

**This document was prepared by Missouri Association of Rehabilitation Facilities (MARF) members during a meeting on January 21, 2014. MARF members developed a list of questions to be discussed during future meetings of the DD Redesign System Workgroup.**

=====

January 21, 2014

MARF members devoted time to allow all Community Living members attending the meeting to discuss and share thoughts on the 8 questions presented by the committee.

**1. How does the service delivery system avoid conflict of interest?**

*Conflict of interest can be managed by:*

Peer review of conflict of interest (External review and oversight. Separate from authority and funding.)

Consider local review boards and use of an ombudsman

Declared conflict of interest statement (full transparency in writing)

Address conflicts of interest in legislation (a statute to address protections from conflict of interest)

Set up local review boards with a set of checks and balances to ensure limited conflict of interest

Avoid appearances of impropriety – must be separation of case management and services

Landlord and payee should be the same

The division of DD could monitor conflict of interest

Local entity must have written policies on how they address conflicts of interest re: to TCM if they are also a CSP

More stringent criteria when conflict of interest is present

- 
- What is *due process* when consumer is not satisfied?
  - Delivery system **must** be true choice system
  - Appeal process – Division + Family + Provider
  - DMH or other State entity oversees choice and conflict of interest
  - Individuals have full representation
  - Advocacy separate from funding
  - Define “identity of interest” and define “external review process”
  - Regular periodic review of service area, county, or region to determine if providers want to expand into areas (RFP’s)
  - Use the referral system the way it was intended

**2. How does the service delivery system assure individuals have choice?**

- Must be division between case manager, provider, and funder
- One entity cannot provide the case management, services, and funding
- Healthy provider system – well funded & regulated
- Allow choice in case management
- How do we create Web based provider profiles? Tool for consumers to learn about providers
- Centralized service matrix- web based system with provider profiles (shopping cart)
- Independent case management
- Standardized rate

- Referral system that is used correctly & is transparent (email blast to all service providers of needed service in case of emergency)
- Due process
- Educate on choice of service
- Family to be informed of \$\$ cost/ value of service so they can choose how the \$\$ is spent
- Choice is driven by cost. Provide options.

### **3. How does the service delivery system minimize administrative costs, duplicative or inefficient services?**

- State efforts are divided when it comes to ensuring systems of choice, conflict of interest, etc)
- Expertise of employment specialists and autism navigator s/b at case management level
- Clear, consistent application of rules & regulations. Who oversees for consistency?
- Nursing function need to be reviewed to determine scope and authority
- Service delivery must maintain deemed status when applicable

### **4. How does the service delivery system assure the highest quality services?**

- Develop standardized outcomes
- Standardize staff training
- Mandate Peer Review through an external authority
- Eliminate State QA
- Mandate accreditation. Accreditation/certification needs to find balance between services and admin functions
- Define outcomes and outcome measures
- Benchmarking
- Feedback surveys
- Funding must be linked to outcomes
- No template for service design – need flexibility
- Ongoing feedback from all stakeholders – create a link to provider information system

### **5. How does the service delivery system provide the services needed for all individuals with developmental disabilities in Missouri?**

- Adjust to a practical application statewide district waitlist to waitlist by region/county
- 2 tiers (formula for distribution based on waitlist, need) and (flexible funds for regional decisions)
- Affiliated Community Supervisor provider?

### **6. How does the service delivery system assure standardized reimbursement and regulations for providers across the state?**

- SIS or other standardized system that effectively uses training, establishing reliability, periodic reliability checks
- Flex to keep needs supports (did need go away or is need managed because of supports in place?)
- Defined entity (shared decision): regional representation, stakeholder rep, some flexibility by region (by service)
- Shared decision entity (membership makeup, how is it appointed, or elected. Are there term limits, governed by statute?)
- System to manage disputes
- State level (not county) oversight of minimums policed over counties by state

### **7. How the service delivery systems assure accountability and transparency?**

- People receiving services must have ready access to their information (budgets, etc)
- Access to and understanding of fiscal & other information
- Central Source to include: Providers by service, service expectations, defined processes, decision points clearly stated.
- Requirements to post reviews, i.e. survey results, etc – both providers and entity
- Periodic needs assessment
- Replicating certain public regulations (sunshine law, open meetings)
- Have to have consistency county by county. Is the system we're designing taken into account? Unfunded proposal to re-base
- Understanding re-design – we have to have a clear understanding of broken pieces by region / county
- How do fix miscommunication perceptions of MMAC & Division of DD?
- Minimum standards- clear expectations in writing from DMH- can't be open to interpretation
- Does transparency mean we are up front about limitations of choice?
- Signed statement of providers have been reviewed
- Standardized outcomes that have published results for Providers, TCM, Local entity
- Reporting mechanism that demonstrates 1) money follows person 2) wait list money goes to provide service

**8. How do we assure that all individuals with developmental disabilities and their families, provider organizations and the community at large have a frequent and meaningful input into the service delivery system?**

- People with DD in integral positions in system (stakeholders)
- Governance board to include stakeholders (people with DD, families, providers)
- Satisfaction & feedback process on contracting with multiple strategies (standardized / ongoing)
- Regional advisory council (based on new design structure)
- Hold public meetings with commentary on opportunities
- Shared decision entity (policy, procedures, training, contract, memo of understanding)
- The service delivery system has to encompass entire population (I/DD – MH - +) Special needs. This just can't be DD
- System that manages dual diagnosis. Can MH outcomes be managed in a similar fashion?
- System currently does not manage the following
  - Families are not provided with enough information.
  - How is information delivered fairly without bias?
  - Manage expectations and fears (Families are afraid that self determination will not happen)
- Families are not involved in this re-structure. Viewed as not being transparent)
- How can we share process with all stakeholders before final plan is in place?