

DIVISION OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
 Comparison of Proposals
 April 2, 2007

	New Directions for Missourians with Developmental Disabilities (MARF Proposal)	Programs of Excellence	Jasper County Sheltered Facilities Board (JCSFB)	Boone County Intergovernmental Agreement - Affiliated Community Service Provider
Qualifications of Private Entity	<p>Administrative agents to be designated by DMRDD.</p> <p>Criteria for administrative agents:</p> <ol style="list-style-type: none"> 1. Not-for-profit organization or any entity organized under SB40. 2. Nationally accredited in disabilities services by CARF or The Council. 3. Principal has minimum of 10 years experience providing services to people with developmental disabilities. 4. May be single not-for-profit organizations or networks. 5. Must establish a separate and distinct board of directors to govern the operations of the AA or affiliate. 	<p>Programs of Centers for Excellence to be designated by DMRDD.</p> <p>Criteria for Program for Excellence:</p> <ol style="list-style-type: none"> 1. SB 40 or Community-based non-profit CARF accredited, at the highest level (3) year, and shall have been in existence a minimum of 6 years. 2. Entity must have proper insurance and written assurances of compliance with state and federal regulations. 3. Entity must have adequate MIS capacity. 4. Entity must agree to purchase or provide services in accordance with certification principles. 5. Entity must assure and provide evidence of a mechanism or input and involvement in planning programs or services from persons served and their families. 6. Entity must be able to qualify under various mechanisms/processes to receive Federal Medicaid funding or other State/Federal funds. 7. Entity must maintain an overall consumer satisfaction with programs/services delivered at a minimum of 80% as measured by a variety of survey activities. 	<p>SB 40 County Board for Developmental Disabilities.</p> <p>Entity would meet all qualifications as determined by the Department of Mental Health.</p>	<p>Administrative Agent designated by Director of DMH in accordance with existing state law and regulations.</p> <p>As per 9 Code of State Regulations 25-2.005, County Board is designated by Director of DMH as Affiliated Community Service Provider (ACSP) – providing an array of defined services per regulation; agency provides, purchases and reimburses individually planned services; may also define additional disability-related services in response to consumer input.</p> <p>Qualified by Medicaid as an Organized Health Care Delivery System (OHCDS) allowing the County Board to contract with non-Medicaid enrolled providers expanding the provider network and offering more choice for consumers, allows money to follow client and provides stable funding to providers.</p> <p>Successful local/state collaboration for 17 years in Boone County (other ASCP's successful in rural areas).</p> <p>Clarifies roles and responsibilities of DMRDD and County Board/Administrative Agent/ACSP related to intake, eligibility, planning, new service development, funding, provider enrollment, contracts management, service authorization, provider payment, case management, individualized planning; quality assurance, abuse and neglect investigation; utilization review; client funds administration; consumer satisfaction; accreditation.</p> <p>Meets all state and federal laws, regulations and standards.</p>

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Qualifications of Private Entity (con't)		8. Entity must produce and publish an outcome evaluation report (required by accreditation) clearly describing performance goals and indicators which will lead to continuous program/service improvements for persons served.		
Intake, Eligibility and Case Closing	Administrative agent – single point of application, eligibility determination and referral.	May be delegated by DMRDD to Program for Excellence.	DMRDD Responsible, including the approval of waiver slots and for conducting the Standard Means Test (SMT).	Joint responsibility for client identification, intake and evaluation for eligibility; DMRDD makes final determination of eligibility. County Board/Administrative Agent/ACSP responsible for case closing. County Board/Administrative Agent/ASCP responsible for file maintenance and retention except persons in DMH contracted community placements.
Case Management	Administrative agent (1:30 ratio)	May be delegated by DMRDD to Program for Excellence.	JCSFB performs case management for many individuals in the following 11 counties: Vernon, Barton, Henry, St. Clair, Cedar, Dade, Jasper, Newton, Lawrence, McDonald, and Barry. DMRDD retains responsibility for CM in Bates County, and for individuals with conditions of such a nature that cannot be met by JCSFB. (1:30 to 1:35 ratio)	County Board/Administrative Agent/ACSP provides targeted and DMH case management for all eligible clients in the county except persons in community placements not operated by County Board. Boone County has nationally accredited case management services.
Investigations	DMH responsibility	Roles to be defined.	DMH responsibility	County Board/Administrative Agent/ACSP and DMRDD jointly conduct and coordinate investigations regarding abuse and neglect and provider misconduct.

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Community Service Providers	Administrative agent provides or contracts with affiliated providers for programs and services. Community providers must be accredited by CARF or the Council.	<p>Level A Associate --- Single service only. Could be mom and pop shop or transportation provider, etc. Nationally accredited.</p> <p>Level B Basic --- Limited services but more than one service funded by DMH. Nationally accredited.</p> <p>Level C Comprehensive --- ACSP full range of services including TCM. Nationally accredited</p>	DMRDD contracts with providers, while JCFBS prior authorizes services.	<p>County Board contracts with community providers as ACSP and OHCDS and prior authorizes individually planned services;</p> <p>County Board/Administrative Agent/ACSP may contract with agencies or persons serving persons not diagnosed as MR or DD from which the client would be eligible to receive available services and agencies or persons serving MRDD persons from which the client would be eligible to receive services which may be licensed, certified, or nationally accredited as appropriate.</p> <p>County Board as an ACSP and OHCDS contracts with 170 providers and issues over 12,000 individually planned service authorizations for 1,200 clients annually.</p> <p>Money follows client choice.</p> <p>Joint purchasing by County Board/Administrative Agent/ACSP and Regional Center from contracted providers; County Board may purchase from state contracts, State may purchase from county contracts.</p>

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Quality Assurance	<p>Administrative designs annual quality enhancement plan, to include:</p> <ul style="list-style-type: none"> a) Training programs for direct staff and supervisors designed to lessen the likelihood of accidents and injury including medication errors and abuse. b) Processes and documentation to frequently monitor community living homes. c) Satisfaction surveys of people served and their families and actions. d) “Whistle Blower” policy and documentation of distribution to staff. <p>AA to create an objective rating system for affiliated providers to help consumers, families, guardians, case managers and other assess the quality of a provider.</p> <p>Any AA failing to maintain compliance with the provisions of the contract include progress made towards measurable outcomes for the area may be subject to one or more of the following actions: corrective action plan, approved by DMRDD, requirement of peer review process, suspension of part or all the payment provided for the contract until the violation is corrected; and/or cancellation of the contract.</p>	<p>May be delegated by DMRDD to Program for Excellence.</p>	<p>DMRDD responsible for QA to include monitoring, state certification, conducting service delivery audits, and human rights committees.</p> <p>SB40 shall obtain and report accurate data, be accountable for federal and state funding, conduct consumer satisfaction surveys on case management, annually along with an annual consumer needs survey, report on all services authorized and provided per person served, report on funding sources utilized within service delivery, assure that an outside audit is conducted annually.</p>	<p>All agency provided programs are CARF accredited, including Case Management/Services Coordination, Community Integration, Family Support, Supported Living.</p> <p>Boone County Family Support Program was the first nationally accredited family support program in the nation.</p> <p>Client/family satisfaction surveys for all persons served at annual plan meeting with follow-up and satisfaction surveys provided to governing board, funding sources and public.</p> <p>Individual employee performance evaluations tied to consumer satisfaction.</p> <p>Internal and external reviews of safety, including fire safety and sanitation; client rights; individual plan review (Quality Reviews with RC); client record reviews and Medicaid compliance.</p> <p>Full compliance with state and federal program and fiscal compliance reviews and audits.</p> <p>ACSP must comply with Missouri Sunshine Law.</p> <p>ACSP must comply with Missouri Ethics Commission filing requirements for public officials’ disclosure of conflicts of interest.</p> <p>Annual independent audit in accordance with OMB Circular A-87 available to public and funding sources as required by law.</p>

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Habilitation Centers (HC)	The DMRDD will be responsible for the operation of the habilitation centers. AA responsible for determining eligibility for admission, informing and offering community supports, and reporting HC admissions to the DMRDD director.	Not specified	DMRDD responsible	DMRDD responsible; County Board/Administrative Agent/ACSP coordinates with DMRDD for services for those persons transitioning out of habilitation center.
Medicaid Waiver and State Plan	The DMRDD responsible for writing and amending Medicaid state plan and waivers.	Not specified	JCSFB participates in development or revision of waiver and state.	DMRDD administers Sarah Jian Lopez Waiver, Community Support Waiver, and Comprehensive Waiver; County Board/Administrative Agent/ACSP provides suggestions and feedback on proposed waiver and state plan amendments. County Board/Administrative Agent/ACSP evaluates consumers qualified and likely to benefit from waiver services, requests waiver assignments, writes individualized plans of care and DMH makes final decision on waiver assignment and signs off on IPC's.
Geographic Regions	Not Defined	To be defined by DMRDD, with input from Planning Council.	11 counties: Barry, Barton, Cedar, Dade, Henry, Jasper, Lawrence, McDonald, Newton, St. Clair, Vernon	Geographic regions for Administrative Agents are determined by DMH director as authorized by state law and regulation; County Board/Administrative Agent/ACSP may serve clients in adjacent counties via inter-county agreement.
Waiting List	DMRDD maintains statewide wait list and allocates growth to each AA according to area needs. AA manages local wait list.		Waiting list managed at the local level, while DMRDD approves waiver slots. Utilization review process completed by JCSFB.	Provides greater local control over waiting list management; waiting list for services except for out of home placement in Boone County has been reduced or eliminated.

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Reporting Responsibilities	AA to report to DMRDD: Plans of care detailing home and community-based services to the provided independent financial audits and audit findings. Reports of all meetings of the Council of Community Membership and recommendations of the council quarterly reports of the mandated outcomes for the people with developmental disabilities served by the AA including incidences of abuse and neglect. Other information needed by DMRDD.	Not specified	JCSFB to annually conduct and/or report: a. consumer satisfaction survey b. provider satisfaction survey c. consumer needs survey d. maintains waiting list and movement e. services authorized and delivered for each consumer f. Funding sources utilized within service delivery area g. Outside audit conducted annually DMRDD retains all records.	County Board/Administrative Agent/ACSP provides Regional Center with at least quarterly reports which include but are not limited to admissions, discharges, persons served, individually planned services purchased, provided or reimbursed by type of service, unit and unit cost, provider source, total service and total planned cost by month. County Board also provides Regional Center with copies of consumer satisfaction survey results, joint maintenance of current waiting list, accreditation survey results, annual independent audit. DMH and County Board/Administrative Agent/ACSP exchange any anticipated new program development and service provider enrollment information; DMH and County Board/Administrative Agent/ACSP exchange and jointly analyze and state and federal program reviews and audits.
Number of Administrative Agents/ Programs	Number not specified, however the geographic boundaries for each AA will be determined by the DMRDD with input from the Missouri Planning Council, based upon population, diversity, transportation within the area and wait list.	Number not specified		
Estimated Cost of Proposal	Not specified	Programs must be cost neutral to the State	Service Costs for Region V (NOTE: estimate is from 10/05) DMH: \$7,877,238 Federal: <u>\$11,136,163</u> Total: \$19,023,401	DMH net cost of total array of services is approximately 17%.

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Expected Outcomes/ Benefits	<ul style="list-style-type: none"> a) Reduced incidence of abuse and neglect. b) Reduced case load sizes: 1:30. c) Reduced numbers on wait list for services. d) Services offered are in direct response to the input from people with developmental disabilities and their families. e) AA and all affiliated providers adhere to rigorous standards, achieve and maintain national accreditation. f) Reduce the turnover of direct staff. g) Increased opportunities for people living in a habilitation center to move into the community. h) People with developmental disabilities live and work in the community of their choice. 	<ul style="list-style-type: none"> a) Movement toward all providers with national accreditation over time. b) Programs of Excellence will require less TA from DMRDD, so that resources can be directed to providers to achieve Program of Excellence. c) A statewide “scorecard” of critical indicators will be developed to compare services and outcomes to those served. d) Maintain consistent and regularly updated best practice national standards as a hallmark of quality. 	<p>Corresponds to Governor’s commitment to reforms to achieve responsive and efficient government.</p> <p>Increase quality of services to persons with developmental disabilities by expanding TCM and creating a system with greater QA measures.</p>	<p>ACSP has resulted in more people working; more intact families; fewer foster home placements; fewer residential placements for adults; more adults establishing personal residences; lower than average incidence of abuse and neglect reports.</p> <p>Improved coordination with other community-based service agencies including Juvenile and Mental Health Court, Public Administrator and Public Housing Authority; County/City Health Department; Federally Qualified Health Center, Emergency Preparedness and Management authorities; joint staff training with other agencies.</p> <p>Better outcomes for persons served due to local coordination with local schools for better coordinated therapies, improved behavior management between school, community and home settings, integrated individualized planning and more employment opportunities through school to work transitions.</p> <p>Flexibility to pursue outside funding with Missouri Housing Trust Fund, MoDOT, Community Development Block Grant, HOME program to expand housing and transportation services to clients including establishment of Project Based Assistance with Section 8 Program.</p> <p>More funding resources to help persons served through more efficient and expanded use of local, state and federal matching fund opportunities.</p> <p>Improved cooperation and innovation between DMH and local communities.</p> <p>Greater public and elected official awareness and support of community MRDD needs and services.</p>

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Expected Outcomes/ Benefits (con't)				Local decision making with consumers affords greater flexibility in consumer directed supports and providers; Local services are more accessible to persons served in their locale by phone, by car or public transportation; ACSP agreements stabilize funding to providers but maintain the integrity of money follows the client choices . Services nested under a not for profit or publicly appointed governing board are more responsive resulting in consistently high consumer satisfaction.
New Provider Enrollment	Administrative agent responsibility, using guidelines established by DMRDD.	Not specified	DMRDD, in addition to provider training. JCSFB providers' resource development.	Enrollment done by County Board/Administrative Agent/ACSP.
Rate Setting	Negotiated between AA and provider.	Not specified	Not specified	Whenever possible and appropriate, DMH and County Board /Administrative Agent/ACSP use the same rate structure with waiver rates not to exceed waiver caps. In Boone County, providers have been given COLA's in some years when DMH has not.
Vendor Payment	Not specified	DMH responsibility	DMRDD Transfers funds monthly equal to 1/12 of annual allocation to JCSFB. DMH will pay providers, and oversee the FI program.	In Boone County the ACSP pays providers unless purchasing from state contracts.

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Safety	<ol style="list-style-type: none"> 1. AA to ensure training on recognizing and reporting abuse/neglect is provided to people served or their families. 2. Person Centered Plan addresses safety/ crisis planning when individual subject to or witnesses abuse/neglect. 3. When an allegation of abuse or neglect has been substantiated against an individual, will be ineligible for employment working with people with developmental disabilities. Appeal process will be available. 4. Supports legislation to amend current child abuse protection laws to include mandatory reporting of abuse and neglect of any vulnerable adult. 5. Recommends DMRDD establish a toll-free hotline for the reporting of abuse and neglect of persons with disabilities by anyone at anytime. 6. AA will establish ombudsman office, to resolve conflicts, complaints and concerns. Local ombudsman will report to a statewide ombudsman. 7. AA assists with development of mandatory training for entities and individuals providing services. 			<p>Complies with building, fire safety codes; complies with national accreditation standards for health and safety; developing emergency preparedness plan with other local emergency authorities including the health dept., fire and police, emergency operations.</p>

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Relationship with Stakeholders	<p>AA will establish a council of Community Members.</p> <p>Missouri Planning Council to provide input to DMRDD regarding geographic regions for AA's, quality review process, recommendations for wait lists, peer review process.</p>	<p>Program of Excellence must assure input and involvement on planning programs and services from persons served and their families.</p>	<p>Assures active consumer-participation throughout the system via an advisory council comprised of at least 2 persons or their guardians from each county that are receiving supports.</p> <p>DMRDD will coordinate autism projects, liaison for the Elks Dental Clinic.</p>	<p>Governing body is board of directors appointed by elected County Commissioners; governing body includes representation of persons served and their families and includes representation from numerous stakeholder groups, i.e., Elks, public schools, University of Missouri, vocational rehabilitation, independent living center; Missouri Hospital Association, Family Health Center, Columbia Area United Way.</p> <p>Highly engaged stakeholder community that includes providers, persons served, their advocacy groups, local special needs estate planning attorneys, local coordinating council for early childhood services, self advocacy groups, including People First (BCFR named agency of year by People First of Missouri for last 2 years), and numerous other public and private civic and consumer support groups.</p> <p>Not for profit Friends of Boone County Family Resources engages the community and public members in private fundraising and noncash contributions for the further benefit of clients served.</p>