CHART A BOLD COURSE

1987

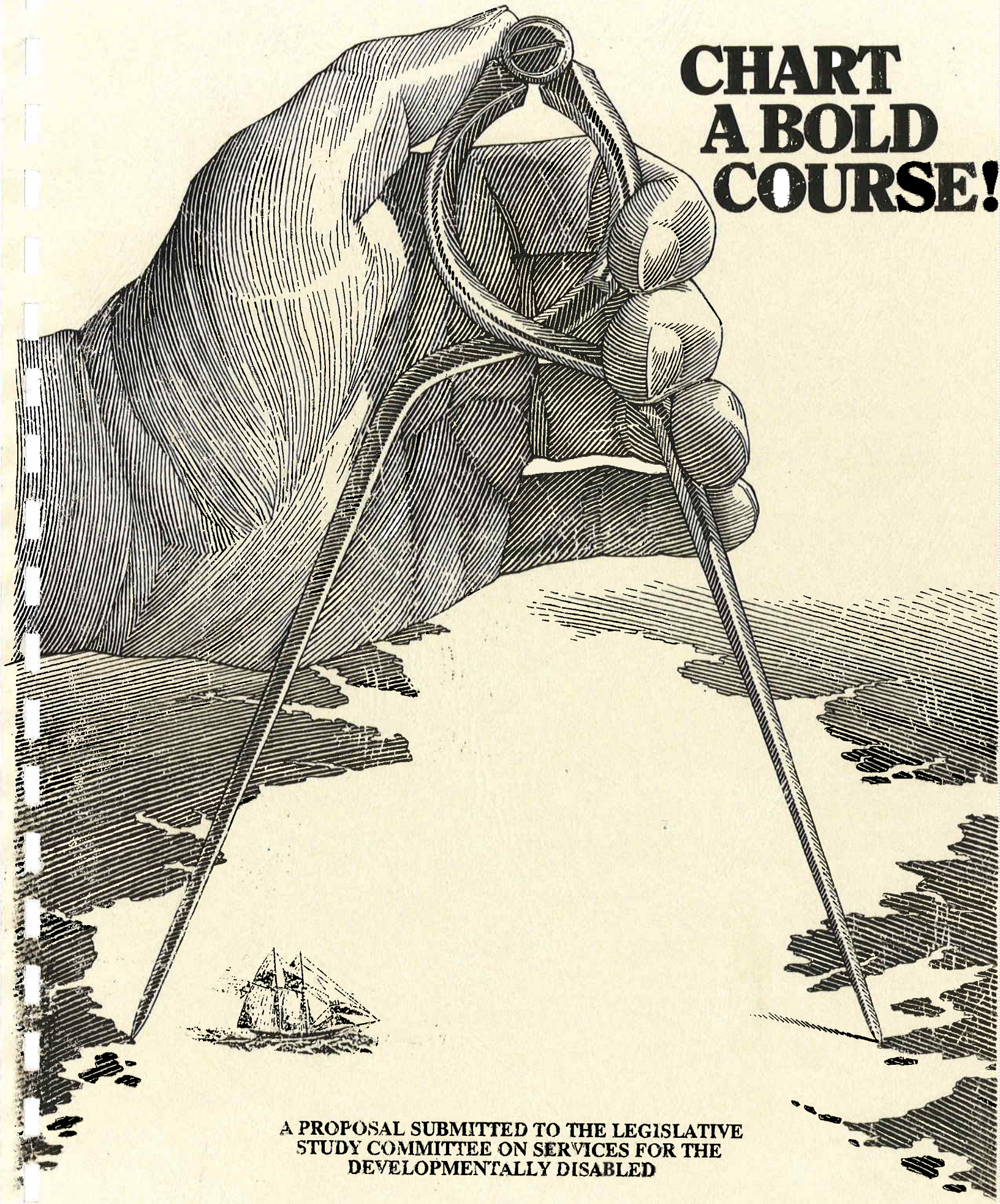

CHART A BOLD COURSE!

A PROPOSAL SUBMITTED TO THE LEGISLATIVE STUDY COMMITTEE ON SERVICES FOR THE DEVELOPMENTALLY DISABLED

INTRODUCTION

Rarely does state government have an opportunity to choose among distinct options for a service delivery system. The combination of existing laws and the conflicting concerns of ever changing state agency heads, legislators, chief executives and various groups causes government to change slowly. The current Mentally Retarded and Developmentally Disabled (MRDD) delivery system comprised of state habilitation centers, regional centers, purchased services, and licensure illustrates the problem.

This mixture of bureaucracies has created an atmosphere of distrust, led to costly inefficiency, and demonstrated little or no accountability for client progress. We will not belabor the current situation. As legislators, you know it well. The struggle with the system's financing and operational problems has resulted in your resolution to "make a thorough study of the health, education and training services, and facilities of the developmentally disabled."

Most of us who operate programs and see developmentally disabled persons daily believe **THE SYSTEM NEEDS REFORM.** Such a reformation poses a significant challenge; one we feel will prove insurmountable without legislative intervention. After working with this system for a number of years, we propose solutions for some of its problems. We also outline a new model of service delivery to allow continued restructuring and problem solving. The options we present have precedence in state government.

Each governmental service has two major constituencies: consumers who receive it and taxpayers who foot the bill. Consumers should receive the best services available, while taxpayers deserve to have public resources used efficiently. Missouri's public monies allocated to support services for developmentally disabled individuals should benefit both constituencies. The developmentally disabled should receive specialized care and treatment which assures their safety and promotes independence and self-sufficiency. The taxpayers should see the developmentally disabled learn to manage better despite their disabilities. Taxpayers should receive assurance that the maximum benefit is received for the money spent.

In the following pages, we suggest changes to achieve better quality, more efficient services for the developmentally disabled citizens of Missouri. **OUR RECOMMENDATIONS PRESENT NEW IDEAS AND DIRECTIONS WHICH INCORPORATE THE BEST OF THE EXISTING SYSTEM.**

SIGHTING THE FUTURE

DOES (OR WILL) THE SYSTEM ...

PROVIDE BASIC CORE SERVICES IN EVERY REGION OF THE STATE?

USE OBJECTIVE NEEDS ASSESSMENTS AS PART OF A REGIONAL SERVICE PLANNING PROCESS?

FULFILL SERVICE REQUESTS GIVEN THE HIGHEST PRIORITY BY THE REGIONAL COUNCILS?

PROVIDE EQUAL ACCESS TO SERVICES FOR ALL DEVELOPMENTALLY DISABLED CITIZENS?

MANDATE REGIONAL CITIZEN COUNCILS TO PLAN, BUDGET, AND COORDINATE SERVICE NETWORKS?

HELP FAMILIES MAINTAIN THEIR DISABLED CHILDREN IN THEIR HOMES?

PROMOTE STABILITY OF CARE AND TREATMENT FOR DISABLED PERSONS?

ALLOCATE STATE DOLLARS EQUITABLY THROUGHOUT MISSOURI?

REQUIRE INDIVIDUAL ~~HABILITATION~~ PLANS FOR EACH PERSON PREPARED BY THE PROFESSIONALS WHO ~~WORK WITH HIM EACH DAY~~?

HELP INDIVIDUALS LEARN TO LIVE AND WORK SUCCESSFULLY IN REAL HOMES AND REAL JOBS?

PROVIDE TRAINING AND SERVICES IN ACTUAL SETTINGS WITHIN THE COMMUNITY SUCH AS STORES, LIBRARIES, AND SCHOOLS?

PROMOTE RESIDENTIAL SERVICES IN A NORMAL HOME-LIKE ATMOSPHERE?

ENCOURAGE THE INTEREST AND PARTICIPATION OF COMMUNITY MEMBERS IN THE LIVES OF THE DEVELOPMENTALLY DISABLED?

DELIVER SERVICES CONSISTENT WITH NATIONALLY ACCEPTED PRACTICE AND STANDARDS?

SELECT PROVIDERS THROUGH A NONCOMPETITIVE NEGOTIATION PROCESS WHICH ENCOURAGES LOCAL RESOURCES AND COMMITMENT?

PAY NECESSARY AND REASONABLE COSTS TO COMMUNITY PROVIDERS?

AUTOMATICALLY REIMBURSE PROVIDERS FOR COSTS INCURRED DUE TO ADMINISTRATIVE RULE CHANGES?

MAKE SERVICE PROVIDERS ACCOUNTABLE FOR TREATMENT, PERIODIC REVIEW, AND DISCHARGE PLANNING?

HAVE STANDARDIZED COST REPORTING PROCESSES FOR PUBLIC AND PRIVATE SERVICES?

EVALUATE THE COST AND BENEFIT OF ALL SERVICES WHETHER STATE PROVIDED OR PURCHASED?

ROLE OF GOVERNMENT AND PUBLIC POLICY

AT ISSUE

HOW DO 545 MISSOURI SCHOOL DISTRICTS SERVE 96,964 STUDENTS WITH A PROFESSIONAL STAFF OF 13 WHICH MONITORS COMPLIANCE AND PROVIDES TECHNICAL ASSISTANCE?

HOW DOES THE DIVISION OF VOCATIONAL REHABILITATION (DVR) SERVE 22,000 DISABLED MISSOURIANS WITH A STAFF OF ONLY 140 COUNSELORS?

WHY DOES THE DIVISION OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES WHO SERVES AN ESTIMATED 12,000 MRDD CITIZENS REQUEST APPROXIMATELY 400 CASE MANAGERS?

"If we can put people on the moon, why can't we give a good system of services to handicapped people? Surely this is possible!"

DMH Employee

THE ANSWER LIES IN THE ROLE OF THE STATE IN THE PROVISION OF SERVICES. In the first two situations, the state limits its role to determining eligibility, funding, and monitoring. Conversely the Division of MRDD seeks a role which provides total case management including client evaluation, program planning, purchasing, and licensing in addition to the services offered by the other two.

The MRDD model has proven unsuccessful in many respects. First, it has spurred ever growing expenditures for state facilities, staff, equipment, and employee benefits. Second, the quality of the case management disappoints the parents of our developmentally disabled Missourians and thereby creates discontentment among the individuals it should serve. Finally, the public has become suspicious of a system which reports growing expenditures yet fails to meet documented needs.

Statutes which govern the operations of the Division of MRDD should incorporate certain fundamental principles that guide all service delivery. These statutes will provide a consistent philosophy and long-term goal for the MRDD division thereby eliminating policy reversals caused by personnel changes in its administration. **THE CITIZENS OF MISSOURI NEED A SYSTEM BASED ON PRINCIPLE NOT PERSONALITY.**

PLANNING AND BUDGETING

AT ISSUE

SHOULD MISSOURI LAW PERMIT DMH TO IGNORE THE REGIONAL COUNCILS' PLANS WHEN IT PREPARES ITS BUDGET?

SHOULD DOCUMENTED NEEDS REMAIN UNMET FOR YEARS?

"Toothless tigers, that's what the Regional Councils are. DMH ignores the plan unless they want to do what it recommended anyway."
Regional Council Member

Federal law (PL95-602) mandates that states receiving funds under this act assure "that persons with developmental disabilities receive the care, treatment, and other services necessary to enable them to achieve their maximum potential through a system which coordinates, monitors, plans, and evaluates those services." [Section 101 (b) (1)].

Missouri established the Planning Council for Developmental Disabilities to carry out the responsibilities listed above (RSMo 633.020); however, the permissive language of the statutes does not define a clear relationship between the Planning Council and DMH. Although **REGIONAL COUNCILS FORMULATE ANNUAL SERVICE PROVISION PLANS** which address the needs of their respective areas, **DMH HAS NO OBLIGATION TO REFER TO THOSE PLANS AS IT PREPARES ITS BUDGET OR DEVELOPS SERVICES.**

The statutes also do not assign responsibility for assuring that any services developed address local needs. As a result of these deficiencies in statutory language, many developmentally disabled citizens cannot receive the assistance they require within their communities. In recent months, the Division of MRDD adopted a Request for Proposal system which severely disabled the regional planning process precisely at the time it was becoming a useful planning and legislative tool.

For Missouri to reach the goal of responsive and cost effective service delivery, the **LEGISLATURE SHOULD RESTRUCTURE THE CURRENT SYSTEM.** Each region needs a citizen coordination council which determines local needs as well as the cost of developing of services to meet them. The Chairpersons of the Regional Councils should serve on the Missouri Planning Council to assure that the state plan addresses each regions' needs. DMH should construct its budget in consort with the Planning Council to insure that funding requests remain consistent with service plan objectives.

Upon approval of the DMH budget, the MRDD Regional Centers should receive all moneys appropriated for community services. **THE REGIONAL COUNCILS MUST MONITOR EXPENDITURE OF THESE FUNDS AND PROVIDE AN ACCOUNTING OF THE BENEFITS DERIVED FROM THE SERVICES IN RELATIONSHIP TO THEIR COST.** They should supervise all revisions of the budget and document their impact upon the spending plan and delivery of services. To assure cooperation from and responsive management of the MRDD Regional Centers, the council should participate in the selection and evaluation of center directors.

HOME RULE REGIONAL COUNCILS

WE RECOMMEND THE REGIONAL COUNCILS:

CONSIST OF NO MORE THAN TWENTY MEMBERS;

HAVE ONE REPRESENTATIVE FROM EACH COUNTY APPOINTED BY THE COUNTY COMMISSIONERS OR, IF IT EXISTS, THE MRDD COUNTY BOARD;

HAVE ONE REPRESENTATIVE FROM THE DEPARTMENT OF METNAL HEALTH APPOINTED BY THE MRDD DIVISION DIRECTOR;

HAVE ONE REPRESENTATIVE FROM THE DIVISION OF VOCATIONAL REHABILITATION APPOINTED BY ITS DIRECTOR;

HAVE ONE REPRESENTATIVE FROM THE DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION APPOINTED BY ITS DIRECTOR;

HAVE ONE REPRESENTATIVE FROM THE DEPARTMENT OF SOCIAL SERVICES APPOINTED BY ITS DIRECTOR;

HAVE ONE REPRESENTATIVE FROM THE DEPARTMENT OF HEALTH APPOINTED BY ITS DIRECTOR;

INCLUDE RELATIVES OF DEVELOPMENTALLY DISABLED PERSONS RECOMMENDED BY THE REGIONAL COUNCIL CHAIRPERSONS AND APPOINTED BY DIVISION OF MRDD DIRECTOR.

SERVICES - Equal Treatment

AT ISSUE

SHOULD SOME REGIONS OF THE STATE PROVIDE A FULL RANGE OF SERVICES FOR MRDD CITIZENS WHILE OTHER REGIONS CANNOT PROVIDE BASIC SERVICES?

SHOULD DMH ALLOCATE FUNDS TO SUPPORT SERVICES AMONG THE VARIOUS REGIONS OF THE STATE IN AN INEQUITABLE MANNER?

WHY ARE REGIONAL CENTER CASE MANAGERS ASSIGNED TO DEVELOP TREATMENT PLANS FOR CLIENTS WHOM THEY BARELY KNOW?

"Sometimes we put people in the Hab Center because there isn't a group home opening. I'm not happy about it but there's no choice."

DMH Case Manager

Due to the absence of a prescribed set of "core" services which meet the primary needs of people with developmental disabilities, decisions determining which clients receive services in what part of the state are frequently arbitrary. The inequitable allocation of funds to support these services further compounds the problem. Inadequate funding also creates numerous quality and accessibility problems for disabled citizens who seek publicly supported services.

INEQUITABLE ALLOCATION AND ADMINISTRATION OF PUBLIC RESOURCES DOES NOT PROVIDE FOR EQUAL TREATMENT UNDER THE LAW AS REQUIRED BY THE UNITED STATES CONSTITUTION. Missouri now ranks 46th in the country in per capita mental health expenditures. The state should give priority to basic services and habilitative treatment designed to limit and reduce current and future dependency and expense to society.

The Department of Mental Health cannot make all services available for all developmentally disabled citizens, but it must commit to making some services available to all of them. Such a commitment requires public resources to **FUND BASIC SERVICES AND EQUAL TREATMENT UNDER THE LAW.**

Previous recommendations address several planning, allocating, and implementation problems by establishing regional control over those functions. The problems of service availability and resource allocation to regions require enlightened central control. The state should define and support "core" services. Those regions which historically have received low funding should receive special attention.

MISSOURI STATUTE SHOULD MANDATE THAT DMH SUBMIT A PLAN FOR THE THE EQUITABLE DISTRIBUTION OF PUBLIC RESOURCES ACROSS THE STATE TO THE LEGISLATURE FOR APPROVAL. Basic or "core" services must become available in every region before less critical services in any region receive funding. This movement toward more equitable distribution of resources must be managed in a balanced manner. The state cannot place some regions in a "zero growth" mode while it helps other regions catch up.

The fragmentation of appropriations to the various state agencies providing vocational services required by developmentally disabled individuals poses an additional problem. The Missouri DVR plays several roles in this "system." The Division of Elementary and Secondary Education (DESE) has responsibility

for sheltered workshop services, but the Division of MRDD purchases various pre-vocational services. To date, no state agency has assisted in the development of other proven training and employment options such as supported jobs, workstations in industry, mobile crews or competitive job placement.

To coordinate these programs, the Missouri legislature could statutorily reassign certain responsibilities for vocational services. We recommend expanding the array of available employment services and placing them under the comprehensive authority of the DESE.

We believe, and current law provides, that the head of a mental retardation facility should have responsibility for treatment planning for clients. The MRDD provider, like a physician or teacher, knows the client best and has the necessary technical knowledge and expertise in his own area of operations to develop a comprehensive IHP. To achieve this goal, **THE STATE NEEDS TO ADMINISTRATIVELY IMPLEMENT THE EXISTING MISSOURI STATUTE** which requires service providers to have a treatment plan within 30 days of client placement.

Since the recommended system revisions would free the case manager from developing treatment plans, DMH should find the case manager to client ratio manageable at about 1 to 100 as opposed to its current target of 1 to 30. The state should realize substantial cost savings for the operation of Regional Centers over a period of years. In the future, Regional Center Case Managers could devote their time to eligibility determinations, referral, case funding, and monitoring purchased services. An immediate impact of this change would be the assignment of case managers to individuals currently upon waiting lists. **THIS ACTION WOULD BE THE FIRST MEANINGFUL STEP IN GETTING SERVICES TO CLIENTS.**

SERVICES - Quality Assurance

AT ISSUE

SHOULD DMH INVITE LAWSUITS WITH TWO QUALITY STANDARDS: ONE FOR STATE PROVIDED SERVICES AND A LESSER ONE FOR STATE PURCHASED SERVICES?

CAN TAXPAYERS AFFORD AN EVER EXPANDING LICENSURE BUREAUCRACY WHEN THE STATE CAN PURCHASE BETTER QUALITY ASSURANCE FROM NATIONAL ACCREDITATION AGENCIES FOR LESS MONEY?

"Would you send your wife to a hospital that wasn't accredited? Would you send your kids to schools that weren't accredited?"

Advocate

In December 1983 funding for state licensure cost Missouri approximately $500,000 for about 600 DMH vendors. Currently the FY 88 Core Budget for DMH licensure stands at $1,125,243. Additionally, Items 4 and 7 of the FY 88 program expansion request for the Office of the Director total $391,589 for additional licensure staff which brings the possible sum to just over 1.5 million dollars. **THE LICENSURE COST HAS TRIPLED IN THREE YEARS.**

At least two nationally recognized organizations accredit services for disabled people: the Accreditation Council for Services for Mentally Retarded and Developmentally Disabled People (AC/MRDD) and the Commission on Accreditation of Rehabilitation Facilities (CARF). Both of these bodies address quality assurance areas such as Administration and Organization, Program Quality and Evaluation, Health and Safety, and Client Rights. They use standards developed by knowledgeable professionals over a considerable number of years. In addition many national organizations serving the handicapped have reviewed and sanctioned these standards. A number of states rely exclusively upon accreditation to evaluate purchased and provided services for MRDD clients.

The MRDD Key Issues for Fiscal Year 1985, and the FY 88 Core Budget request for the Office of the Director recommend accreditation of MRDD and CPS state operated facilities. We do not understand why the state would require less of the system which serves its community based clients. To do so invites lawsuits; therefore, we support required service provider accreditation in lieu of state operated licensing by July 1, 1991.

THE LEGISLATURE SHOULD AMEND MISSOURI STATUTES TO ELIMINATE STATE LICENSURE AND REQUIRE ACCREDITATION. Statute would require DMH to do business only with accredited or otherwise certified private or non-profit corporations, individuals or other entities for the provision of service to eligible MRDD individuals. This action would eliminate duplication of existing standards and **REDUCES BOTH THE STATE'S LIABILITY AND COSTS.** It also guarantees that standards for treatment and care of Missouri's MRDD citizens become consistent with nationally recognized criteria.

The state should implement this requirement within five years. During this provisional period, Regional Centers shall have the power to temporarily certify the above mentioned entities so long as they furnish proof of compliance with building, safety, and fire codes. The Regional Center would also monitor the services provided.

Fiscal Note: The state could divide the current expenditures of approximately $3,738 per provider per year for licensure among the existing providers enabling them to accomplish accreditation. The state could also reserve a small portion to fund a technical assistance position to work with new entities who seek accreditation in the future. DMH could then phase licensing expenditures from its budget. Since accreditation surveys generally cost less than $3,738 per agency and generally lasts for three years, the state could realize substantial cost savings.

FUNDING - Contracting

AT ISSUE

SHOULD DMH ADOPT A COMPETITIVE BIDDING SYSTEM LIKELY TO ANTAGONIZE RELATIVES OF MISSOURI'S MRDD CITIZENS AND SIMULTANEOUSLY INCREASE COSTS?

"Some things in our society we just don't bid! Would you bid the fifth grade?"

Service Provider

Recent attorney general opinions No. 7-85 and No. 100-85 conclude that "community placement services" and "POS services" are professional ans technical services falling under the term "contractual services." Section 34.101.4, RSMo 1978, further defines "contractual services" to mean "supplies" which require competitive bidding unless DMH receives a waiver of competitive bid procedures from the Office of Administration under Section 34.100, RSMo Supp. 1984. These MRDD services are not "supplies."

Although the Office of Administration granted such a waiver, DMH has proceeded with a competitive bidding model under the Request for Proposal mechanism. Current experience with DMH in the bidding of human services has not promoted continuity in the care of Missouri's MRDD citizens, nor has it reduced costs to taxpayers.

Currently, 66 Missouri counties have adopted local property tax levies to support community services for the developmentally disabled. Private investors have also made substantial capital commitments. Missourians have donated literally millions of dollars in facilities, equipment, and staff to promote stability of care and quality of services. A competitive bid process negates the impact of these contributions and investments, devaluing the efforts of community leaders, parents, local taxpayers, and non-profit corporations who have heavily subsidized these programs over the past 30 years.

Local groups have carefully designed and individually tailored the community service delivery systems for a specific purpose and they have no "customers" other than the MRDD citizen and his family. Competitive bidding may eliminate these providers and result in a huge for-profit conglomerate seeking a state "low-ball" bid for all services thereby virtually obliterating locally responsive choices.

Providers have found it extremely difficult to develop human service "bid specifications" which define relationships and methodologies for the care and treatment of developmentally disabled people. We do not currently bid education, legal or health services. **EXPERTS CONSULTING TO THE NATIONAL CONFERENCE OF LEGISLATORS ADVISED DURING A WORKSHOP HELD AT THE STATE CAPITOL ON MENTAL HEALTH COORDINATION IN SEPTEMBER, 1985, THAT COMPETITIVE BIDDING MAY RESULT IN HIGHER COSTS FOR SERVICES AND EXTENSIVE LITIGATION AND APPEALS.** Furthermore, competitive bidding already disrupts the planning and budgeting relationship now in place in Missouri.

FUNDING - Costing

AT ISSUE

WHY DOES THE DMH PURCHASING SYSTEM PROMOTE FINANCIAL INSTABILITY AMONG COMMUNITY SERVICE PROVIDERS?

SHOULD COMMUNITY PROVIDERS RECEIVE A LOWER RATE OF REIMBURSEMENT THAN STATE OPERATED PROGRAMS FOR SERVICES OF THE SAME NATURE AND SCOPE?

"Do we have to go bankrupt before the state realizes they're going to have to pay for reasonable costs to care for these retarded people?"

Group Home Operator

THE CURRENT COST REIMBURSEMENT SYSTEM CAUSES FINANCIAL HARDSHIP FOR COMMUNITY SERVICE PROVIDERS. DMH does not purchase services at reasonable rates which causes community providers to reduce quality, find other funds, or close and return the clients to the state.

Currently, approved community service providers develop their budgets according to a unit cost system for POS and a line item budget for community placement. Both processes allow the use of an "occupancy" factor generally accepted between 90 and 95 percent. As a result DMH pays an "extra" cost of 5 to 10 percent for each service purchased if the provider maintains 100 percent attendance upon the client's part.

Often times, due to illness, weather conditions, or other mitigating circumstances, attendance falls below these parameters which results in a loss of billable units and financial hardship to the provider. This shortfall occurs frequently with group services where DMH pays a fixed cost whether or not the prescribed number of clients attend. To the contrary, should no one show up for appointments at a state operated facility, the facility and staff receive full payment.

THE PROVIDERS IN THE COMMUNITY DELIVERY SYSTEM SHOULD EXPERIENCE NO DIFFERENT TREATMENT THAN THOSE IN THE STATE OPERATED SYSTEM IN TERMS OF COST REIMBURSEMENT. The community service provider should receive payment for necessary and reasonable costs. DMH should "annualize" all contracts for group and long-term services. Doing so would provide savings of 5 to 10 percent assuming that service capacity stays at full utilization or occupancy.

FINALLY, DMH SHOULD DEVELOP UNIFORM COST REPORTING METHODS ACROSS THE BOARD. Such action would create an accurate data base with which the legislature, DMH, and community service providers could establish reasonable and customary rates for services, and could select cost efficient service models for replication.