

President

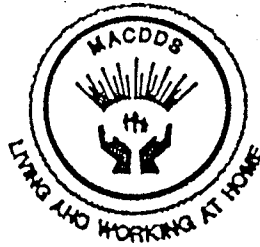
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Marion County

April 19, 1994

Lieutenant Governor Roger Wilson
Room 121
State Capitol
Jefferson City, MO 65101

Dear Lieutenant Governor Wilson:

In the spirit of "REINVENTING GOVERNMENT", the members of the Missouri Association of County Developmental Disabilities Services would like to submit the COUNTY OPTIONS proposal. We wish to thank you for inviting us to make the enclosed recommendations.

When we examine what is "best" about this country, we see individual citizens working at the grassroots level to bring their needs, hopes, and dreams to fruition.

Because of our unique American heritage that fosters individuality and diversity, creative local solutions can be found which benefit the community at large. Such is the case for the MACDDS COUNTY OPTIONS proposal.


Right now in Pettis and Boone Counties, local empowerment is taking place. This empowerment is allowing the local county tax boards to expand their services, which serve more people and match additional federal dollars to expand even more services for persons with disabilities. This presents tremendous opportunity for the consumer, their families, and the Missouri taxpayer. More services to more people at greater efficiency is the ideal outcome!

Greater autonomy has been in place since 1989 in Boone County, which has seen services grow from ninety-nine individuals to almost five-hundred persons in 1994. Boone County is vaporizing waiting lists, and local needs are being met.

Yes, Pettis and Boone Counties have piloted the way for truly innovative solutions to old problems. The Missouri Association of County Developmental Disabilities Services would like to present the Commission an example of an intergovernmental agreement referenced in our proposal between the Boone County Board and DMH. Also we have included a Boone County Annual Report, Pettis County Annual Report and the MACDDS Annual Report.

We would like for the Commission to note that the eighty plus counties that have passed the Senate Bill 40 tax have generated almost thirty-seven million dollars on an annualized basis. That's real money available for creative use in matching federal funds. In the "Show-Me State", with its "can-do" attitude, local county boards can bring real change and real opportunity to all of Missouri's citizens. Please consider COUNTY OPTIONS for all of Missouri. Thank you.

Very truly yours,

A handwritten signature in cursive script that reads "Nancy Allman".

Nancy Allman, President

enclosures

MEMORANDUM

TO: Missouri Commission On Management And Productivity

FROM: Missouri Association for County Developmental Disabilities Services (MACDDS)

DATE: April 19, 1994

RE: COUNTY OPTIONS--LOCAL SOLUTIONS FOR LOCAL ISSUES

In the late 1960's, the Missouri legislature passed a statute which enabled Missouri counties to voluntarily tax themselves and establish a board of local county citizens to oversee the administration of said tax. The drafters of the "SB 40" legislation were well before their time. Empowering local communities to generate their own funds, to administer those funds in order to be responsive to identified local needs and then to be accountable to local government and local taxpayers is what Osborne and Gaebler referred to as "Community-Owned Government" in their now classic "Reinventing Government".

The local SB 40 boards, also know as the "County Sheltered Workshop and Developmental Disability Services Boards" operating under Section 205.968 - 205.972 RSMo provide an opportunity for Missouri to stop rowing and begin steering when it comes to services for people with mental retardation and other developmental disabilities.

MACDDS believes that local people solving local problems is the best kind of government. MACDDS believes that local county boards can deliver client service more efficiently and more economically than Regional or State agencies.

Each County has its own unique needs and desires. We believe that the proposed changes should be developed within the context of what each local board would want and be capable of administrating. No legislative changes would be necessary in order to implement the proposed changes. The following proposed changes can be accomplished with an Inter-Governmental Agreement between the State and the County boards.

Inter-Governmental Agreements now exist between specific State entities (i.e. DMH and DVR) and local boards. The following proposal expands and extends these opportunities to all County boards. We are also familiar with similar models which are working extremely well in other States (i.e. Ohio, Wisconsin, and Minnesota).

In conclusion, we ask that the members of the Commission keep in mind, that the vast majority of people with mental retardation and other developmental disabilities live in the community, go to neighborhood schools, are employed locally, and recreate in the community programs. These services are provided by thousands of private non-profit providers all under contract with State agencies. All of this activity is occurring at the local level. By shifting responsibility, authority, and funding to the local level, we assure and increase accessibility, accountability, responsiveness to client needs, efficiency, and grassroots input to the local priority setting and planning process, resulting in a truly "Community-Owned Governmental Response System,"

-- County Options.

MACLOS' RECOMMENDATIONS FOR CHANGE

OUR VISION:

COUNTY OPTIONS

AN INDIVIDUAL/FAMILY CENTERED,
LOCALLY EFFICIENT AND EFFECTIVE
COORDINATED HUMAN SERVICE SYSTEM
FOR PEOPLE WITH DEVELOPMENTAL
DISABILITIES

OUR RECOMMENDED ACTION STEPS:

Expand and enhance Inter-Governmental County Board Agreements with departments of State government (i.e. DMH, DESE), which will:

- A. Transfer the responsibility, authority and state funds to receptive County boards or their designated non-profit entity
- B. Facilitate the local administration of local service/support options such as:
 - 1. Individual and family supports (POS);
 - 2. Community placement;
 - 3. Case management and service coordination;
 - 4. Other "customer" needs as identified by the local and state entities.
- C. Enable grass roots community planning of solutions for local issues
- D. Create incentives and opportunities to maximize local/state/federal funding through matching funds

THE RESULTING OUTCOMES:

LOCAL SOLUTIONS FOR LOCAL ISSUES

- A. Family-friendly services and supports
- B. Improves responsiveness to customer needs
- C. Local planning by local people results in meeting local needs with high customer satisfaction

GREATER VALUE FOR THE PUBLIC DOLLAR

- A. Local citizens board providing greater accountability
- B. Fiscal year carry-overs promote resource efficiency and eliminate unnecessary year-end expenditures of funds
- C. Timely independent annual audits
- D. Local citizens meeting under Sunshine Statute embracing ethics in government laws

MACDDS SPECIAL REPORTS 1 & 2

1996



MISSOURI SENATE
JEFFERSON CITY

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November 22, 1995

Mr. Wes Buffington, President
MACDDS
%Greene County Board for the
Developmentally Disabled
309 N. Jefferson, Ste. 223
Springfield, MO 65806

Dear Mr. Buffington:

As President Pro Tem of the Missouri Senate, I can insure you that my colleagues and I are genuinely concerned about the impact of looming Medicaid reform on the lives of Missouri children and adults who are recipients of Medicaid support.

As I see it, one very vulnerable group of Missouri citizens is those who are mentally retarded or otherwise developmentally disabled. I further believe that we have the expertise (and desire) throughout Missouri to best plan for how our services/programs for this population might be "re-engineered" to deal with this challenge to the states.

Recognizing that Senate Bill "40" Boards, the Division of MR/DD, non-profit agencies, individuals with disabilities and their families, advocates and others are all stakeholders, I am asking that MACDDS form a study committee to give me your perspective and to advise me of what issues and recommended "systems" change will need to be considered in the near future. Our common goal is to continue to provide high-quality services with meaningful outcomes to Missouri citizens with developmental disabilities and their families.

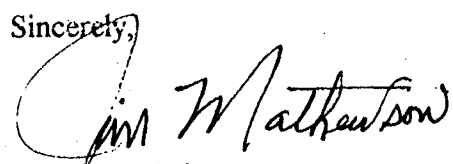
Mr. West Buffington, President

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November 22, 1995

If my office, or state agencies, can assist in any way, let me know. Please keep me informed on a monthly basis as to your progress. Please submit a preliminary report of the study committee's recommendations to me within four (4) months.

Sincerely,

A handwritten signature in cursive script that reads "Jim Mathewson". The signature is written in dark ink and is positioned above the printed name.

James L. Mathewson
President Pro Tem

JLM/bfz

cc Dick Hanson
Speaker Griffin

1996
MACDDS
GOAL

GOAL: Study the impact of proposed Medicaid Reform related to MR/DD service delivery and recommend alternatives to the current system by May, 1996.

Objective 1. Review & analyze existing authorities, resources, and service systems.

- Action (1)* Collect program and funding data from DMH, 1st Steps, DOSS VR, and other state agencies involved in service delivery to people with developmental disabilities.
- Action (2)* Develop on-going dialogue with federal, state resources to stay abreast of developments /planning.

Objective 2. Develop and propose a variety of options to enhance or alter existing authorities, resources, and service systems relative to improving efficiencies and funding without sacrificing quality.

- Action (1)* Study all phases of service delivery to include eligibility, service coordination, service delivery, abuse/neglect, training, etc., and develop options.
- Action (2)* Study and recommend reimbursement methods/options.
- Action (3)* Be sure to have a presence on the statewide coalition committees and Governmental committees which influence Medicaid Reform.

Objective 3. Develop a written plan and recommendations to be reviewed/ amended by statewide stakeholders to help establish a coalition of support.

- Action (1)* Develop recommendations utilizing federal mandates.
- Action (2)* Present plan to various statewide stakeholders.
- Action (3)* Present plan to key legislators and state agency staff.
- Action (4)* Provide intense follow up and monitoring of proposed recommendations.

As administrative functions are transferred to local communities and service management entities it is important that resources follow the functions.

Implementation of this plan will create major changes in roles. With the renegotiation and redefinition of roles and responsibilities should come the resources to fulfill them, particularly as state roles are transferred to more local levels. While these changes are not fully clear at this time, the principle of appropriate redistribution is important not only so that local communities have access to adequate and appropriate resources for their required activities, but also so that excess budget does not contribute to new state bureaucratic functions being developed to replace those that are transferred to the local level or dismantled as dysfunctional.

Any essential state functions requiring specifically earmarked funding should be identified, designed and managed with substantial involvement of counties, management entities, advocates and service providers. There are a number of potentially desired state functions that should be supported. These might include some aspects of quality assurance, services to specific subpopulations (e.g., sex offenders and/or felons with developmental disabilities), regional training and conferences, and technical assistance in certain areas (e.g., developing methodologies to increase the number of individuals who control their own services purchasing with appropriate support from families, friends and others). Such statewide functions should be determined, present expenditures and sources and methods of funding identified, and with negotiation involving all key constituencies, amounts and methods of financing for these activities should be planned. These representatives should also form the Board of Directors for all such functions intended to benefit the quality and efficiency of service delivery in Minnesota.

A System with Multiple Options for Management/Administration of Resources and Increased Responsibility within Local Communities

Working Group members recognized that many options should be available for the management and administration of developmental disabilities services. The opportunity to develop, implement and evaluate a variety of county, multiple county, regional and/or privately managed services for people living throughout Minnesota was viewed as a primary benefit of Medicaid "reform." Participants agreed that the dissolution of much of the federal bureaucratic control over services would yield few benefits if the state bureaucracy created to administer the federal programs remained in control of the "new system." Working Group members concluded, just as John Brandl and Vin Weber observed, that "improved management of current arrangements will not generate the results we need." Fundamental system changes are required in the incentives and accountability for efficiency and effectiveness in developmental disabilities services. It was relatively easy for Working Group members to recognize Minnesota counties as the most experienced, accountable and ultimately vulnerable of all entities to assume major responsibility within this new system. Equally important, local community governments individually or in voluntary collectives were viewed as the existing entities with the personnel to best analyze the community needs and resources in order to design appropriate approaches to service and resources management and administration. The system also benefits greatly from the many tens of millions of county dollars. But in exercising the options available to them, Working Group members expect that a wide variety of government and private management models will be engaged by counties in exercising their responsibility and minimizing their risk. Should such variety not appear the Commissioner should specifically recruit and foster the testing of various alternative management approaches.

Counties must play a central role of responsibility in the administration and management of developmental disabilities services for their citizens. There are a number of reasons why counties must be recognized as the ultimate entity of responsibility for providing or arranging resource management: a) counties will have the ultimate responsibility for vulnerable citizens who are not provided social, political and financial access to service or who are harmed or neglected by any service provider or management entity, b) counties currently contribute 35 to 50 million dollars per year in case management, day training, Semi-Independent Living Services, non-waiver respite and foster care and other expenditures for services to persons with developmental disabilities that could be lost to the system, and c) counties currently have

"We simply can't afford to lose the millions [of dollars] that counties spend on [developmental disabilities] services."

A Working Group member

personnel, experience and responsibility for managing services and budgets that have been developed over 10 years of managing Medicaid HCBS waiver services under state reimbursements; and d) elected county officials have direct and substantial accountability to the public.

"What scares counties about private management that isn't directly contracted by the county is the incentive to exclude people or provide little or inadequate service. Everyone knows the counties will end up holding the bag for whatever people need but don't get from private service management companies."

A Working Group member

Counties must have the authority to create multiple county agreements or to enter into contracts with other management entities for the management of all or part of their services. While counties would retain ultimate responsibility for services to their citizens, counties should be authorized to merge responsibilities and resources with other counties or to create and/or enter into contracts with private entities to provide program management or other services or functions related to the day-to-day operation of its services. Counties engaging other entities to provide and perform services and other functions should do so by legally binding contract with measurable and verifiable performance outcomes and timelines. Such contracts should be arms-length transactions meeting standards established by the Commissioner for appropriate qualifications and expectations for specific functions to be managed, including payment processing, service oversight, eligibility determination, case management, and/or other functions defined by the Legislature or Department with consultation with representatives of key constituencies.

The Commissioner should support the development and evaluation of different models of managing entity. One of the important opportunities of Medicaid reform is the opportunity to develop and try different approaches toward improving performance in service purchasing and delivery. There are benefits to Minnesota in the experimentation with a range of management approaches. Because of these benefits, the Commissioner should play an active role in recruiting and fostering a certain number of counties to try alternative models of service management, including contracting with private management entities.

Counties or their management entities should be able to conjoin funds to establish specific multiple county/regional support programs. There are a number of services that counties might choose to establish with a broader group of counties than are involved in the same management group. These could include behavioral support/crisis response services, certain technology and transportation programs, and health care programs to note a few. Such efforts that improve accessibility, efficiency and quality of services should be supported with appropriate technical assistance for program design, administration and financing.