100) slots effective July 1, 2013. The reserved capacity slots are for the use of children with developmental disabilities who have been determined by DDS to require an ICF/MR level of care and who are in the custody of the Department of Human Services, Division of Children and Family Services. It is necessary to increase the reserved capacity slots so the children can receive the services needed to live in the community, thereby preventing unnecessary institutionalization and reducing health costs.

FF/CFR Public Statement

July 15, 2013

To: Dr. Andrew Allison, Director
Arkansas Division of Medical Sciences

From: Darrell Pickney, President
Families & Friends of Care Facility Residents (FF/CFR)

Re: Amendment to Developmental Disabilities Services -
Alternative Community Service (DDS-ACS) Waiver -

Proposed increase of 40 slots for persons under age 18 with developmental disabilities who have been determined to require an institutional level of care and who are in the custody of DHS/Division of Children and Family Services (DCFS)

My Interest in the Issue:

As President, I represent Families and Friends of Care Facility Residents (FF/CFR), Arkansas' statewide parent-guardian association for the five state-operated human development centers (HDCs). HDCs are licensed as intermediate care facilities (ICFs). FF/CFR is an all-volunteer organization; we employ no lobbyist. I am authorized to submit our organization's concerns, comments and questions on the proposed amendment.

The Issue:

The Division of DDS is requesting approval for 40 individuals under the age of 18 who are in foster care and who qualify for an institutional level of care (ICF programs) to receive services through the Waiver program. In its description of the requested Amendment, the Division states that by granting the Amendment, the 40 individuals will receive services needed to live in the community and that "it will prevent unnecessary institutionalization and that it will reduce health costs." We object to this inappropriate and inaccurate language. These 40 individuals need intensive services who qualify for care in an ICF-MR program. Under the DDS-ACS Waiver, eligible persons must be offered the choice of either Waiver or congregate care in an HDC (or another ICF facility). If the 40 persons under age 18 in the Arkansas foster care program are offered services only through the Waiver program, DDS is denying choice to persons who are eligible for services through a waiver or an institutional program.

Our families respectfully ask the following questions:

- (1) What are the long range plans for the Arkansas DDS Service System?

How do the five Human Development Centers fit in?

(2) Where in the DDS Budget are clear funding streams for M/O (maintenance and operation) and also Capital Improvements for the state-owned and operated Human Development Centers?

Why has the Division not reported the need for and requested funds to upgrade the physical plant and /or replace the living units at Booneville HDC?

(3) Do Department of Children and Family Service (DCFS) Workers refer eligible persons in foster care under the age of 18 to the Human Development Centers? What numbers have been referred in recent years?

(4) How does DDS respond to families' concerns that DDS plans to shift care of persons with profound and severe cognitive and developmental disabilities to programs in the community which have less stringent requirements, less support and less oversight than requirements at the Human Development Centers?

Conclusion and Requests:

In our advocacy, HDC families seek to preserve the human service system that has worked well in Arkansas; and we seek assurances from those in decision making roles that DHS/DDS policy decisions will work to strengthen HDC programs as well as home and community-based waiver programs.

Prior to approving the DDS request to increase recipients for the DDS-ACS Waiver program, we respectfully request that:

- (1) DDS provide answers to the FF-CFR questions above; and
- (2) DDS propose plans to the Public Health Committees to address the physical plant needs at Booneville Human Development Center.

Respectfully submitted,

Darrell Pickney
President, FF/CFR

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DDS Response to FF/CFR Public Statement on Foster Care Expansion

1. What are the long range plans for the Arkansas DDS Service System? How do the five Human Development Centers fit in?

- Agency Response: DDS is committed to providing a continuum of services to Arkansans with developmental disabilities. The state operated Human Development Centers (HDCs) as well as the privately operated Intermediate Care Facilities (ICFs) are envisioned as a part of that continuum.

2. Where in the DDS Budget are clear funding streams for maintenance and operations and also capital improvements for the state owned and operated Human Development Centers? Why has the division not reported the need for and requested funds to upgrade the physical plant and/or replace the living units at the Booneville HDC?

- Agency Response: Maintenance and operations expenditures are represented in character code 02 of the DDS budget. The total for the HDCs in FY 14 is around \$24m. Capital improvements are represented in a number of places and average about \$1.2m per year.
- Agency Response: The age of the physical plant at the Booneville HDC certainly presents a challenge to the operation of that facility. Staff at DDS are exploring options to help address these challenges as well as additional physical plant issues at our other campuses. As well, the agency is forming a task force that will look at future needs at the HDCs and how these facilities can best help serve Arkansans with developmental disabilities.

3. Do Department of Children and Family Service (DCFS) workers refer eligible persons in foster care under the age of 18 to the Human Development Centers? What numbers have been referred in recent years?

- Agency Response: All applicants for the Intermediate Care Facility level of services are offered choice of facility based or community based services. The Division of Children and Family Services (DCFS), acting as the parent/guardian for these foster children, will have chosen community based services for these children based on their level of need. Children that DCFS believes need facility based services are referred for services at either the Conway HDC or one of the four private ICFs. There are currently three foster children at CHDC.

4. How does DDS respond to families concerns that DDS plans to shift care of persons with profound and severe cognitive and developmental disabilities to programs in the community, which have less stringent requirements, less support, and less oversight than requirements at the Human Development Centers?

- Agency Response: Community based services also have very comprehensive oversight by both the DHS Office of Long Term Care as well as DDS Licensure and Certification, depending on the type of setting.

DDS-ACS Increased Reserve Capacity for Foster Children

The Developmental Disabilities Services (DDS) Alternative Community Services (ACS) Waiver provides Medicaid funded services to people with developmental disabilities such as cerebral palsy, autism, spina bifida, and intellectual disabilities.

The DDS-ACS Waiver currently serves approximately 4200 adults and children. There are approximately 2600 people on a waiting list for services.

Services include supported living attendants, specialized medical equipment, consultation for treatment, respite, etc.

The services are provided by provider organizations (Easter Seals, United Cerebral Palsy, etc.) licensed/certified by DDS.

The services are provided in the home (or foster home) of the recipient.

The majority of the foster children in the custody of the Division of Children and Family Services (DCFS) who are developmentally disabled are eligible for the DDS-ACS Waiver.

DDS currently sets aside 60 waiver "slots" for children with developmental disabilities who are in foster care. This set aside is called a "reserved capacity".

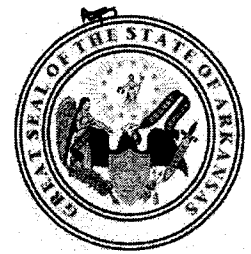
Foster children with developmental disabilities receive the necessary services from provider organization licensed/certified to provide specialized care. The reserved capacity allows for the use of federal funds to pay for 70% of the cost of those services.

Increased demand for the services has prompted DDS to ask for an additional 40 slots for foster children. The additional slots allow DCFS to pay only 30% of cost of services for those children.

Foster children with developmental disabilities who are not able to get into the waiver program due to lack of capacity have their services funded with 100% general revenue from the DCFS budget.

Foster children with developmental disabilities whose needs are such that they would benefit from placement in an Intermediate Care Facility for the Intellectually Disabled ICF/ID can receive services from one the four private ICF/IDs or the one public facility (Conway Human Development Center).

This amendment does not affect the ability for foster children with intensive special needs from accessing ICF/ID (HDC) placement.



**FUNCTIONAL CAPACITY AT STATE OPERATED
INTERMEDIATE CARE FACILITIES
IN ARKANSAS**

The State of Arkansas currently operates five public Intermediate Care Facilities (ICFs) known locally as Human Development Centers (HDCs). The governing authority for the HDCs is the Developmental Disabilities Services Board, a seven member body of gubernatorial appointments. Through policy, the board has delegated the daily operation of the centers to the Division of the Developmental Disabilities Services (DDS) within the Arkansas Department of Human Services (DHS). The Arkansas DDS Commissioner serves as the Director of the division and thus is responsible for the operation of the five HDCs.

Friends and Family of Care Facility Residents (FF/CFR), is a self-organized, nonprofit advocacy group of parents and family members of residents served by Arkansas' HDCs. Representatives from that group have recently expressed concern that the facilities appear to be operating less than the maximum functional capacity limits. Currently reported functional capacity is documented on monthly reports submitted by the facilities to the DDS Commissioner's office. Variables used to measure functional capacities were developed several years ago and were based solely on available space and staff.

Due to a variety of factors, the number of people served at the HDC's has changed over the years. Some of the factors causing this change:

- DDS has made a commitment to ensure that the quality of the care we provide is not sacrificed by focusing on the quantity of care provided.
- The reduction of capacity in large Intermediate Care Facilities (ICFs) is not a recent phenomenon in the U.S. or in Arkansas. As new service systems have developed additional options to serve people who do not require the intense structure and service levels provided at ICFs, facility population levels have decreased across the nation and statewide here in Arkansas.
- True functional capacity of a facility is fluid in nature and fluctuates based on the unique needs and characteristics of the people we are serving.
- Long-time residents at the HDCs are aging and, as a group, requiring more medical and attendant care. The resources required to provide such services are mostly static so it is foreseeable that the system's overall capacity would reduce in order to maintain a high quality of care DDS has committed to provide.
- People currently applying for admission to the centers tend to need intensive support with either medical or behavioral issues. Meeting these needs with high quality service is resource intensive.
- People who need intensive behavioral supports are better and more therapeutically served when they have an adequate amount of personal space. The extra personnel needed to appropriately serve these residents can create an overcrowded treatment environment if their presence is not factored into the calculation of available space.

- People who are aging or have intensive medical needs are more likely to have ambulation issues requiring the use of wheelchairs, walkers, or attendants to help them move about. The presence of this equipment and/or personnel must be factored into the calculation of available space.
- High quality care requires careful consideration of the characteristics and needs of residents sharing a living space. It is important not to upset a treatment environment by introducing a person or persons that may disrupt or otherwise negatively impact the routine function of the living unit.

To address the capacity issue raised by the FF/CFR members, the DDS Commissioner established the HDC Functional Capacity Task Force. The members of that task force include the Superintendents from each facility, the DDS Assistant Director for Quality Assurance, the DDS Assistant Director for Monitoring and Compliance and the DDS Assistant Director for Residential Services. The goal of the task force was to establish an appropriate functional capacity at each center based on available resources and characteristics of the people currently seeking and receiving facility based services.

The task force held its initial meeting in June with the following recommendations resulting:

Each superintendent was asked to establish a review group at the HDC level consisting of facility staff who bring to bear their local knowledge and expertise to establish the current, appropriate functioning levels on a residence by residence basis. A list of required core members was identified for each center's review team (additional personnel could be added at the superintendent's discretion):

- Superintendent
- Maintenance representative
- Residential Services Manager/Team Leader
- Nursing/Medical representative
- Quality Assurance representative
- Social Services/Programmatic Services representative

When reviewing what the current functional population numbers by home should be, two primary factors to be considered were:

- The level of staff support needed for persons served in the home due to physical, behavioral, and/or other unique characteristics of those residents
- Home modifications that have been or will need to be undertaken to provide privacy and adequate space for people residing in the home.

Other factors relevant to determining the appropriate population levels for a home should be included in the final data for that facility.

The target date for having this portion of the review process completed was established as July 10, 2013.

The task force reconvened in July and produced the following results:

It was recognized that each facility superintendent had, at his/her center, convened a team of knowledgeable professional from the facility to evaluate and review the relevant factors necessary to determine the appropriate functional capacity of each home on the facility campus.

Each superintendent briefly outlined factors identified by the facility review teams that resulted in the appropriate functional capacity for each home/living area on the campuses. The results of the reviews are as follows:

- | | |
|---|---|
| • Arkadelphia Human Development Center | Previous Functional Level – 121
Appropriate Functional Level – 119 |
| • Booneville Human Development Center | Previous Functional Level – 149
Appropriate Functional Level – 131 |
| • Conway Human Development Center | Previous Functional Level - 511
Appropriate Functional Level – 480 |
| • Jonesboro Human Development Center | Previous Functional Level – 116
Appropriate Functional Level – 104 |
| • Southeast AR Human Development Center | Previous Functional Level – 96
Appropriate Functional Level – 93 |

The task force discussed the results of the reviews and determined them adequate. In total, the current functional capacity for the five HDCs is 927. This is a reduction of 66 beds from the previous calculated capacity.

After reviewing the findings, it was requested by the DDS Commissioner that the superintendents present the information at the DDS Board meeting on August 1, 2013, as part of the Division Director's report.

The DDS Task Force also discussed the next phase of service review to be conducted. It was determined the task force would be expanded to include stakeholders in the service system for people with developmental disabilities in the state. Those stakeholders could include a representative from the following:

- Friends and Families of Care Facility Residents
- Arkansas Waiver Association
- Developmental Disabilities Provider Association
- Division of Children and Family Services
- Adult Protective Services

Other representatives may be determined at a later date.

The initial meeting of the expanded task force will be scheduled as soon as possible. This group will be tasked with evaluating future needs, capacity, and demand for services at the HDCs.



**Division of Developmental
Disabilities Services**

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7

To: HDC Superintendents

From: Forrest Steele, DDS Assistant Director

Date: 5-31-13

Subject: Weekend Option

Approximately two years ago the human development centers began a pilot program to determine the benefits of a weekend option in regards to staff turnover and the ability to provide coverage.

As the result of this pilot, the benefits to this coverage system have been identified particularly in relation to providing staff an additional work option to better meet individual lifestyle needs.

Now that the controlled pilot phase of the weekend option implementation has been completed, this coverage option is being turned over to each facility to continue implementation as determined appropriate at the center level. This will allow for schedule modifications to be made based on the individual needs at each facility.

I appreciate the effort everyone has put into the pilot phase of this initiative. We have learned some beneficial things that can be blended into our variety of coverage options to hopefully assist each center in meeting staffing needs. You are encouraged, however, as (or if) you make modifications, to be sensitive to the potential impact any changes may have to staff currently involved in the weekend option/Monday through Friday coverage program and work to keep that impact to a minimum whenever possible.

Please feel free to give a call if you have any questions or suggestions regarding this or other coverage matters. Also, please let me know of any adjustments you may make on this schedule just to keep me in the loop in case any questions come up.

Thanks again.