

**A Resolution of the Missouri Association of County Developmental Disabilities Services**

**A RESOLUTION ADOPTED BY THE MEMBERS OF THE MISSOURI ASSOCIATION OF COUNTY DEVELOPMENTAL DISABILITIES SERVICES (MACDDS) REQUESTING THE DEPARTMENT OF MENTAL HEALTH/DIVISION OF DEVELOPMENTAL DISABILITIES GIVE REASONABLE CONSIDERATION AND RESPONSE TO PREVIOUS RECOMMENDATIONS MADE TO THE DIVISION BY MACDDS MEMBERS IN CONSENSUS WITH NUMEROUS OTHER STAKEHOLDERS, ADVOCATES, AND PROFESSIONAL ASSOCIATIONS DESIGNED TO 1) DEVELOP OPPORTUNITIES FOR INCREASED AND IMPROVED ACCESS TO SERVICES; 2) IDENTIFY ALTERNATIVE FUNDING APPROACHES THAT MAXIMIZE RESOURCES; 3) MOVE FROM A CRISIS MANAGEMENT APPROACH TO ONE THAT EMPHASIZES PREVENTIVE SERVICES; 4) FUND FAIRLY AND EQUITABLY COUNTY BASED TARGETED CASE MANAGEMENT SERVICES; 5) ADOPT BEST PRACTICES IN SERVICE DELIVERY AND COMMUNICATION; 6) EXPLORE NEW OPPORTUNITIES FOR PROGRESSIVE ADMINISTRATION OF PROGRAMS; AND 7) DELIVER SERVICES IN A FAIR, EQUITABLE, EFFICIENT AND EFFECTIVE MANNER.**

**WHEREAS**, the Missouri Association of County Developmental Disabilities Services, MACDDS, is a Section 501(c)(3) organization dedicated to quality community-based services for persons with developmental disabilities that represents participating county boards that provide services to persons with qualifying developmental disabilities; and

**WHEREAS**, County Boards are statutorily created entities that may provide or purchase services for eligible clients with developmental disabilities pursuant to the provisions of Section 205.968 to 205.972 RSMo; and

**WHEREAS**, targeted case management is a Medicaid covered service provided by County Boards to Medicaid eligible clients with developmental disabilities (the “target” group) that are referred for services by the Division of Developmental Disabilities and billed to the State’s Medicaid agency, known as Mo HealthNet; and

**WHEREAS**, case management, which is designed to assist persons in gaining access to needed services, is used generically to refer to services provided to Department of Mental Health and County Board clients who are not eligible for Medicaid, which may be paid for with State General Revenue funds and/or local tax revenue from County Boards; and

**WHEREAS**, Medicaid covered services are billed to the federal government by the State Medicaid agency and are reimbursed at the applicable federal Medicaid matching rate if the State or other local governmental entity contributes the required State matching share to the cost of the service; and

**WHEREAS**, the Division has entered into funding arrangements with County Boards for the provision of targeted case management services through written agreements that set forth a fixed amount that the Division will contribute during the State fiscal year to the cost of targeted case management services regardless of the units of services provided or numbers of persons served with

the expectation that the County Board will provide the service regardless of whether the Division contributes a sufficient amount to cover the cost of the service during the fiscal year; and

**WHEREAS**, the increasing number of referrals from the Division to County Boards for services, declining or flat county tax revenues due to declining property values, and decreases in Medicaid provider rates have made it increasingly difficult for County Boards to contribute to the State match for targeted case management funds as well as other Medicaid-funded services for which County Boards contribute to the State match and meet the needs of clients for services; and

**WHEREAS**, the County Boards received, in the aggregate, funding of \$4,286,600 in State Fiscal Year 2010 from the Division to cover the cost of providing the service to the more than 10,000 consumers of the Department of Mental Health/Division of Developmental Disabilities who are referred to County Boards for the provision of targeted case management, an amount which is grossly insufficient to cover the cost of the service; and

**WHEREAS**, in addition to the inadequacy of the total funding made available to the County Boards for the provision of the service, there are gross inequities among County Boards in terms of the amount of Division funding allocated to particular County Boards, which results in County Boards having to contribute varying amounts of funds to the cost of the service; and

**WHEREAS**, Division representatives stated as their goal the equitable distribution of funding for targeted case management services and subsequently prepared a spreadsheet as of March 2010 presenting four options to MACDDS members to achieve equity and asked MACDDS members for input on their preferred approach to achieve equity, and to which MACDDS members selected Option 2, which was that the Division would seek State funding to reimburse County Boards at a cost of \$22,000 per case manager based on the number of consumers served by the County Board and assuming a caseload of one case manager for every forty consumers; and

**WHEREAS**, of the forty-four County Boards that provide targeted case management services to consumers of the Division, twenty-seven receive less than \$22,000 per case manager as proposed in Option 2 and would be entitled to additional annual funding to achieve equity; and

**WHEREAS**, many County Boards voluntarily contribute varying levels of local funds as the State match for Medicaid waiver services, although they are not obligated to pay the State match for case management or any other Medicaid service, because of the lack of State general revenue from the Division to obtain needed waiver services for clients rather than denying the service or funding some services at 100% local cost when federal matching funds are available. Although a State responsibility, this match contribution by County Boards has resulted in the provision of services to many clients who would otherwise be denied services and has allowed the State of Missouri to direct its resources to other programs within state government not connected to developmental disabilities.; and

**WHEREAS**, in 2006 key stakeholders reviewed best practices and made recommendations for changes to the mental health system as a result of reports of abuse and neglect in Department operated facilities, which included a review of the feasibility of public-private partnerships to deliver case management services, determine eligibility, manage wait lists for services at the local level, and provide for a system of services in local areas, which would involve the transfer of functions/responsibility from the eleven Regional Centers of the Department to local entities. With

the endorsement of numerous advocacy organizations, provider associations, and other professionals, they set forth plans for the transition and delineation of roles and responsibilities to local administrative entities that met certain standards in such a way as to assure that services were accessible, economical and effective and that such transition has not occurred three years after the issuance of the report; and

**WHEREAS**, in 2008 the Missouri Association of County Developmental Disabilities Services (MACDDS), with funding from the Missouri Foundation for Health, conducted a study to explore best practices in Medicaid programs, opportunities to maximize federal Medicaid funding, and increased capacity to partner with the Department. One outcome of the study, “2008 Campaign for Excellence”, with input from representatives of the Department of Mental Health, Mo HealthNet Division and other divisions of state government was the development of a Prevention Waiver, which is currently waiting federal approval by the Center for Medicare and Medicaid Services. The Waiver is designed to move away from a crisis management approach to one that identifies clients who will benefit from preventive services and provides for more efficient expenditure of public resources. This Waiver, as well as a number of other recommendations, further support the transition of responsibility to local entities that are qualified to provide and contract for services in a more efficient and effective manner through their respective local communities; and

**WHEREAS**, many of the counties that provide targeted case management and other County Boards have also committed \$1.5 million in funds to be matched with an equal amount of Division funds to be used as the State share of matching funds for the pending Prevention Waiver, designed to provide services to 470 individuals at risk of institutional care unless services are provided to maintain the individuals at less cost and in a less restrictive environment. This approach of committing a fixed amount of local funds on an ongoing basis and seeking federal approval for shared responsibility for the State matching share has not previously been done in the State of Missouri and will meet the needs of many individuals currently unable to obtain other needed Medicaid Waiver services due to lack of funding; and

**NOW, THEREFORE, BE IT RESOLVED BY MEMBERS OF THE MISSOURI ASSOCIATION OF COUNTY DEVELOPMENTAL DISABILITIES SERVICES THAT:**

1. The above and foregoing premises are true and correct and incorporated into and made a part of this Resolution.
2. In order to fairly address the wait list for waiver services, the Division develop a plan for the needs of persons on waitlists for services as required by Section 633.032 with the input of MACDDS members to be presented to the Governor and required members of the House of Representatives and Senate that accurately portrays a picture of the needs of persons with developmental disabilities in the State of Missouri, including the cost of providing needed services, alternative approaches for more efficient delivery of services, reorganization/realignment of State resources to maximize revenue, and opportunities afforded by federal legislation to enhance the delivery of services by November 1 of each year.
3. The Division implement the recommendations of stakeholders and proceed with plans for the transition and delineation of roles and responsibilities to local administrative entities that meet certain standards in such a way as to assure that services are accessible, economical, and effective. This is even more important now than it was three years ago due to current economic conditions.

4. The Division acknowledge and adopt a limited monitoring/oversight function of County Boards with a demonstrated track record, including national accreditation, fiscal stability, and a high degree of consumer satisfaction, in recognition that such factors provide a reasonable assurance of compliance with Medicaid standards and assurances and the provision of quality services and instead primarily target its oversight and monitoring function to new or non-accredited providers, or providers with a history of continuing and significant client care issues.

5. The Division immediately commence a plan to move towards equitable funding of County Board-based targeted case management.

6. Upon approval of the Medicaid Prevention Waiver, the Division allocate funds to match the \$1.5 million in pledged contributions of the participating County Boards.

7. The Division join the County Boards by implementing best practice recommendations from the 2008 Campaign for Excellence Report. These recommendations will maximize the efficient expenditure of federal, state, and local funds. These include:

a. Expanding covered services in existing waivers;

b. Assuring that County Boards have an opportunity to participate in health improvement plans established by the Department of Social Services and to participate as health care homes;

c. Encouraging adoption of a developmental surveillance tool to identify children at risk of developmental and behavioral issues with the goal of early identification and intervention;

d. Exploring the opportunity for development of a Home and Community Based Waiver for children under 3 years of age;

e. Exploring options available under the Deficit Reduction Act to expand coverage to new population groups;

f. Reconsidering the State requirement of a Qualified Mental Retardation

Professional for the provision of certain Medicaid waiver services when not required by federal regulation with the goal of expanding the pool of available providers for waiver services while retaining quality;

g. Standardizing a protocol to communicate proposed changes to Division

policies/procedures/contracts with stakeholders; and posting of Medicaid State Plan and Waivers and any proposed amendments thereto to the Division's website.

Effective Date: This Resolution shall take effect from and after its date of adoption.

Adopted August 25, 2010

**APPROVED AND ENDORSED** by the member County Boards listed below at the regularly scheduled MACDDS meeting in Lake Ozark, Missouri on the 25th day of August, 2010.

\_\_\_\_\_  
President, MACDDS

ATTEST:

By: \_\_\_\_\_  
Secretary, MACDDS

**MEMBER COUNTY BOARDS ENDORSING RESOLUTION**

Adair County SB 40 Developmental Disability Board

Audrain Developmental Disabilities Services

Boone County Family Resources

Buchanan County - Progressive Community Services

Callaway County Special Services

Camden County Developmental Disability Resources

**Cape County Board for the Developmentally Disabled**

Cass County Board of Services

Dent County Developmental Disabilities Board

Developmental Disabilities Resource Board of Clay County

Cole County Special Services

Cooper County Board of Sheltered Services

Developmental Services of Franklin County

Gasconade County Special Services

Greene County Board for the Developmentally Disabled

Howard County Sheltered Services Board

**Howell County SB 40 Board**

Developmental Disability Services of Jackson County – EITAS

Jasper County Sheltered Facilities Board

Jefferson County Developmental Disabilities Resource Board

Johnson County Board of Services

Lafayette County Board of Sheltered Services

Lincoln County - COMMUNITY OPPORTUNITIES for People with Developmental Disabilities

Livingston County New Horizons

Macon County Commission for Developmentally Disabled Citizens

Marion County Services for the Developmentally Disabled

Miller County Board of Services for the Developmentally Disabled

Moniteau County SB 40 Board

Monroe County Board for the Handicapped

Montgomery County - Developmental Disabilities Assistance Board

Osage County Special Services

**Perry County Board for the Developmental Disabled**

Pettis County Board of Services for the Developmentally Disabled

Phelps County Board for the Developmentally Disabled

Pike County Agency for Developmental Disabilities

Platte County Board of Services for the Developmentally Disabled

**Pulaski County Board for the Handicapped**

Adopted August 25, 2010

Ray County Board of Services for the Developmentally Disabled

Saline County Board of Services for the Developmentally Disabled

Developmental Disabilities Resource Board of St. Charles County

St. Louis Office for Developmental Disability Resources

Ste. Genevieve County Board for the Developmentally Disabled

Taney County - Developmental Connections

Warren County Developmental Disabilities Board

Washington County Board for the Handicapped