

# **Developmental Disabilities Program Report**

**To the Governor's Council on Disabilities  
And  
Special Education**



**April 8, 2003**

**Kodiak**

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<b>Majority Activity 1: Manage Grants</b>		
<b>Results</b>	<b>Implications</b>	<b>Trends</b>
<ul style="list-style-type: none"> <li>• Applied new regulations to procurement that streamlined grants process</li> <li>• Grant management decisions made locally by Regional staff</li> <li>• Controlled costs and reallocated additional resources</li> <li>• Selected 99 new people off of the Waiting List for comprehensive services</li> <li>• STAR Programs manage the MH Trust Mini-grants</li> </ul>	<ul style="list-style-type: none"> <li>• Allows for-profit organizations to deliver IAT and Core Services</li> <li>• Provider Census will guide the allocation of resources.</li> <li>• More Scrutiny of the use of Grants for habilitation</li> <li>• Nearly 3000 individuals served by 52 grants to 35 organizations</li> <li>• Between 533 and 416 families have Core Plans (why the drop?)</li> <li>• Waitlist moves at a reasonable pace and 50% of those who wait access some DD Service</li> <li>• Applicants have better access to funds, local decisions are better and local administration is more efficient than a statewide DD Program decision</li> </ul>	<ul style="list-style-type: none"> <li>• Tribal entities to receive more Technical Assistance</li> <li>• Continued Cost Containment</li> <li>• Continued Budget reductions</li> <li>• See last page on Waitlist Management Issues regarding Selections for Legislative Appropriations or Departmental Initiatives</li> <li>• Better customer service and leveraging all available resources.</li> <li>• Continued support from the Mental Health Trust</li> </ul>

<b>Majority Activity 2: Administer Medicaid Waivers</b>		
<b>Results</b>	<b>Implications</b>	<b>Trends</b>
<ul style="list-style-type: none"> <li>• 1008 people served under the MRDD and 209 on the CCMC waivers.</li> <li>• Medicaid Audit with an emphasis on MRDD and CCMC Waivers Audit affirmed DD Program's procedures and control but identified problems with rate structure, billing, and Care Coordination</li> </ul>	<ul style="list-style-type: none"> <li>• Cost Containment and limits on expansion is a change in culture.</li> <li>• Hourly Billing in Day Habilitation and Supported Employment will assist families monitor services</li> <li>• 79% of the agency Care Coordinators used their employer for 100% of the recipient's services</li> </ul>	<ul style="list-style-type: none"> <li>• In FY 04 the Cap on MRDD Waivers is 1059 and the CCMC Waiver is 227</li> <li>• Tribal entities to receive more TA due to 100% reimbursement rate</li> <li>• Continued Cost Containment</li> <li>• More analysis of the per unit costs of Waivers and utilization of services</li> <li>• Support for <b>RCSCG</b> changes to move Care Coordination towards more independence</li> </ul>
<ul style="list-style-type: none"> <li>• New regulations intended to clarify and implement new federal requirements, and simplify Provider Certification are rejected</li> <li>• A new Provider Certification Manual will be adopted</li> </ul>	<ul style="list-style-type: none"> <li>• Flaws in the product led to a stakeholder process that improved the regulation and re-established role of the Council in policymaking</li> <li>• New provider requirements will allow experience to substitute for education</li> <li>• Provider requirements all will be in one place</li> </ul>	<ul style="list-style-type: none"> <li>• This was phase one of a continuing project to provide better regulatory tools for managing the Waivers in the context of limited expansion</li> <li>• Raising standards for care while balancing workforce issues</li> </ul>
<ul style="list-style-type: none"> <li>• Changed Care Coordination Training and created a Family Waiver Training</li> </ul>	<ul style="list-style-type: none"> <li>• Informed Families provide the best measures of quality and can resolve their own problems</li> <li>• Development of distance learning, use of media,</li> </ul>	<ul style="list-style-type: none"> <li>• Certification of a Care Coordinator to require demonstrated competency and 2 levels of training.</li> <li>• Use the Plan of Care format for the Habilitation Plan</li> </ul>

<b>Majority Activity 3: Establish Uniform Procedures</b>		
<b>Results</b>	<b>Implications</b>	<b>Trends</b>
<ul style="list-style-type: none"> <li>• Completed a study of Waiver Costs</li> <li>• Established a data base that links Waiver Costs to level of need</li> <li>• Created the Praxis Management Information System that automatically updates personal information for eligibility, Waitlist Status, Census information about services, and Waivers</li> <li>• Completed Program Policy and Procedures Manual for use by DD Program Specialists</li> </ul>	<ul style="list-style-type: none"> <li>• The Cost Study describes Waiver Costs and identifies factors why Costs vary</li> <li>• Leads to developing a uniform method of figuring costs</li> <li>• This centralized data base allows for timely and accurate reportings and facilitates responses to inquiries for consumers, providers, and policymakers</li> <li>• Provides a tool for routine communication with consumers and provide appropriate notice of changes in a persons status or services</li> <li>• Consistency and understanding of internal procedures</li> </ul>	<ul style="list-style-type: none"> <li>• More analysis of costs and utilization of Waiver services</li> <li>• Supports <b>RCSCG</b> objectives to establish individual budgets for Consumers</li> <li>• May go away if Senior Services MIS is adopted</li> <li>• Improved Customer Service</li> <li>• Standards for statewide performance of DD Program</li> </ul>

<b>Majority Activity 4: Develop Community Capacity to Assist People with Developmental Disabilities</b>		
<b>Results</b>	<b>Implications</b>	<b>Trends</b>
<ul style="list-style-type: none"> <li>• Collaborated on the creation of an Autism Resource Center</li> <li>• Struggled with Native Health Corporations on grant compliance and billing for Waiver services.</li> </ul>	<ul style="list-style-type: none"> <li>• Access to information about Autism, treatment and community services</li> <li>• Better coordination of clinicians and consultants for families</li> <li>• More information about training opportunities for families and providers</li> <li>• Opportunities for research and training at the provider and university level</li> <li>• Availability of locally controlled services in rural or remote areas</li> </ul>	<ul style="list-style-type: none"> <li>• Reduced DD Program funds may limit participation</li> <li>• Increasing number of children with Autism as a developmental disability on the DD Waitlist without early intervention</li> <li>• Tribal entities to receive more TA and coordinated assistance from DHSS</li> </ul>

## **How the DD Program will Prioritize Its time in FY 04:**

- 1) Re-alignment with Senior Services into a Division of Senior and Disability Services
- 2) Manage Budget Reductions, Implement Cost Containment Measures to ensure that the Waitlist moves at a reasonable pace, and Maximize Federal Reimbursements
- 3) Improve Care Coordination through training, quality improvement, and monitoring
- 4) Establish new mechanism of Quality Assurance consistent with best practice in consumer participation
- 5) Implement the Real Choice System Change Grant activities that will establish consumer directed services

## **Policy Issues in Managing the Waiting List**

To keep the Waitlist moving at a reasonable pace, the DD Program has 2 methods of selecting people for more comprehensive services. It is the DD Program's standard procedure when funds are available to conduct a routine draw at periodic intervals during the year. People are selected using their waitlist scores for the highest need or longest on the list.

However, daily circumstances will often supersede the logic of the Waitlist and people will be select based upon what we know about them at the moment. After all else has failed, intermediate steps have been tried, and the need for long-term care persists, individuals may be selected from the Waitlist according to these circumstances:

- those at imminent risk of substantial harm or significant regression;
- an individual living in an unsafe or unhealthy circumstance;
- an individual whose medical or behavioral needs are creating a hazard;
- an Individual without supports who is at risk of involvement with the Justice System;
- an individual at risk of institutionalization in a psychiatric hospital, nursing home, or jail who would be unable to live in the community without supports;
- an Individual living with a caregiver who no longer is able to continue in that capacity; or
- in response to legislative appropriation or Departmental initiative.