

MINUTES OF MEETING
BOARD OF DEVELOPMENTAL DISABILITIES SERVICES
May 7, 2014
Conway Human Development Center
Conway, Arkansas

A regular meeting of the Board of Developmental Disabilities Services (DDS) was held on May 7, 2014 at the Conway Human Development Center in Conway, Arkansas. The meeting convened at 1:30 p.m. pursuant to the call of the Vice Board Chair.

MEMBERS PRESENT: Ms. Artie Jones, Ms. Suzann McCommon, Ms. Sally Hardin, Dr. Linda Selman, Mr. Darrell Pickney and new DDS Board Member, Mr. Randy Laverty. Absent was Mr. David Rosegrant, Board Chairman, who was unable to attend due to his participation in the emergency response in the nearby town of Vilonia following the tornado on April 27th.

STAFF PRESENT: Dr. Charlie Green, Mr. Jeff Gonyea, Ms. Judy Adams, Mr. Calvin Price, Ms. Debbie Eddington, Mr. Steve Farmer, Ms. Tammy Benbrook, Mr. Dale Woodall, Ms. Sarah Murphy, Ms. Teresa Baily, Ms. Melissa Rushing, Ms. Jennifer Evans and Ms. Shelley Lee.

OTHERS PRESENT: Mr. Wes Eddington, Ms. Jan Fortney, Mr. Alan Fortney, Ms. Rita Hoover, Ms. Mandy Pauley, Ms. Debby Ponder, Ms. Susan Pierce from Disability Rights Center and Mr. Brandon Robinson, Attorney General's Office.

Ms. Artie Jones, Vice Board Chair presiding, called the meeting to order and welcomed everyone in attendance. Ms. Jones announced that Ms. Sally Hardin had been reappointed to the DDS Board and one new DDS Board Member, Mr. Randy Laverty, was also appointed to replace Mr. Robert James. The appointments were made official by letters from Governor Beebe dated March 31, 2014.

Ms. Jones called for a motion to approve the minutes from the March 12, 2014 regular meeting of the DDS Board.

Ms. Suzann McCommon made a motion the minutes from the March 12, 2014 regular meeting of the Board of DDS be approved. Mr. Darrell Pickney seconded the motion which passed unanimously.

There were no subcommittee meetings so no subcommittee reports were given.

Ms. Jones invited consumers, advocates and guests to address the Board.

Ms. Jan Fortney, parent of a Conway HDC resident, addressed the Board with concerns regarding an article published in the Northwest Arkansas Times by Scarlet Sims; entitled "*NEW PROGRAM FOR PEOPLE WITH DISABILITIES WILL END THE WAIT FOR STATE AID.*" She indicated that she had personally contacted Ms. Sims and asked to address some of the remarks but was told she would need to send a response to the "letter to the editor" section. Ms. Fortney inquired as to how the new program will impact the future of the human

development centers. (See attachment 1:1) She requested from Dr. Green a copy of the financial analysis document that Ms. Sims refers to in the article.

Ms. Suzann McCommon requested time from the chair to make a statement regarding the DDS Board working together as a unit and her individual role as a member of the Board. Ms. McCommon expressed her compassion for, and confirmed her commitment to, Arkansans with developmental disabilities and their families.

Ms. Suzann McCommon made a motion that a subcommittee be formed to meet on a regular basis with Dr. Green about issues raised by parents, guardians, family members, or other interested parties. The subcommittee would consist of Ms. Suzann McCommon, Mr. Randy Lavery and Mr. Darrell Pickney. Mr. Darrell Pickney seconded the motion which passed unanimously.

Mr. Darrell Pickney provided further comment on the newspaper article expressing displeasure at how the HDCs were represented.

Ms. Sarah Murphy, Asst. Superintendent at Conway HDC, presented the report for the human development centers (HDCs) and reminded the Board that monthly reports for the HDCs were included in the Board packets. Ms. Murphy presented items of interest about each HDC along with recent survey results provided to her by each Superintendent. Ms. Murphy reminded everyone that the Conway Human Development Center is a drop off location for donations to the recent victims of the tornado that affected parts of central Arkansas.

Dr. Green's began his report by recognizing and extending appreciation to Board Chair, Mr. David Rosegrant, for participating in the tornado relief efforts in Vilonia. He thanked Calvin Price and Conway HDC for hosting the DDS Board Meeting and Asst. Superintendent, Sarah Murphy for presenting the human development center reports and for her service to the CHDC.

Dr. Green recognized and welcomed Mr. Randy Lavery as our newest board member and welcomed Ms. Sally Hardin back to the board to serve another seven years.

Dr. Green expressed his appreciation to Ms. McCommon for the motion to form the new subcommittee and for her comments regarding her service as a board member.

Dr. Green acknowledged Mr. Brandon Robinson from the Arkansas Attorney General's office. Mr. Robinson welcomed Mr. Lavery to the board and proceeded with a reminder to all members of the public nature of board activities. He then provided members written information regarding freedom of information requests. Mr. Robinson encouraged the board members to contact him at any time if they have questions regarding any of the information given to them.

Dr. Green requested that the board go into Executive Session to discuss a personnel issue. The board entered into the executive session at 1:55 p.m. and returned at 2:15 p.m. to resume the board meeting.

Ms. Artie Jones called for a motion that the DDS Board acknowledge the appointment of Mr. Phillip "Steve" Farmer as the new Superintendent at Arkadelphia Human Development Center.

Mr. Darrell Pickney made a motion and Dr. Linda Selman seconded the motion which passed unanimously. Mr. Farmer was welcomed by the Board.

Dr. Green resumed his report by addressing concerns and questions mentioned earlier by Ms. Fortney. He indicated he would provide to her a copy of the financial analysis document and would make copies available for anyone else who is interested. Commenting further on Ms. Fortney's concerns, Dr. Green expressed that he did not think the Community First Choice program would have an immediate effect on the human development centers but that elimination of the waiting list for community based services might eventually reduce the demand for HDC services.

Dr. Green concluded his report by indicating that the agency was in the process of obtaining a universal electronic health record system that will be accessible to all parties to make a more helpful tool in providing health care needs to our clients whether at their homes or in a hospital.

In response to questions raised at the previous board meeting as well as other issues that have presented themselves in the interim, Dr. Green distributed the following handouts to the Board and offered to answer any questions regarding the information:

- 1) Children's Letter sent to parents of children who reside at Conway Human Development Center. (Attachment 1:2)
- 2) Final Follow-Up Report on the Alexander Clients dated April 2014. Report was generated by John "Buddy" Rhodes and Tammy Benbrook – DDS Central Office. (Attachment 1:3)
- 3) Capital Improvements (Current and Future lists) Reports were generated by Dale Woodall. (Attachment 1:4)
- 4) Current Budget Spreadsheet. Dr. Green informed the Board of COLA increases for state employees last year but not in this year's budget. Merit Bonuses will be given to state employees on the last paycheck in June. (Attachment 1:5)
- 5) Timber Management Spreadsheet generated by Deborah Tenner. (Attachment 1:6)

Mr. Pickney inquired as to the division's activities with regard to preparation of budget requests to be considered during the 2015 legislative session. He was informed that the division will begin these activities once instructions are received from the Department of Finance and Administration. The instructions are expected within the next several weeks. Mr. Pickney expressed his desire that the board be kept informed as to the progress of budget request activities. He reminded Dr. Green that he remained unhappy about the handling of the 2013 capital request and that he had met with Department of Human Services Director John Selig in order to express his displeasure. Mr. Pickney was assured by Dr. Green that board members would be provided with information pertaining to the division's budget request.

Ms. Suzann McCommon reminded the board of the importance of understanding the budget request process and that the DDS request is a part of an overall request from DHS. She also expressed the importance of making legislators aware of the needs of the centers.

Mr. Pickney expressed concern regarding a conversation he had with a parent/guardian regarding a person that had previously been in an HDC for 40 years and had requested to return but had to go through a "Little Rock Admissions/Intake Committee". Mr. Pickney indicated that he did not understand the role of this committee. Dr. Green explained the Placement Review Team's roles, policies/procedures; staff associated with the team and the requirements for admission/readmission of applicants.

Mr. Pickney expressed his displeasure that he was not provided cost information on a specific individual mentioned in Ms. Sims' recent article as receiving services through the DDS Waiver. Dr. Green explained that the information was not available to Mr. Pickney due to privacy/confidentiality issues but that overall or average costs for services could be distributed and/or discussed. Mr. Pickney requested that information be gathered on the costs for individuals on the waiver who receive 24-hour care in order to demonstrate that community based care for these types of people is more expensive than care at an HDC. Dr. Green indicated that it would be difficult to sort waiver data by that type of criteria but that he has completed cost comparison charts on the residents that transferred into community based care from the Alexander HDC upon its closure and that comparison indicates the waiver to be more cost effective for those individuals.

Mr. Pickney expressed displeasure to Dr. Green regarding statements reported in the press that Mr. Pickney perceived as not being totally supportive of the HDCs nor were representative of the truth regarding the cost of care for people residing in community based settings. Dr. Green responded that he feels he has been supportive of the human development centers and has been factual regarding cost comparisons in statements made in public settings and to the press.

Ms. Linda Selman encouraged all advocates of the HDCs to take every opportunity to talk with legislators about the positive services provided to residents at the centers. She also urged advocacy for adequate funding to meet the needs of the HDCs. Dr. Green advised of the importance of ensuring that legislators are able to associate a name and a face, rather than just statistics or other data, with the issues raised during legislative meetings.

Ms. Artie Jones called for a motion for the meeting be adjourned. Ms. McCommon made a motion the meeting be adjourned. Dr. Selman seconded the motion. Motion passed unanimously.

Meeting adjourned at 3:05 p.m.

ATTEST:


Mr. David Rosegrant, Chair
Board of Developmental Disabilities Services


Executive Secretary

New Program For People With Disabilities Will End The Wait For State Aid

The wait is almost over for about 3,000 disabled Arkansans needing a waiver to pay for services allowing them to stay at home or in their communities.

Everyone on the waiting list will be in the waiver program in the next 18 months, said James "Charlie" Green, director of the Division of Developmental Disabilities Services under the Arkansas Department of Human Services.

New Council

The Arkansas Department of Human Services recently established an 18-member advisory group, called the Community First Choice Council, to oversee its new program.

People wait up to seven years to obtain home- or community-based Medicaid services outside of a state-run institution. The waiver program is for services that include money for doctors, nurses, therapy, transportation, adaptive equipment and environmental modifications, Green said. Services go to people with disabilities that include cerebral palsy and autism.

Without waivers, the only option is for institutionalization, or paying for care and services out of pocket.

The first time Brenda Agee of Bentonville applied for a waiver for her autistic son, Matthew, she waited two years, she said.

The only way to get off the waiting list and get a waiver was for someone to die or move out of state, said Keith Vire, chief executive officer of Arkansas Support Network. Vire's group is a tax exempt organization providing services and support for people who have disabilities, according its website. The organization is supported, in part, through state and federal grants.

People who have waited the longest will be the first to be phased in to the state's new program, said Anna Lansky, assistant director of policy and planning at the disabilities services division.

Arkansas officials looked at the Community First Choice Option about two years ago as part of changes brought by the federal Affordable Care Act, Lansky said. Under the option, home- and community-based care is a Medicaid entitlement benefit, so state officials created a program and ditched the waiting list.

The new program provides home- and community-based services to people with intellectual, developmental, behavioral and age-related disabilities, according to the Human Services Department's website. The program is meant to help people who cannot care for themselves find a way to stay at home and out of nursing homes, hospitals or human resource centers, which are state-run institutions for disabled people.

Some advocates for people with disabilities hope the new program is a first step to closing some human development centers.

The change should mean more services for everyone, said Mike McCreight, director of Pathfinder, a nonprofit organization supporting individualized strategies so people with disabilities have "total access to community life," according to the group's website.

McCreight is a former director of the disabilities services division Green now oversees, and he's a former superintendent of one of state's human resource centers. McCreight is watching to make sure the new program doesn't reduce the amount of assistance families receive under the waiver system, he said.

The estimated 4,000 people who use waivers won't see service interruptions, Green said.

Waving Waivers Goodbye

Matthew Agee loves '70s rock music, shopping and country drives. He also goes outside in freezing temperatures without a coat and will wander away from food when it starts burning on a stove.

The 33-year-old is severely autistic and, possibly, mentally disabled, said his mother, Brenda Agee. He's uncommunicative and often appears disengaged, she said.

When Matthew turned 24, he became violent. It was a new phase, and one Brenda Agee couldn't handle, she said. Matthew was institutionalized at the Booneville Human Development Center around 2004. Matthew forfeited his waiver when he went into the center, she said.

While at the center, Matthew was beaten by another client, Agee said. She applied for another waiver, and, after about four months, got one. She moved her son into the Elizabeth Richardson Center, an intermediate-care facility in Springdale, in 2009.

Matthew moved into his own apartment last year -- something that wouldn't be possible without the waiver, Agee said. She hopes living alone will build her son's self-confidence and independence.

"I think we all want to be as independent as possible," she said.

Brenda Agee has gained a sense of peace her son will be OK should anything happen to her. The state pays for Matthew's four caretakers, who rotate watching him in shifts. Matthew's violent phase has stopped, and he's off medication, Brenda Agee said.

Lansky said families who already have waivers won't see much change. The new program will mean less paperwork, more flexibility in services and less bureaucracy, Green said. That's on top of an increase in quality of service, Lansky said.

McCreight said he expects by June an analysis from the state on how people already in the waiver program will be affected.

Cost Savings

Arkansas stands to save money through the new program, Green said. The state provides about \$60,000 per year, on average, to individuals for home- or community-based care, but a client in a state center costs the state about \$120,000 a year, Green said.

The cost for being in the center is more because all the clients receive around-the-clock intensive care. Home-based services cater to specific needs, which are often less intensive.

State officials expect to save nearly \$34 million with the new program in fiscal 2015, which starts July 1. They also will see an increase in federal reimbursement.

The state plans to spend about \$220 million in state and federal dollars on its new option in that fiscal year, and enroll 1,764 people on the waiting list this year, according to state analysis documents.

Another 874 from the waiting list are expected to be enrolled into the program during the first six months of fiscal 2016.

Center Impact

Fewer people will seek out human development centers as the new program takes effect, Vire said.

"In my opinion, the only reason people choose to go to a human development center is because they don't have any other options," Vire said. "People deserve to be in a community and not an institution."

Among about 50 people waiting for a spot at one of the state's centers, half would take the community-based option if it were offered, Green said. Like the rest of the nation, the number of people in the state-run institutions has been falling for the past decade, he said.

Some people in the centers are there because they don't have anywhere else to go, said Hasky McCool, a special services coordinator with Pathfinder and a respite services coordinator for the Sunshine School and Development Center. Sunshine School, in Little Flock, provides a range of services for children and parents.

The last human resource center the state closed was the Alexander center in 2011. The remaining five now serve about 950 people, the largest one -- serving more than 450 people -- is in Conway, Green said.

The state recently formed a task force to look at the state-run centers, including analyzing the costs for repairs and renovation, Green said. Some centers don't have enough space or don't accommodate modern equipment well. The task force will explore whether the state needs fewer or smaller centers, different layouts for centers and needs for an aging population showing more behavioral problems.

Recommendation about the centers won't be ready until 2015 at the earliest, Green said. It's too early to say how the new program will impact the state's centers, he said.

Closing centers is a controversial issue, McCreight and Vire said. McCreight said he thinks there'll always be a need for some centers, because there'll always be a need for some kind of structured environment.

Some people have lived in the centers for decades. Minutes from a Board of Developmental Disabilities Services meeting held in November show family members saying they're happy with the centers. Sometimes community-based centers can't handle clients and their service needs, said Linda Selman, a board member, in the meeting's minutes.

Brenda Agee said she sees a need for having a state-run center, even though her son doesn't need one.

"Everyone needs a place," she said.



Division of Developmental Disabilities Services

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April 17, 2014

Dear Parent/Guardian,

I have heard from many of you over the past several months regarding the continuation of services for your child/ward at the Conway Human Development Center (CHDC). I am aware that the previous decision by the Arkansas Department of Human Services (DHS) Division of Developmental Disabilities Services (DDS) to expand opportunities for Intermediate Care Facilities in the private sector has caused some concern and confusion amongst parents and guardians of school-aged children at CHDC. I am hopeful that this letter will alleviate any concerns and clear up any lingering confusion.

I have inserted below the section of DDS Policy 1086, Human Development Center Admission and Discharge Rules, relevant to the admission of children at CHDC. I've also enclosed a copy of the policy for your review.

(d) Eligibility for Human Development Center admission

1. In order to be eligible for admission, the individual must be eligible for developmental disabilities services, be in need of and able to benefit from active treatment, and be unable to access appropriate and adequate developmental disabilities services in a less restrictive alternative. Admissions and discharges shall be conducted in accordance with any delegations of authority by the Developmental Disabilities Services Board. Admissions shall conform to Ark. Code Ann. § 20-48-404 through 20-48-407. Discharges shall conform to Ark. Code Ann § 20-48-412. Admissions, transfers, and discharges shall confirm to 42 C.F.R. § 483.440.

2. Each HDC may have specific criteria, age, activity, etc... regarding admission.

3. People less than eighteen years of age may be determined appropriate for HDC admission if one of the following issues is confirmed by the HDC Interdisciplinary Team based upon current evaluations after a determination of eligibility.

- A. Existing maladaptive behaviors prevented the individual from successfully residing in a less restrictive setting without endangering the health and safety of the individual or others; or

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Protecting the vulnerable, fostering independence and promoting better health

B. The Human Development Center's treatment and therapies are medically necessary due to the individual's physical disabilities.

4. Regardless of age, DDS will consider for admission any individual who is eligible for ICF/MR level of care, once a determination has been made that admission is in the best interest of the individual, and their needs cannot, at the current time, be met in the community.

5. Retention: In order to remain in residence at an HDC, the annual status review conducted by the Interdisciplinary team must establish that the client remains eligible for admission.

As you can see, CHDC will admit children (less than 18 years old) who exhibit behavioral issues and/or medical issues associated with physical disabilities whose needs cannot be met in the community. If your child/ward is currently being served at CHDC, he/she was admitted under this policy and remains eligible for service at the center. At this time, DDS has no immediate plans to amend or alter this policy as it relates to the admission of children nor do we anticipate any other changes in policy that will affect your child's ability to continue to receive services at CHDC in the near future.

As many of you are aware, we always encourage parents and guardians to become, and remain, informed about opportunities for their child/ward to receive specialized services in community based settings. I've inserted below a section of DDS Policy 1037, HDC Therapeutic/Trial Leaves that describes a process that allows for trial placements outside the HDC that can occur while retaining the opportunity to return to CHDC should the placement not be successful. I've also enclosed a copy of the policy for your review.

B. Trial Placement Review Leave

- 1) Recommendations for placement outside the HDC shall be based upon IDT review.
- 2) HDC staff shall communicate with Client Services staff and DDS licensed programs to assure the selected program site will meet the individual's needs.
- 3) HDC staff shall coordinate plans for trial placements.
- 4) Prior to the granting of leave, the parents/guardian will be contacted to explain the recommended trial leave from the HDC and all policies and procedures regarding leave. This will be documented by an authorization for leave signed by the parents/guardian and/or the

individual if 18 or older and functioning as his/her own guardian. The length of the leave will not exceed sixty (60) days, in thirty (30) day increments.

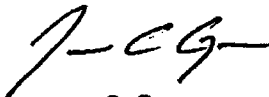
If the individual will reside in another facility (i.e., State Hospital, Community Group Home, Child Study Center, etc.), the HDC will contact the facility to discuss case planning prior to actual placement; will assist in providing services; and will monitor the status of the individual. A member of the HDC staff will be established as contact point for the outside facility.

- 5) Documentation recommending continuation of the leave will be sent by staff to the Superintendent for a decision. The Superintendent may choose to extend the leave further than thirty (30) days by making a one time only extension for a period of up to thirty (30) additional days.

As always, we are hopeful that all of our residents are able to receive the specialized services they need to be happy and successful regardless of where those services are provided. Many of you have let me know that you believe that currently the best place for your loved one is at CHDC. I couldn't agree more that the staff at Conway do a wonderful job taking care of your children. I hope this letter alleviates your concern about the ability of your child/ward to remain at CHDC for the immediate future.

Thanks again for all of your heartfelt feedback regarding this issue. Don't hesitate to call or otherwise contact me at 501-682-8662 or charlie.green@dhs.arkansas.gov if you have any questions.

Sincerely,



James C. Green
DDS Commissioner

ALEXANDER HUMAN DEVELOPMENT CENTER FORMER RESIDENT STATUS REPORT MARCH 2014

Summary:

109 Individuals transitioned from the Alexander Human Development Center during the year immediately following the announcement that the facility would be closing. 65 residents transitioned to Home and Community Based Waiver services, 43 transferred to other Human Development Centers (HDCs) and one transferred to a private skilled nursing facility.

At present (3-21-14), 62 receive services in home and community based settings, 39 live in HDCs, and two in nursing facilities.

Six clients from the transition period have expired. Two of the deceased passed away while residing in an HDC while the other four were receiving services through the waiver at the time of death.

Monitoring:

Each former resident was monitored with six or more visits with the following information documented each visit:

General Information: Name, DOB, name of receiving program/facility; address and phone number, contact person at receiving program/facility and name of monitors.

Supports

	Type of Support	In Place	N/A	Comments/Concerns
1.	24-Hour Supervision	103		
2.	Primary Care Physician	103		
3.	Specialized Physicians and/or Clients using Special Equipment	22		
4.	Psychology	103		
5.	Behavior Support Plan	103		

6.	Dentist	103		
7.	Assistance w/ Self-Help & Daily Living Skills	103		
8.	Assistance Contacting Guardian/Friends	103		
9.	Case Management	103		
10.	Medication Management	103		
11.	Community Experience	103		
12.	Dietician	41		39 – HDCs, 2 – Nursing Homes
13.	Meal Management	62		62 – Waiver – Meal Management from staff and consultant dietician
14.	Transportation	103		
15.	Assistance Shopping/Money Management	103		
16.	Recreational Activities	103		
17.	Continuing Education – Literacy, other outside training classes	3		
18.	Jobs – community	10		
19.	Jobs – in house	90		
20.	In training for job	3		

Other Items Reviewed

1. Assessments	In Place	N/A	Comments
	103		
2. IPP	In Place	N/A	Comments
	103		
3. BSP	In Place	N/A	Comments
	103		
4. Evidence of Staff Training	In Place	N/A	Comments
	103		
5. Personal Items	In Place	N/A	Comments
	103		

Protocol for Conducting Post Move Monitoring Visits:

1. Post Move Monitoring Visits occurred after discharge. (Approximately six visits within a two year period with additional visits warranted if needed).
2. The results of the monitoring were shared with the primary administrative officer of the receiving program, responsible HDC staff, DDS Waiver Specialist, James Brader, DDS Assistant Director for Monitoring and Compliance, Commissioner James C. Green and DHS Share records.
3. Post move monitoring was completed in person at the service recipient's place of residence with the recipient being present for most of the visit.
4. Upon each visit, DHS Form-4000 was completed allowing DDS staff to obtain confidential information from the recipient, the recipient's record and place of residence.