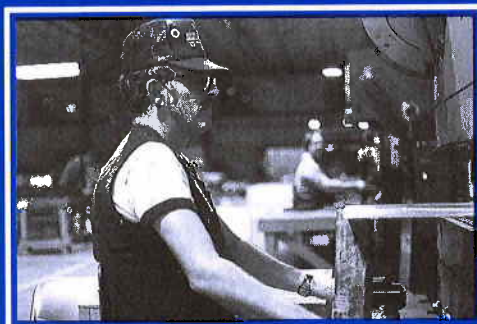
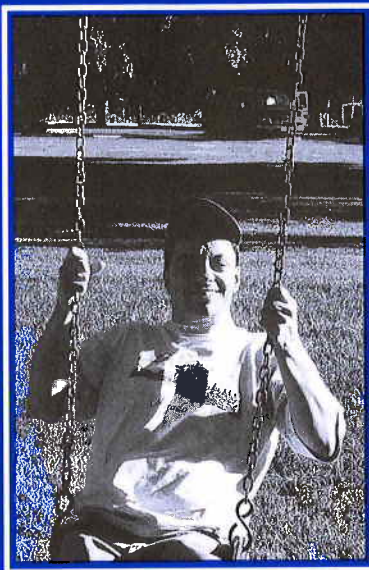


A MACDDS REPORT

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MISSOURIANS WITH DEVELOPMENTAL DISABILITIES:
THE POTENTIAL IMPACT OF GOVERNMENTAL REFORMS

-FROM CONCEPT TO ACTION

-BRINGING IT ALL BACK HOME

INTRODUCTION:

This report is the second document developed and adopted by the Missouri Association of County Developmental Disabilities Services (MACDDS) detailing the association's position on governmental reforms and service delivery to Missouri's children and adults with developmental disabilities and their families. The report was requested by Senator James L. Mathewson, President Pro Tem of the Missouri Senate, who said in a letter to MACDDS President, Wes Buffington, *"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."*

The report explains in detail a process which allows local, county-based governmental entities (SB40 Boards) and/or their legal agents, in partnership with state agencies, to accept more responsibility for comprehensive service delivery utilizing the principles of "managed care" and "one-stop shop" practices.

This report presents an example of the provision of services through partnership with the Missouri Department of Mental Health, Division of Mental Retardation and Developmental Disabilities. However, the concepts and mechanisms described herein have the potential to apply to any state agency which desires to build local partnerships. As multiple state services to citizens with MR-DD are brought together through this "one-stop" approach, greater responsiveness, efficiencies, and single stream funding are achievable locally.

While County Boards & their affiliate networks already serve thousands of Missouri citizens with developmental disabilities, it is probable that the fundamental shift of control of service delivery from state-staffed to community-based organizations will be gradual, perhaps over a 10-15 year period. Specialized technical and management training will be required to assure a successful transition and positive outcomes for people served.

Why "Bring it all back home"?

"Times ----- they are a changin'" could be taken as an understatement in this swirling atmosphere of government reform.

In October, 1996, MACDDS presented a report to Senator James L. Mathewson, President Pro Tem of the Missouri Senate, exploring many facts related directly to serving people with mental retardation and other developmental disabilities as we approach the twenty-first century.

- ⌘ Federal resources (such as Medicaid) will slow in growth during the next decade.
- ⌘ 80% (73,000) of persons with MR/DD in Missouri are not currently being served by the MR/DD division of the Department of Mental Health. Of the twenty percent that are currently served by the system, about one-half receive "case management" services only.
- ⌘ The current MR/DD service delivery system in Missouri is often fragmented. This fragmentation occurs among state agencies as well as local service providers.

Many ideas to improve efficiency and economy in the delivery of human services have emerged from the health care industry. States are experimenting with a variety of "pilot" projects to determine:

- ⇒ What principles of "managed care" are easily transferable to the long-term care needs of citizens with developmental disabilities?
- ⇒ What organizational designs promise greater efficiency and economy in delivering long-term care services?
- ⇒ What is the role of the primary consumer (direct participant)? Can that role be strengthened? What "outcomes" do participants expect from providers of service?
- ⇒ What general governance or safeguards need to be in place to assure taxpayer protections from misuse of public funds/trust?

⇒ What "outcomes" should the general public and taxpayers expect as a result of their private (contributions) or public (taxes) investment?

The Missouri Association of County Developmental Disability Services (MACDDS) believes in and strongly encourages the development of locally-based and managed MR/DD service delivery systems that establish an organizational culture which:

- ◇ has a legal basis for existence in Missouri statute;
- ◇ allows local people to provide local solutions to local problems;
- ◇ embraces the individuals with disabilities and their families as central to the services/supports to be received;
- ◇ ensures a choice and variety of services whether delivered through a primary source provider or multiple providers;
- ◇ demonstrates a commitment to high quality outcomes for service participants in keeping with nationally recognized accrediting standards and Missouri certification principles; and
- ◇ promotes the coordination and cooperation of Federal/State and local agencies and organizations in achieving greater economies and efficiencies in the delivery of services.

How to “Bring it all back home”?

In considering the “specifics” of “how to” shift service delivery authority and funding from the State to a local level many areas must be considered. Decision makers should look at:

A. Administrative/Management Issues

- Legal Authority(ies)
- “Certified” county status
- State and County roles defined by formal contractual agreements

B. Service/Support Issues

- Scope/Choice
- Local/State Responsibilities
- Referral

C. Outcome/Program Evaluation Issues

- Individual Outcomes
- Contractual Outcomes
- Systems Outcomes

A. Administrative/Management Issues

1. Legal Authority(ies)

Missouri statutes and the Code of State Regulations currently contain many statements of legislative intent and authority to allow SB40 County Boards, and/or their legal agents to accept State/Federal funds to purchase/provide community-based services for the county’s (or counties’) citizens with developmental disabilities.

To wit:

CCSHB 1724, Relating to the provision of services by the State Department of Mental Health states:

Chapter 630.060: "The department shall seek and encourage cooperation and active participation of communities, counties, organizations, agencies, private and not for profit corporations and individuals in the effort to establish and maintain quality programs and services for persons affected with mental disorders, developmental disabilities or alcohol or drug abuse. The department shall develop programs of public information and education for this purpose."

Chapter 633.010, 2. The powers, functions and duties of the division shall include the following:

(7): "Cooperation with **nonstate governmental agencies** and the private sector in establishing, conducting, integrating and coordinating mental retardation and developmental disabilities programs and projects."

Chapter 633.025: "The division may provide habilitation and such related services directly or through contracts with an appropriate residential facility, day program or specialized service licensed and funded by the department."

Chapter 633.030, 1.2.5 (a) (b): "1. The department shall prepare a state plan to secure coordinated mental retardation and developmental disabilities habilitation services accessible to persons in need of them in defined geographic areas, which plan shall be reviewed and revised annually.

2. The state plan shall include, but not be limited to, the following:

(1) A needs-assessment of the state to determine underserved, unserved and inappropriately served populations and areas;

(2) Statements of short-term and long-term goals for meeting the needs of currently served, underserved, unserved or inappropriately served populations and areas of the state;

(5) Descriptions of the following:

(a) Methods for assuring active consumer-oriented citizen participation throughout the system;

(b) **Strategies and procedures for encouraging, coordinating and integrating community-based services, wherever practicable, to avoid duplication by private, not for profit and public state and community-based providers of services."**

Chapter 633.105: "The regional centers shall be the entry and exit points in each region responsible for securing comprehensive mental retardation and developmental disability services for clients of the department. The center shall carry out this responsibility either through contracts purchasing the required services or through the direct provision of services *if community-based services are not available, economical or as effective for the provision of the services."*

Chapter 633.115, 1 (2): "The regional center shall secure services for its clients in the least restrictive environment consistent with individualized habilitation plans. As a result of its comprehensive evaluation, the regional center shall utilize the following entities to secure services:

(2) Agencies serving mentally retarded or developmentally disabled persons in which the client would be eligible to receive available services or in which services could be made available to the client through the purchase of assistive or supportive services."

HB228, Relating to State-Local Technical Services

Chapter 67.330: "It is hereby declared the policy of the general assembly of the state of Missouri that all forms of contractual and cooperative services that promote the economy and efficiency of operations of local government should be encouraged. Sections 67.330 to 67.390 may be cited as "State-Local Technical Services Act"."

9 CSR 25-2, Relating to Fiscal Management and Purchase of Service Contracting. "The 85th General Assembly appropriated fiscal year 1991 funds for the department's Division of Developmental Disabilities to enter into contracts beginning July 1, 1990 with county boards created under sections 205.968 - 205.972 RSMo. The county boards, contracting as affiliated community services providers, will provide services to persons with developmental disabilities."

25-2.005, (2) (A)(F)(M): (2)(A) "Affiliated community service provider, an entity so designated by the Department Mental of Health - 1) to provide, directly or by purchase from community providers, for clients of the Division of Mental Retardation and Developmental Disabilities a **comprehensive array of services or for a comprehensive array of services for clients of the Division of Comprehensive Psychiatric Services under Chapter 632; and 2) to provide community support program services to clients referred by a Department of Mental Health facility. Affiliated community service providers are independent contractors providing a consortium of services for clients of the Divisions of Comprehensive Psychiatric Services and Mental Retardation and Developmental Disabilities";**

(F) "Comprehensive array of services, for the Division of Comprehensive Psychiatric Services, it is the capacity of an agency to provide services, including mental health evaluation and assessment services, individual and group therapies, day treatment, medical services, administrative coordination, case management, information and education services and general access to or provision of inpatient care on both a scheduled and twenty-four (24) hour-a-day basis; **for the Division of Mental Retardation and Developmental Disabilities, it is the capacity of an agency to provide services including, but not limited to, assessment services, counseling, respite care, recreation, habilitation, training, vocational rehabilitation, residential care, homemaker services, developmental day care, sheltered workshops, referral to appropriate services, placement and transportation.**"

(M) "Non-competitive negotiation, the process set out in this chapter where the Divisions of Comprehensive Psychiatric Services and Mental Retardation and Developmental Disabilities negotiate with affiliated community service providers."

A. 2. **"Certified" County Status**

In order to receive a delegation of authority from the state to operate and fund a comprehensive array of services for persons with developmental disabilities, an SB40 County Board and/or their legal agents must meet certain criteria. The state should **consider**:

- ◆ the ability of the entity to provide, subcontract, or develop the necessary array of services;
- ◆ the stability of the entity as indicated by its historical service provision;
- ◆ the community-based nature of the service;

- ◆ the ability of the entity to utilize funding to respond to identified service needs to the greatest number of persons eligible with quality and cost-effectiveness.

Specifically, the state should require the following of "certified" counties:

- a) All service programs purchased/provided by the SB40 County Board and/or their legal agents shall be licensed, certified or otherwise accredited, as appropriate.
- b) The entity must show evidence of proper insurance coverages/indemnity and give other assurances to comply with State/Federal regulations such as OSHA, EEOC, IRS, Wage & Hour, to name a few.
- c) The entity must possess or acquire a management information system capable of segregating costs of services, persons served, duration of services and other required data.
- d) The entity must agree to provide/purchase services in accordance with the Missouri Certification Principles for persons with Developmental Disabilities.
- e) The entity must assure a mechanism for input and involvement in planning programs from persons served and their families.
- f) The entity must be able to qualify under various mechanisms to receive Federal Medicaid funding or other State/Federal funds.

A. 3. Formal Contractual Agreements

It is anticipated that contracts will contain a variety of provisions from county-to-county depending upon the scope and nature of services to be purchased/provided by the individual county. At a minimum the contract should contain:

- × a description of what programs/services are to be provided;

- ✗ the amount of funds authorized;
- ✗ the process to be used for dispute resolution; and
- ✗ a description of the outcomes expected for the taxpayers investment.

Please see an example of an ACSP contract & renewal included as **Appendix A** (page 15).

B. Service/Support Issue

The vision of MACDDS is to assure individual or family centered, locally efficient and effective, coordinated human service system for people with developmental disabilities. To achieve this objective, MACDDS proposes the establishment of a "Certified" County option of service delivery:

- In such a system, the local entity (SB40 County Board and/or its legal agents) should purchase/provide through a variety of funding mechanisms that maximize local, State, and Federal tax funds, and donor funds thru matching or leveraging:
 - a comprehensive array of individual and family support services, and, as appropriate, participant-driven;
 - community living services;
 - employment-related services;
 - early childhood services;
 - service coordination;
 - other "participant" services as identified through annual needs assessment and "grass roots" planning; and/or
 - offer greater opportunities for coordination and collaboration with other human service delivery systems in communities throughout Missouri.
- In such a system, the State entity should:
 - be responsible for determining the status of eligibility for all persons participating in the services;
 - develop incentives to encourage counties to attain "certified" status;

- ☑ contract or provide essential staff training and other forms of technical assistance;
- ☑ conduct investigations of abuse/neglect allegations;
- ☑ monitor the application of Missouri Certification Principles;
- ☑ monitor the use of State/Federal funds;
- ☑ provide regionally-based, limited-access facilities and care for persons with developmental disabilities who are dangerous to themselves or others who have been convicted of crimes against persons and not currently suitable for community membership; and/or
- ☑ maintain a state-wide directory of services available by county and utilization of services to aid in the referral process (similar to one-stop vocational shops).

C. Outcome/Program Evaluation Issues

“Everything Counts” may be the best way of describing outcome management. In evaluating a “certified” county option it is important to look at some key indicators. At a minimum, these may include:

1. **Are the participants achieving their goals through an individual service plan *designed within the constraints of available financial resources*?**
 - ◆ Are they satisfied with their services?
 - ◆ Are they safe and healthy?
 - ◆ Do they have a choice of services?
 - ◆ Do they participate in the life of the community?
2. **Are the contractual obligations between the state and county being met?**
 - ◆ How many people received services?
 - ◆ Was the county responsive to requests for services?
 - ◆ Did the State determine eligibility in a timely manner?

- ◆ Did the county receive timely payment for services rendered?

3. Is the “certified” county option working?

- ◆ Has the number of “certified” counties increased each year through active recruitment by the State?
- ◆ Are counties/community-based services becoming more comprehensive?
- ◆ Have other state agencies (other than DMH) also developed intergovernmental agreements with local counties and/or their legal agents?
- ◆ Has the rate of out-of-home placements decreased?

Services to persons with developmental disabilities and their families.

Bringing it all back home.

FLOWCHART

LEGAL AUTHORITY



- Step 1 The Missouri Legislature should produce a written statement of intent or establish statutory authority to allow the transfer of funding/accountability to local community-based SB40 County Boards and/or their legal agents. Likewise, the County Boards and/or their legal agents should also establish in writing its' acceptance of this responsibility.

"CERTIFIED" COUNTY

STATUS



- Step 2 Achieve "Certified" County status by meeting or exceeding criteria jointly established by State agencies & MACDDS.

CONTRACTUAL AGREEMENT



- Step 3 Define and delineate the role of the State and the role of the community-based entity through contractual agreement and mutually establish desired written outcomes. (See Appendix A)

FUNDING



- Step 4 Establish the level of funding commitment and cash flow on a monthly basis.

SERVICE



- Step 5 Serve people!

OUTCOMES



- Step 6 Produce and disseminate outcome statements/results together with certified financial audits.

APPENDIX

“A”

