



Missouri's Road Map to Supports and Services for Persons with Developmental Disabilities

Background

The Department of Mental Health, Division of Developmental Disabilities (DDD) serves persons with developmental disabilities such as mental retardation, cerebral palsy, head injuries, autism, epilepsy, and certain learning disabilities. Such conditions must have occurred before age 22 with the expectation the condition will be lifelong. To be eligible for services from the Division, persons with these disabilities must have substantial functional limitations in two (2) or more of the following six (6) areas of major life activities: self-care, receptive and expressive language development and use, learning, self-direction, capacity for independent living or economic self-sufficiency, and mobility.

The Division's focus is on improving the lives of persons who have developmental disabilities and their families through supports and services intended to enable them to live independently and productively. The Division, as outlined in 633.010 RSMo, is charged with the responsibility of ensuring mental retardation and developmental disabilities prevention, evaluation, care, habilitation and rehabilitation services are accessible in the state. Furthermore, the division is responsible for the supervision of division funded residential facilities, day programs and other specialized services operated by the department, and oversight of facilities, programs and services funded or licensed by the department.

The Division provides specialized services directly or through contracted entities from over 17 locations in the state. The Division's eleven (11) regional offices provide assessment services and service coordination for over 30,000 eligible individuals across the state. Senate Bill 40 (SB40) Boards, established under Section 205.968 thru 205.972 RSMo 2000 and passed by voters in individual counties, and Affiliated Community Service Providers (ACSP) as described in 9 C.S.R. 25-2.005-2.105, are partners in providing service coordination in 36 counties and other services in 85 counties. The delivery system utilizes over 1,500 contracted community providers for the provision of a comprehensive array of services. While there are 11 distinct Regional Offices in Albany, Columbia, Hannibal, Joplin, Kansas City, Kirksville, Poplar Bluff, Rolla, Sikeston, Springfield, and St. Louis; most of these offices have satellite locations in other towns and communities for the convenience of individuals receiving services and their families.

There are also six state operated habilitation centers: Bellefontaine Habilitation Center, Higginsville Habilitation Center, Marshall Habilitation Center, Nevada Habilitation Center, Southeast Missouri Residential Services, St. Louis DDTC. As we implement contemporary best practices, these centers are integral to supporting persons receiving residential supports in the community thus ensuring persons are living, working, and playing in the most integrated setting. Individuals experiencing a short-term crisis that requires specialized intervention can be served at these centers. The centers also provide training and supports to residential provider staff so the individual is able to return to their community based supports and services with appropriate and consistent interventions.

Where we are

The redesign of the service delivery system is to fulfill the Department's vision so Missourians with developmental disabilities have the opportunity to pursue their dreams and live their lives as valued members of their communities. The intent of the redesign, outcomes and activities is to provide the right supports and services at the right time so individuals with developmental disabilities have Hope, Opportunity, and Community Inclusion.

The Division of DD is focused on and committed to implementing contemporary best practices within the service delivery system across the continuum of supports and services that moves the system:

- from crisis to prevention;
- from provider driven to self-direction;
- from congregate care to flexible individualized supports;
- from compliance to outcomes;
- from regional service delivery to local service delivery; and
- from habilitation centers focusing on long-term care to providing crisis and stabilization resource.

The Division of DD in partnership with its stakeholders will work to ensure these outcomes are achieved. The decisions and action steps taken by the Division of DD will be driven by the principles of self-determination, culturally competence and family centered supports. Thus developing an infrastructure consisting of high quality direct support staff, responsive fiscal management systems and evidence based best practices. This approach will ensure consistency, efficiency, and accountability throughout our service delivery system.

The redesign of the service delivery system in Missouri will occur in phases with an anticipated time line of three to five years to implement. It is important to note the restructure of the service delivery system has been developed and implemented without receiving any new money or staff layoffs. Calendar year 2007 was the first year of the redesign resulting in:

- the Provider Relations section of the Regional Office Restructure was designed and implementation began;
- the statewide Quality Assurance team was redesigned into functional roles and the Regional Office quality assurance staff were placed under supervision of the Director of Quality Assurance in Central Office;
- partnerships were expanded with Senate Bill 40 boards (SB40) on the provision of service coordination to decrease caseloads statewide;
- training was conducted for the Supports Intensity Scale (SIS) train the trainers and interviewers;
- Kennedy Krieger Institute Interactive Autism Network-Missouri Dashboard was implemented;
- three Missouri Autism Centers of Excellence were established along with the Ozark Center for Autism; and
- Regional Office directors were hired in all regional offices.

Below is more detailed information about the above mentioned activities related to the redesign of the service delivery system.

Regional Office Restructure

The Regional Offices restructure will be implemented in phases and driven by local workgroups in each region. The purpose of the Regional Office restructure is three fold:

- To support the development, implementation, and expansion of self-directed supports and services;
- To increase responsiveness and effectiveness of the local service delivery system to match the needs of individuals; and
- To move to greater control back to the local level.

The organization charts of the three phases of the Regional Office restructure can be found at:

<http://dmh.mo.gov/mrdd/documents/RegionalrestructureJune2010.xls>

Phase I of the Regional Office Restructure began in state fiscal year 2008. This phase included each Regional Office having a director and developing a workgroup chaired by the Regional Director to identify and provide information, job mentoring and training on new roles of the Regional Office for current Regional Office employees. During this phase the Regional Office continued to provide service coordination, intake and eligibility determinations, habilitation center transition, administration of the Supports Intensity Scale (SIS) and Business Office functions to ensure the billings are processed and payments are made. During phase one each of the Regional Offices hired a self-advocate to provided training across the continuum of supports for other self-advocates, families, disability professionals and service providers as well as to create a speakers bureau; and participate in regional office workgroups.. The self-advocate provided support in the following areas: self-determination, self-advocacy, self-directed supports, abuse and neglect, and person-centered planning.

In October 2007, Quality Assurance (QA) was brought under the supervision of the Director of QA in central office. The Division expanded partnerships with Senate Bill 40 Boards (SB40) for the provision of service coordination to decrease the Regional Office service coordination caseload ratio statewide from as high as 1:72 toward 1:50. In July 2007, there were approximately 17 SB40 Boards providing service coordination through 120 service coordinators to approximately 4,300 Missourians with developmental disabilities. As of January 2009, there were 36 SB40 Boards providing service coordination through approximately 200 service coordinators to over 7,200 Missourians with developmental disabilities.

Phase II includes further expansion of the partnerships with SB40s to provide service coordination. Each Regional office will continue enhancement and expansion of self-directed supports and in-home support teams. Full implementation of the Provider Relations section will focus on provider development and technical assistance, resource allocation, and monitoring of investigation inquiries. In addition, the Consumer Relations section will be enhanced to provide technical assistance and assure maintenance of service quality for all service coordinators. Consumer relations will also include a self-directed services coordinator, employment and education coordinator, as well as an in home supports team for families who have a family member who live at home and who may be exhibiting challenging behavior.

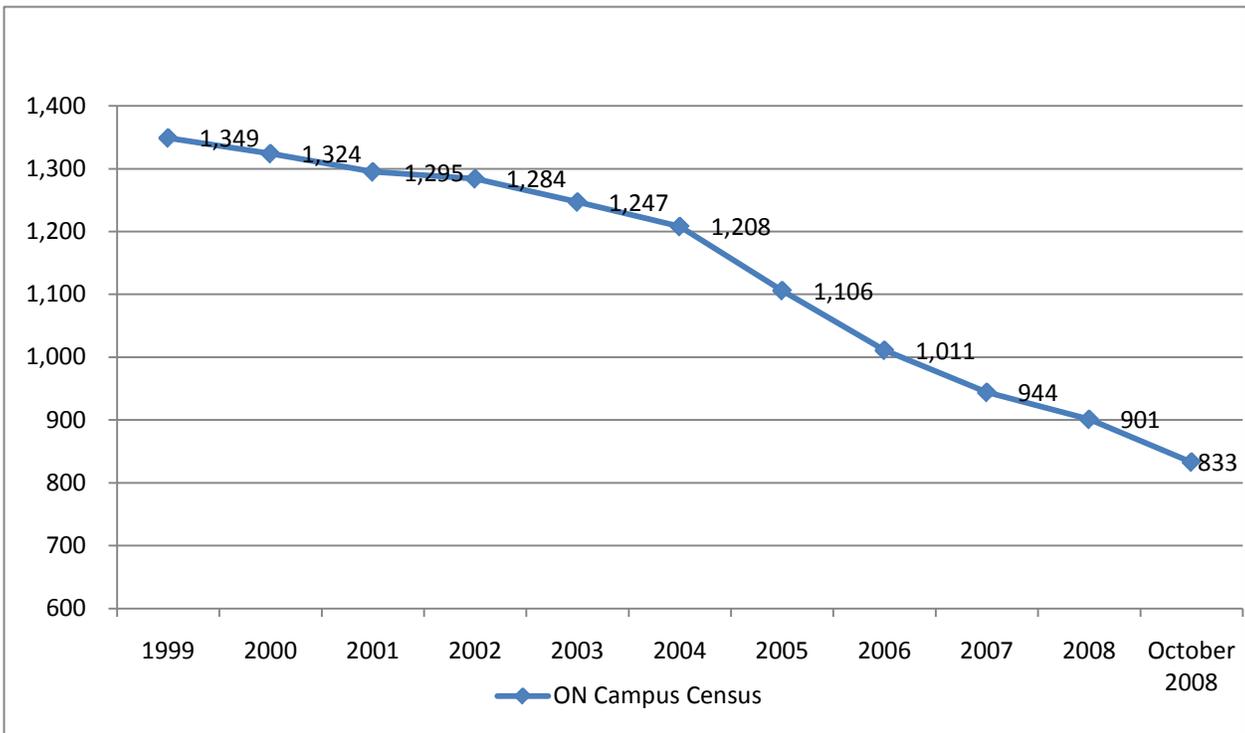
Each Regional Office will have a Regional Developmental Disability Advisory Council. Councils are set forth in State statute to assure meaningful and ongoing consumer and family input in the provision of supports and services at the regional level, Division policies, and the Division's annual plan. In some regions the Councils must be redeveloped and in others they need to be reinvigorated. Currently seven of the eleven Regions have a Council. By the end of fiscal year 2009 each Region will have a Council.

Phase III will involve full implementation of the Consumer Relations section to include development of meaningful day/employment and transition from school to post-secondary life. Also included will be development of the Clinical section to include behavior analyst, occupational therapist, physical therapist, speech therapist, nursing and dietitian to assist with the physical, nutritional management needs of individuals in supports and services.

Habilitation Centers

All of the six state operated habilitation centers are undergoing a redesign moving from self-contained facilities with a focus on long-term residential services to becoming a crisis and stabilization resource center. The habilitation centers will provide short-term crisis and stabilization supports for persons who receive community residential supports, as well as intensive behavior support and technical assistance to contracted community providers. The habilitation centers will be integral to assuring individuals are safe and successful living in community settings.

The redesign of the habilitation centers will provide access to a full continuum of supports and services to individuals who are eligible for Division services. An outcome of the redesigned service continuum will be to ensure that individuals live in the most integrated setting to meet their needs as well as to provide support to community providers. Since July 2006 the number of individuals living at the habilitation centers has decreased by 178, from 1,011 to 833 in October 2008. The graph below illustrates the census reduction of the habilitation centers since 1999 to October 2008.



As the system redesign moves forward, and consistent with state statute, we will continue to review individuals who reside in the habilitation centers at least every 180 days and work to transition individuals who can and want to receive services in a more integrated setting. Thus continuing to reduce the census at each habilitation center.

For the sake of clarity we have organized the Division’s initiatives into the four themes described above, however, there is overlap between the four themes. For example, College of Direct Support is listed under service delivery but also addresses abuse and neglect prevention initiatives as well as has a positive affect on quality assurance.

Quality Assurance

There has been a significant effort to enhance the developmental disabilities service delivery system’s quality management and to enhance the overall supports and services. The most recent Centers for Medicare and Medicaid Services (CMS) Medicaid waiver application template has explicit expectations regarding the development, monitoring and improvement of service quality requiring state agencies to revise and upgrade their quality monitoring and enhancement activities, and devote additional time and resources to this area. In addition, several provisions of the “Deficit Reduction Act of 2005” (DRA; P.L. 109-171) suggest that additional

changes in federal Home and Community Based Services (HCBS) quality oversight policies are likely to occur in the coming years.

In December 2006, Human Services Research Institute (HSRI) recognized as national experts and under contract with CMS, was invited by the Division to provide technical assistance with regard to the Division's quality assurance systems. This review along with the reports and recommendations from other state taskforces, and the Division of DD Transformation grant Quality Advisory Council's input led the Division to re-structure the activities of Quality Assurance (QA). In the fall of 2006 the Licensure and Certification Unit was transferred from the DMH Director's Office to the Division of DD under the Director of QA.

In the fall of 2007, Regional Quality Assurance staff began reporting directly to the Director of QA. Additionally, in 2007 the Division of DD joined 25 other states participating in the National Core Indicators project, which evaluates the performance and outcomes of the Missouri developmental disabilities service delivery system and allows the state to benchmark itself against other states.

In 2008 the statewide Quality Assurance leadership team restructured into functions of Outcomes, Consumer Safety, Consumer Health and Wellness, Standards and Accreditation, Information and Reporting, Licensure and Certification, and Regional Quality Assurance. Additionally, a statewide Quality Assurance coordinator for Habilitation Center Quality Assurance was established to assist with standardizing the roles and functions of QA within the centers and to address comparable QA activities across the service delivery system.

The Licensure and Certification Unit has assumed the responsibility for the provisional (initial) certification of new providers. This has promoted a consistent process across all regions. In addition, the unit piloted an annual review of provider systems for essential safeguards for health and safety. This process is now being implemented for all certified providers. A parallel system for accredited providers is now under discussion and development.

Self-Directed Supports

The self-advocacy and self-determination movement has fostered the development and growth in the provision of self-directed services throughout the United States. Both CMS' new Home and Community Based Services waiver template and the Deficit Reduction Act provisions suggest a continued emphasis on developing effective approaches for funding, monitoring, and expanding access to self-directed services. Clearly states, including Missouri, will need to develop mechanisms to expand and sustain self-directed/self-determined support options, such as individualized resource allocation methods and budgeting practices (i.e., individualized budgets), fiscal management systems, flexible support brokerage systems to meet the needs of individuals and families that want to self-direct their supports and services.

To meet the changing expectations of people with disabilities and their families, CMS, and other stakeholders, Missouri needs to expand the capacity of the community supports and service options for individuals with developmental disabilities and their families, especially those with the most significant support needs. Missouri, like all states will need to design and strengthen existing case management systems as well as foster the development of new, non-traditional support options (e.g., host home) that offer individuals and families real choices among competing service designs to achieve this outcome.

States are under increasing pressure to improve and strengthen existing financial management systems as a result of: (a) CMS's heightened scrutiny of state Medicaid claiming practices; (b) new Medicaid waiver

requirements governing the management of HCBS waiver programs, including the use of more equitable, data based resource allocation systems; and (c) internal state financial accountability demands. Missouri will work to identify, develop, and implement evidence based resource allocation models, rate setting systems, and financial management techniques. As mentioned earlier, the Division will be utilizing the Supports Intensity Scale along with person-centered planning to allocate resources as an evidence based model. In addition, the Division has expanded the scope of its' current financial management services to remove barriers for people to self-direct their supports and services as well as increase ability to track outcomes related to the provision of supports and services.

In the summer of 2008, the Division enhanced the scope and activities of the financial management service provided to remove barriers to persons with developmental disabilities and families self-directing their supports and services. The enhancements as increase the Division's ability to track outcomes related to the provision of supports and services. The financial management service provider, ASI Works, Inc. provides payroll services, employee sponsored medical, dental, and vision benefits, as well as web-based timesheets for direct support staff and personal budget expenditures for persons self-directing.

Supports Intensity Scale (SIS)

To establish fair, equitable and appropriate individual budgets for supports and services it is essential that there is a consistent and reliable method to evaluate the intensity and patterns of needed supports the Supports Intensity Scale (SIS), developed by the American Association of Intellectual and Developmental Disabilities (AAIDD) is a valid and reliable direct measurement of individual supports needs of persons with developmental disabilities. The SIS is comprised of three sections and identifies the frequency, duration, and type of support needed for a person to be successful in the following domains: home living activities, community living activities, life-long learning activities, employment activities, health and safety activities, social activities, protection and advocacy, and exceptional medical and behavioral support needs. This is one tool along with person-centered planning, individualized budgets, and fiscal intermediaries that can be utilized to expand and sustain high quality self-directed supports and services. The SIS reflects a new way of thinking about assessment by focusing on the support needs of the individual rather than his/her deficits.

Information obtained through the SIS semi-structured interview can be used to lead to enhanced outcomes for individuals, provider agencies, and state service delivery systems. At the individual level, it can assist in the person centered planning process to individualize supports and services, and ensure the supports and services reflect the person's needs to achieve identified outcomes in their life. At the agency level, it can assist in the staff development and training, budgeting, strategic planning and evaluation. At the systems level, it can assist in systems planning, evaluation, budget development, resource allocation, research and evaluation.

Employment/Meaningful Day

October 1, 2008 the Division has joined the State Employment Leadership Network (SELN) which brings states together to improve employment outcomes for individuals with developmental disabilities. The Division and its stakeholders are completing an initial needs assessment and gap analysis which is being facilitated by the SELN project consultants at the Institute for Community Inclusion at the University of Massachusetts and the National Association of State Directors of Developmental Disabilities Association (NASDDDS). The outcome of this analysis will provide the data necessary to work with a statewide stakeholders group to develop a comprehensive plan, including policy recommendations to address the employment needs of individuals with developmental disabilities.

Many states throughout the country have adopted or are in the process of adopting “employment first” policies and practices. Employment first is defined as making employment the first priority, preferred outcome, and first service offered to people with developmental disabilities who are working age before other vocational options. Our intent is to increase employment outcomes for all work age individuals who receive Division services and assist individuals to become economically self-sufficient and contribute to their communities. Currently, in the HCBS comprehensive waiver there are 85 individuals who receive individual supported employment services, 230 individuals in group supported employment and within the Community Support waiver there are 46 individuals in supported employment and zero in group supported employment. A recent report and review of Missouri data indicated that less than nine percent (9%) of Missourians with developmental disabilities are participating in integrated community employment which is significantly less than the national average of 20 percent.

Strengthen Performance Measurement

Expanded federal oversight of Medicaid funded services and growing restrictions on state/federal resources are placing increasing demands on state developmental disability agencies to strengthen program and data management capabilities, to improve provider oversight and more effectively assess key performance indicators. The Division of DD needs to expand its capacity to conduct critical analysis, and provide technical assistance on key issues related to provider performance, outcome measurement and quality assurance and improvement methods. The Division is one of twenty-nine (29) states participating in the National Core Indicators (NCI) project, which is a collaboration between NASDDDS and HSRI provides information for many of the desired outcomes stated in the Centers for Medicare and Medicaid Services (CMS), Home and Community Based Services (HCBS) Quality Framework. The NCI will allow Missouri to benchmark itself against other states and nationally recognized outcomes for persons with developmental disabilities. Recently, HSRI under contract with the Centers for Medicare and Medicaid Services (CMS) provided technical assistance to the Division by reviewing the Division’s current quality management systems. This review also fulfilled the Missouri Mental Health Task Force recommendation number five (5) for evidence based best practices of quality management systems from other states as well as the Mental Health Commission recommendation number eleven (11) requiring the Department of Mental Health to explore multiple options for external review and involvement of family and natural supports in all aspects of service delivery. Following principles of open public disclosure and quality improvement, the review stated that the department should provide meaningful venues for feedback and input. The Division has been re-invigorating and in some cases, resurrecting the eleven Regional Developmental Disabilities Advisory Councils (Regional Councils) as established in State statute (633.045) to assure meaningful and ongoing consumer and family input in the provision of supports and services at the regional level, Division policies, and the Division’s annual plan.

Meeting the Needs of Special Populations

Growing service demands among persons with complex conditions and challenging needs (e.g., co-occurring conditions, Autism Spectrum Disorders, Prader-Willi, Deaf and Hard of Hearing, etc.) poses significant challenges for states in the areas of resource allocation, eligibility determination, service design, oversight and system financing. State agencies will be required to work in collaboration to develop and provide a seamless service delivery system to of high quality, evidence based supports and services, which will improve outcomes for children, youth, and their families as well as enhance the capacity of providers and the community.

New Provider Development

In August 2007, the Division strengthened the new provider application to ensure that new providers have financial viability and implement contemporary best practices in supports and services for individuals with

developmental disabilities. The new provider application is an on-line application with the questions as well as rating criteria reflect contemporary best practice in all facets of supports and services, including self-advocacy, behavioral supports, the organization's integrated quality management plan and quality improvement systems, staff training, and inclusion.

Additionally, all applicants are required to complete and submit the results of their FBI background check. Over the past 18 months there have been 46 new provider applications submitted with 34 meeting the required minimum threshold to obtain a contract with the Division of DD. These new providers are providing a wide range of supports and services including but not limited to individualized supported living, supported employment, personal assistance, behavior therapy, and in-home supports and services.

Need to Stabilize and Improve the Direct Support Workforce

There is a pressing need for a high-quality, competent and stable workforce of sufficient size to provide assistance, training, and supervision to the growing numbers of individuals with developmental disabilities in need of long-term support. Missouri Division of DD needs to develop effective strategies for recruiting, hiring, training, and retaining direct support workers. One step the Division is currently undertaking is the implementation of the College of Direct Support (CDS), which is a competency based, on-line instruction for direct support professionals and frontline supervisors which was based upon a comprehensive is based upon national community support skill standards. The curriculum is based on a comprehensive job analysis of direct-care roles.

The Direct Support professional curriculum consists of thirteen modules ranging from the introduction to developmental disabilities, abuse and neglect, positive behavior supports, medication, cultural competence, and person-centered planning and supports. The Frontline supervisor curriculum consists of four modules covering training, fueling high performance, recruitment and selection, and developing an intervention plan.

The CDS is designed to build a high quality direct support workforce in Missouri to meet the needs of individuals with developmental disabilities. During the last 30 months nearly 2,400 direct support staff has completed approximately 56,000 lessons which has directly impacted 7,200 Missourians with developmental disabilities.

Summary

The Division of DD is focused on and committed to implementing contemporary best practices within the DD service delivery system preventing and reporting of abuse and neglect, improving communication between all stakeholders, building a comprehensive quality assurance and management system focusing on outcomes, restoring a focus on person-centered planning, and local service delivery. The Division in partnership with its stakeholders will work to ensure these outcomes are achieved. Furthermore, the decisions and action steps taken by the Division will be driven by the principles of self-determination, culturally competency and family centered supports to develop an infrastructure consisting of high quality direct support staff, responsive fiscal management systems, and prevention. This approach will ensure consistency, efficiency, and accountability throughout our service delivery system.