

DD System Transformation Workgroup Presentation



**Presented to the Missouri Mental Health
Commission**

September 11, 2014

Background

Beginning in 1967, and continuing through 1975, the state of Missouri established 11 Regional Diagnostic Centers for people with developmental disabilities. The centers were located throughout the state and designated in statute to provide, directly or indirectly, for comprehensive developmental disability services to each geographic region of the state.

Originally, the centers were called Diagnostic Clinics until 1975 when the designation was changed to MRDD Regional Centers. Missouri established these facilities to provide families and individuals with developmental disabilities a local resource to access medical professionals and develop other necessary diagnostic services without requiring them to travel many hours and hundreds of miles for services and assistance. The original facilities:

- Provided diagnostic and eligibility determination, intake and educational services for individuals with severe disabilities.
- Operated 24/7 residential beds to perform assessments which could take up to two weeks. When residential beds were no longer needed for the assessments, the facility used the beds to provide respite to assist families.
- Employed occupational therapists, registered nurses, speech therapists, physical therapists and social workers to support Infant Stimulation Teams or Assessment Teams.

Regional Offices have continued to evolve over the last 45 years as local community resources have developed. Over time, the Regional Offices discontinued delivering direct services, ultimately even transferring case management responsibilities, as other local resources were developed to meet the needs of families and individuals with developmental disabilities. Local county-based service coordination (Targeted Case Management) now serves over 58% of the individuals served by the Division of Developmental Disabilities (DD).

The Department, in partnership with the Regional Offices continues to move the DD service delivery system to the local level when feasible, where entities closest to the people served can make the best decisions to improve services to meet the needs of their community.

Overview of the Current Developmental Disabilities System Transformation Process

The Developmental Disabilities System Transformation Workgroup was established in 2013 to explore opportunities where local entities, including Senate Bill 40 Boards, could play a larger role in the DD service delivery system as the Regional Offices' role continues to evolve. The workgroup includes representatives from various organizations including:

- People First (a DD client advocacy organization);
- Missouri Developmental Disabilities Council;
- Missouri Association of Rehabilitation Facilities (MARF);
- Missouri Association of County Developmental Disabilities Services (MACDDS);
- MO HealthNet Division
- Department of Mental Health; and
- Individuals and Families

Any new proposed enhancements to the current service delivery system must:

- Be more responsive to meet an individual's needs;
- Provide high consumer satisfaction;
- Promote effective person centered planning;
- Provide conflict-free services; and
- Be fiscally responsible and financially stable

Four Core Function to be Performed at the Local Level:

- Determining **Intake and Eligibility** for individuals with developmental disabilities requesting Division services;
- Establishing **Priority of Need (PON)** for individuals waiting for Division services. PON scores establish the level of need of an eligible individual base on their acuity level;
- Assisting individuals and families in developing person-centered, individualized service plans and providing **Service Coordination (TCM)** to individuals eligible for Division services; and
- Managing the **Budget Authority and Allocation of Resources** for all in-home services provided within their geographic region.

Functions Remaining with the State:

- Utilization Review of eligibility determination, PON scoring, appropriateness of person centered plans, case management and budget management, and utilization;
- Provider Quality Enhancement;
- Home and Community Based Waiver Assurances;
- Abuse and Neglect Investigations;
- Provider Contracting/Provider Relations;
- Statewide Training and Certification;
- Regional Transfers;
- Mortality Reviews; and
- Habilitation Center Transitions.

Les Wagner's Presentation

Local Options For Missourians With Developmental Disabilities

Presentation for the
Mental Health Commission

September 11, 2014

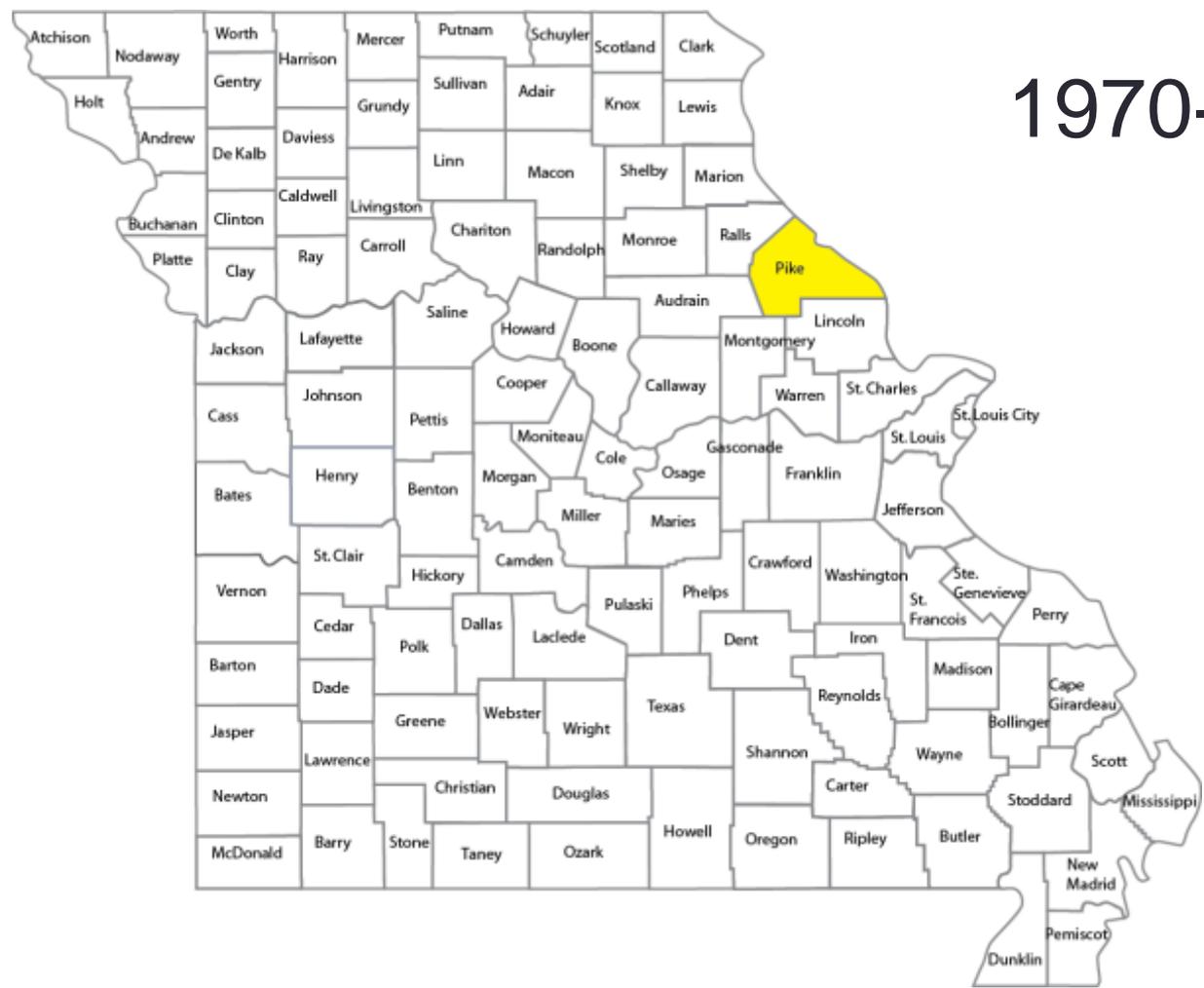
BUILDING ON SUCCESS

The MACDDS/MARF Initiative

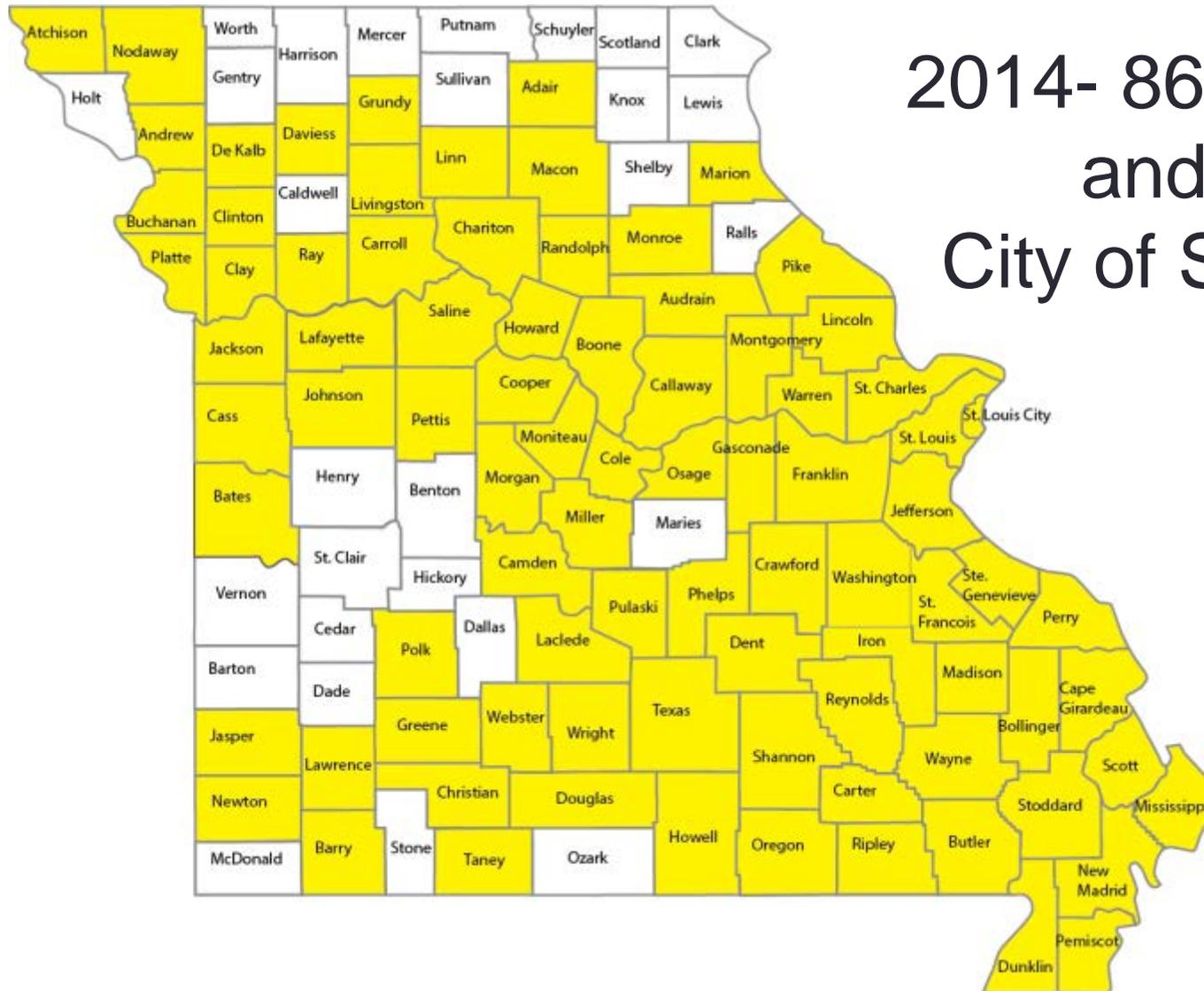
Our Future: An efficient, flexible, locally-based system so people with developmental disabilities receive the supports they need when they need them.

Local County Board Capacity

1970- Pike County

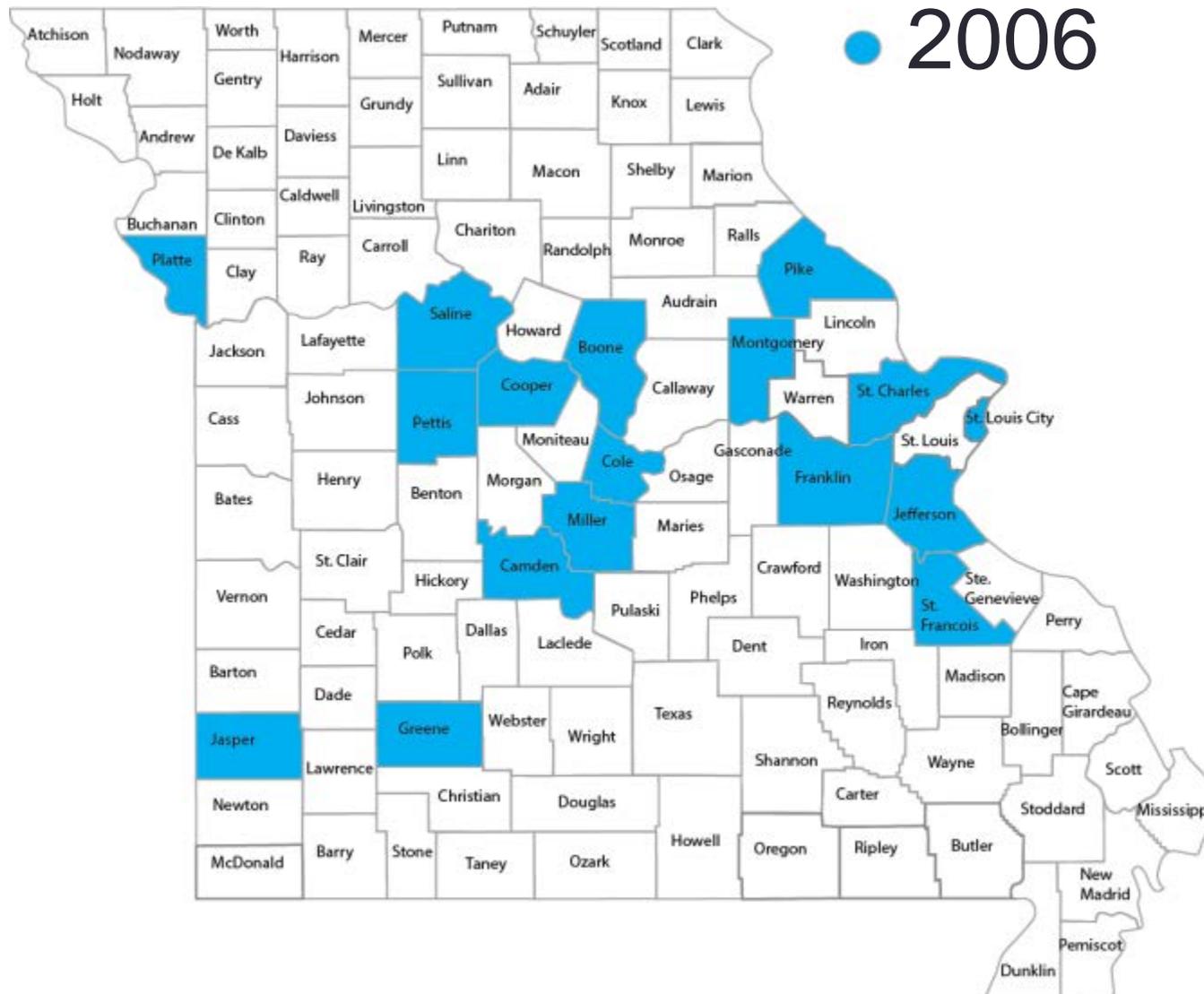


Local County Board Capacity



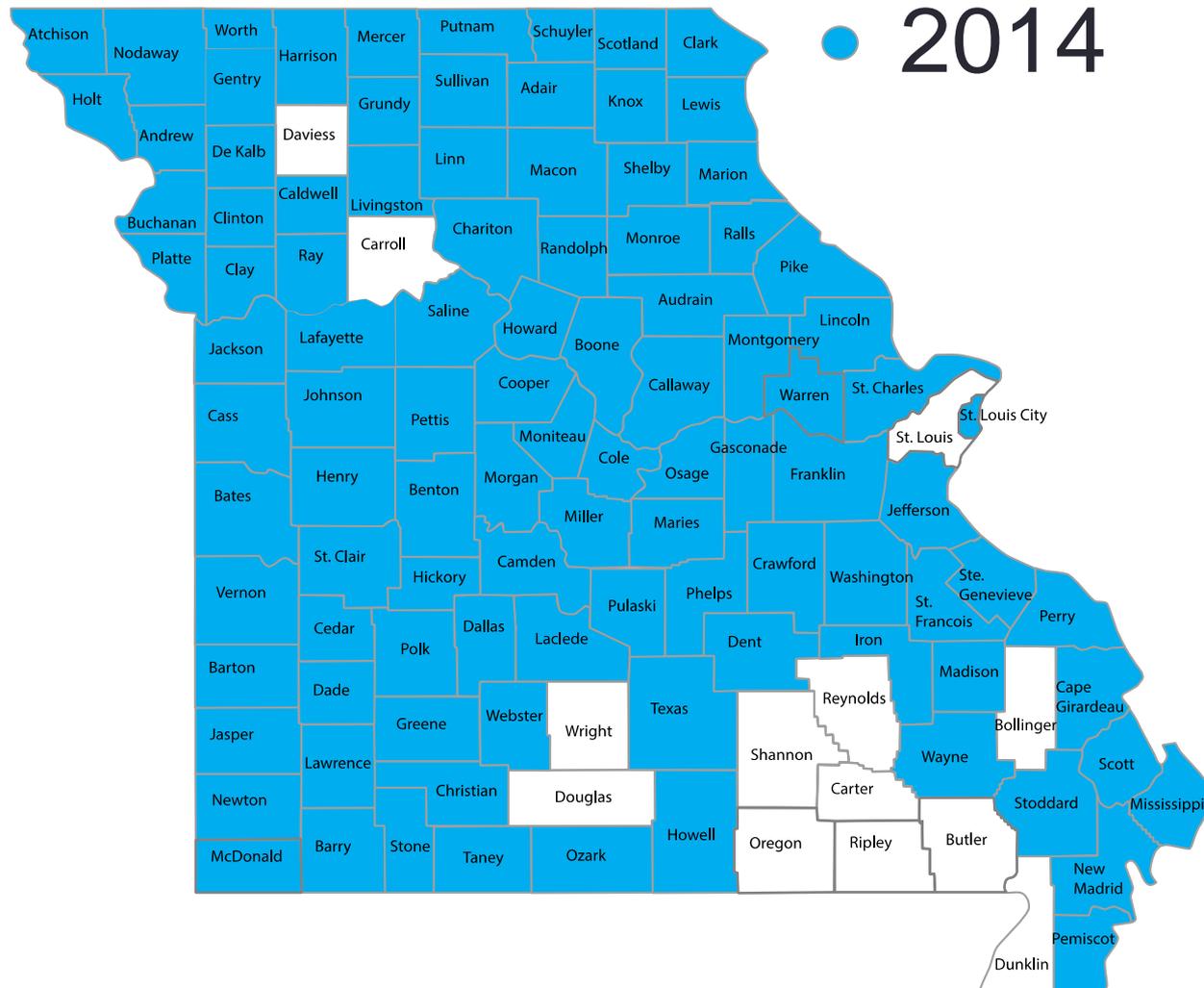
2014- 86 counties
and the
City of St. Louis

Local Case Management Expansion



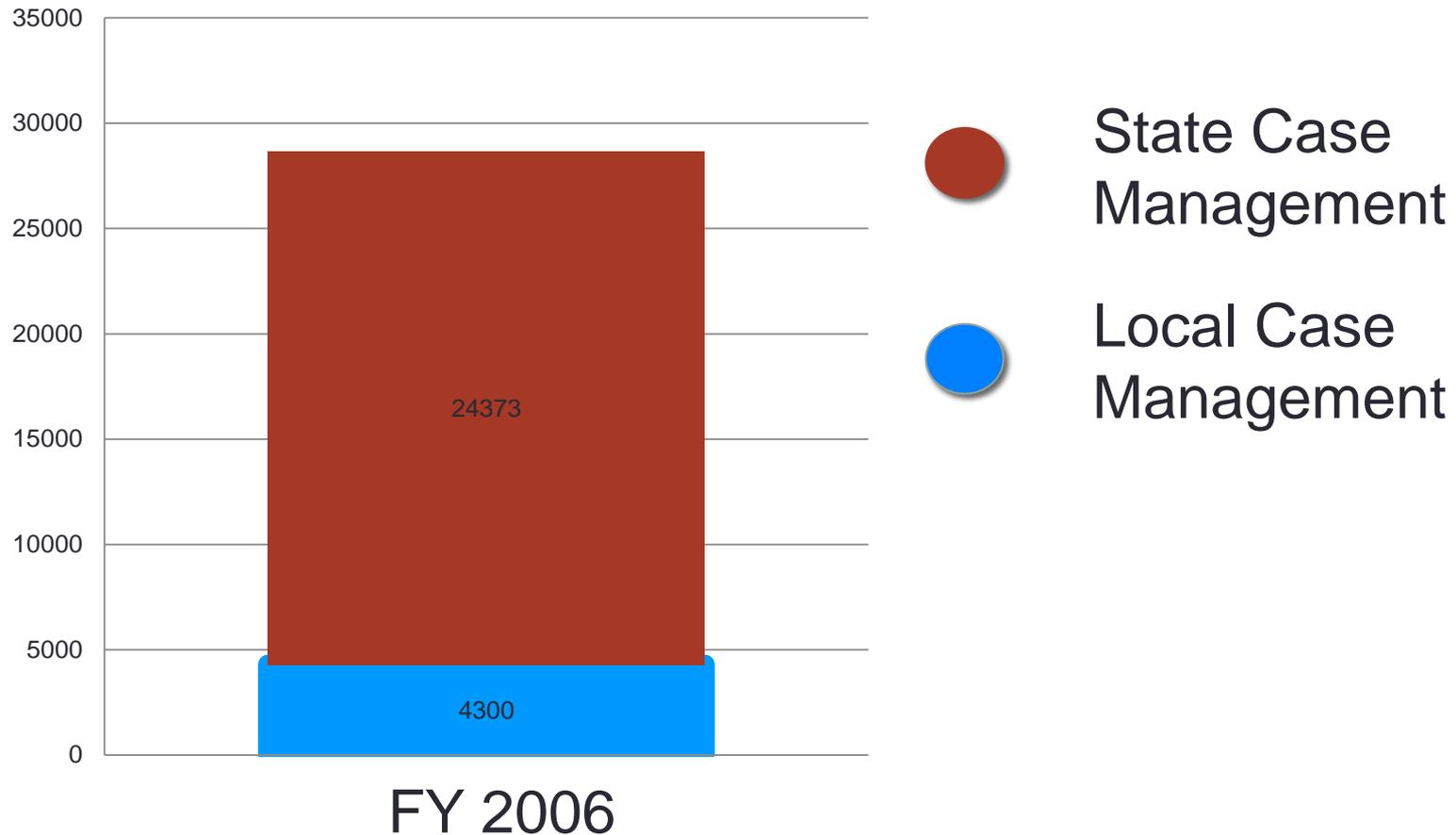
September 11, 2014

Local Case Management Expansion



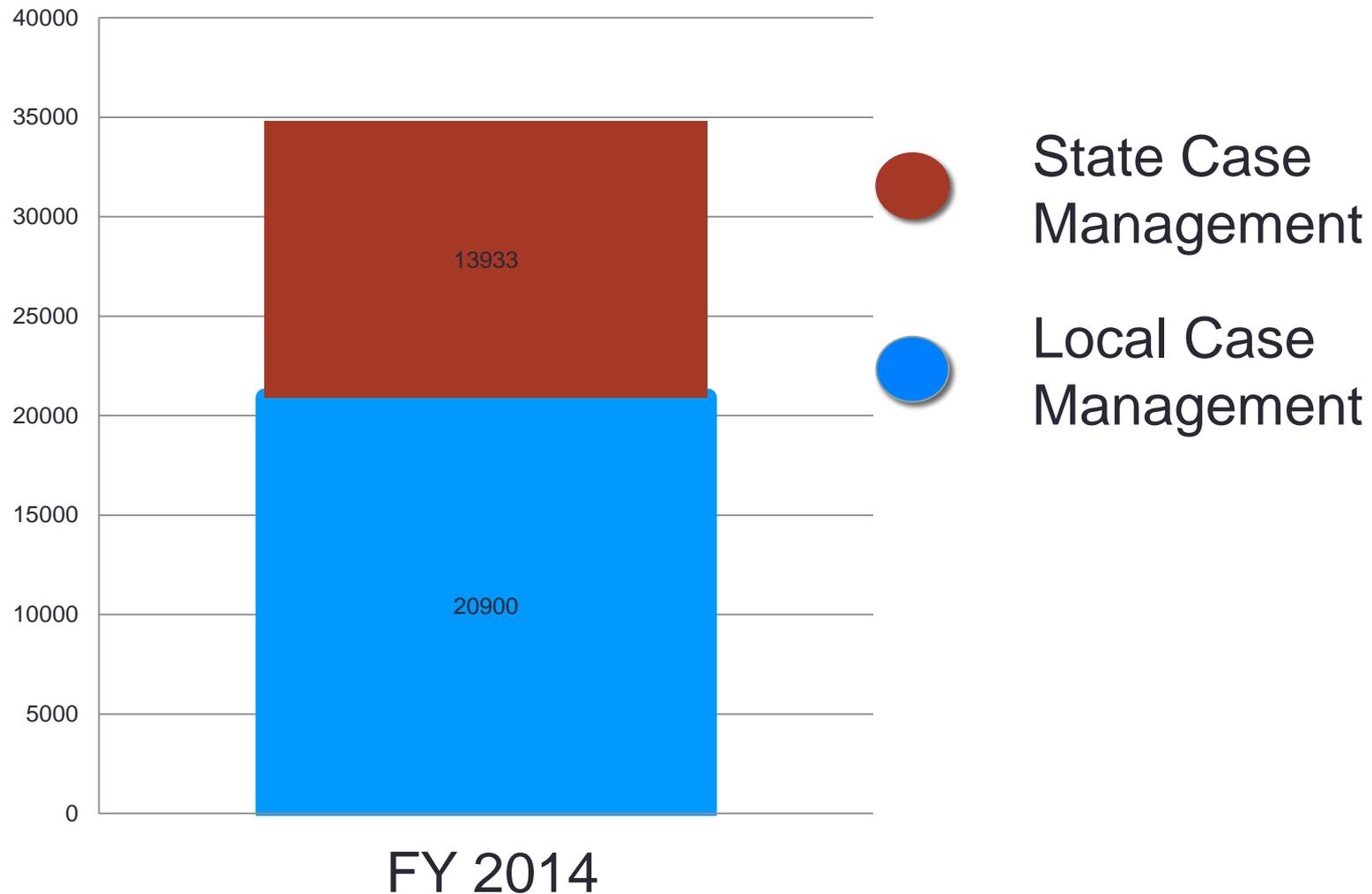
Case Management Then...

Over 28,000 Individuals Served



Case Management Now...

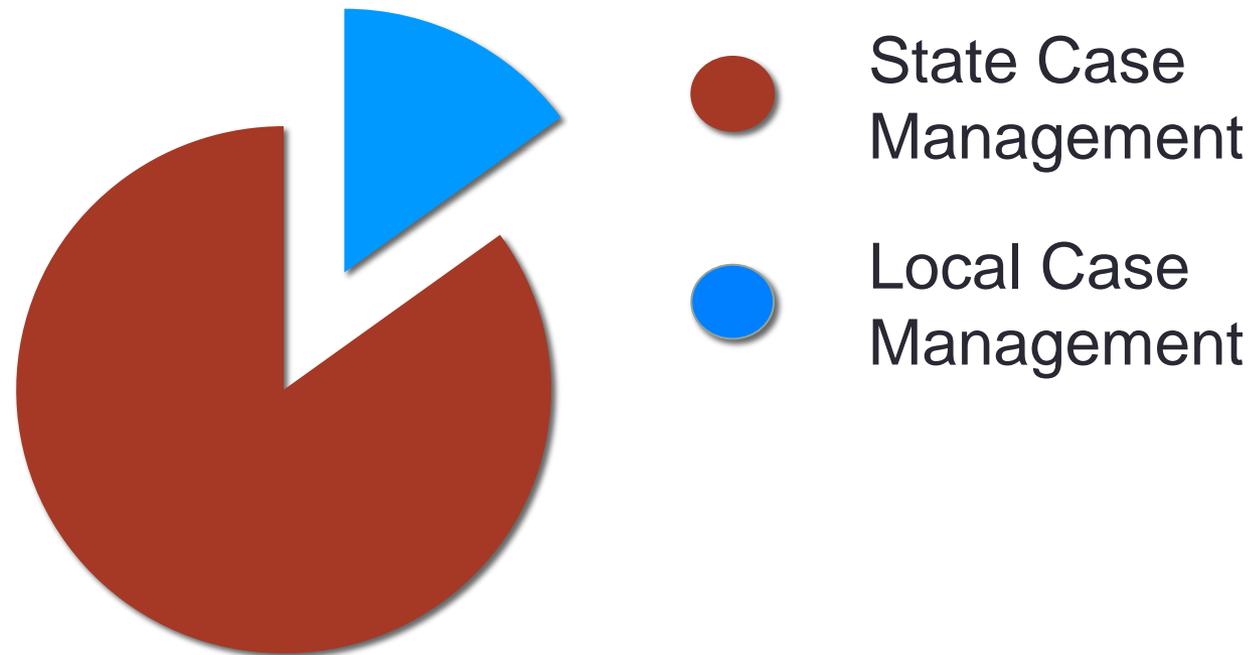
Over 35,000 Individuals Served



September 11, 2014

Case Management Then...

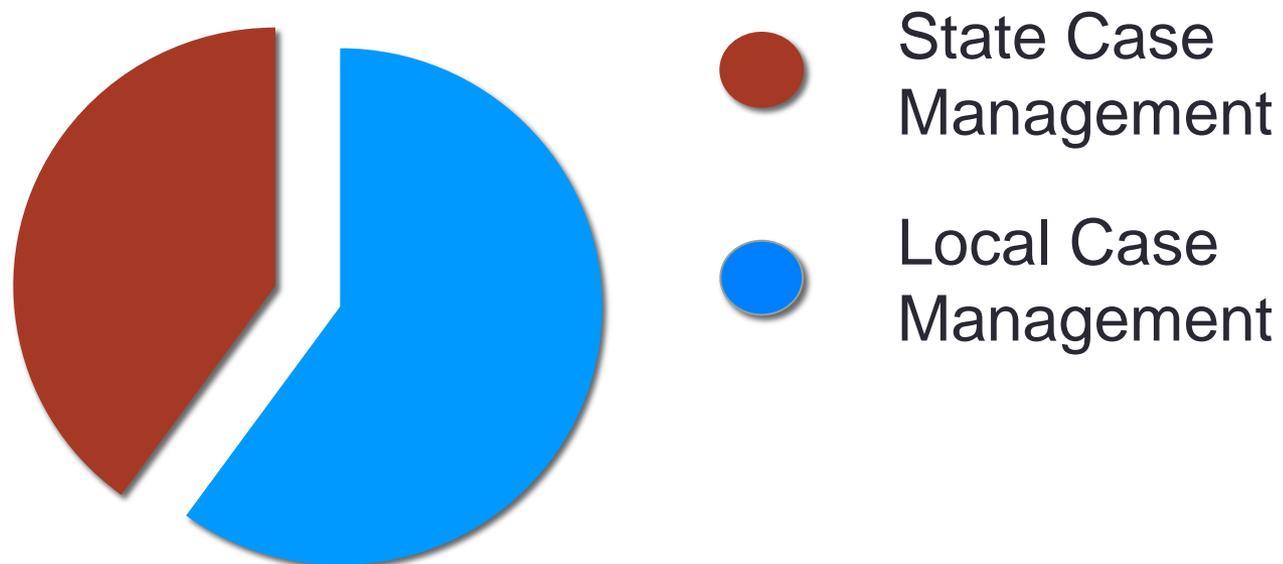
15% of Individuals Served Chose
Local Case Management



FY 2006

Case Management Now...

Over 60% of Individuals Served
Chose Local Case Management



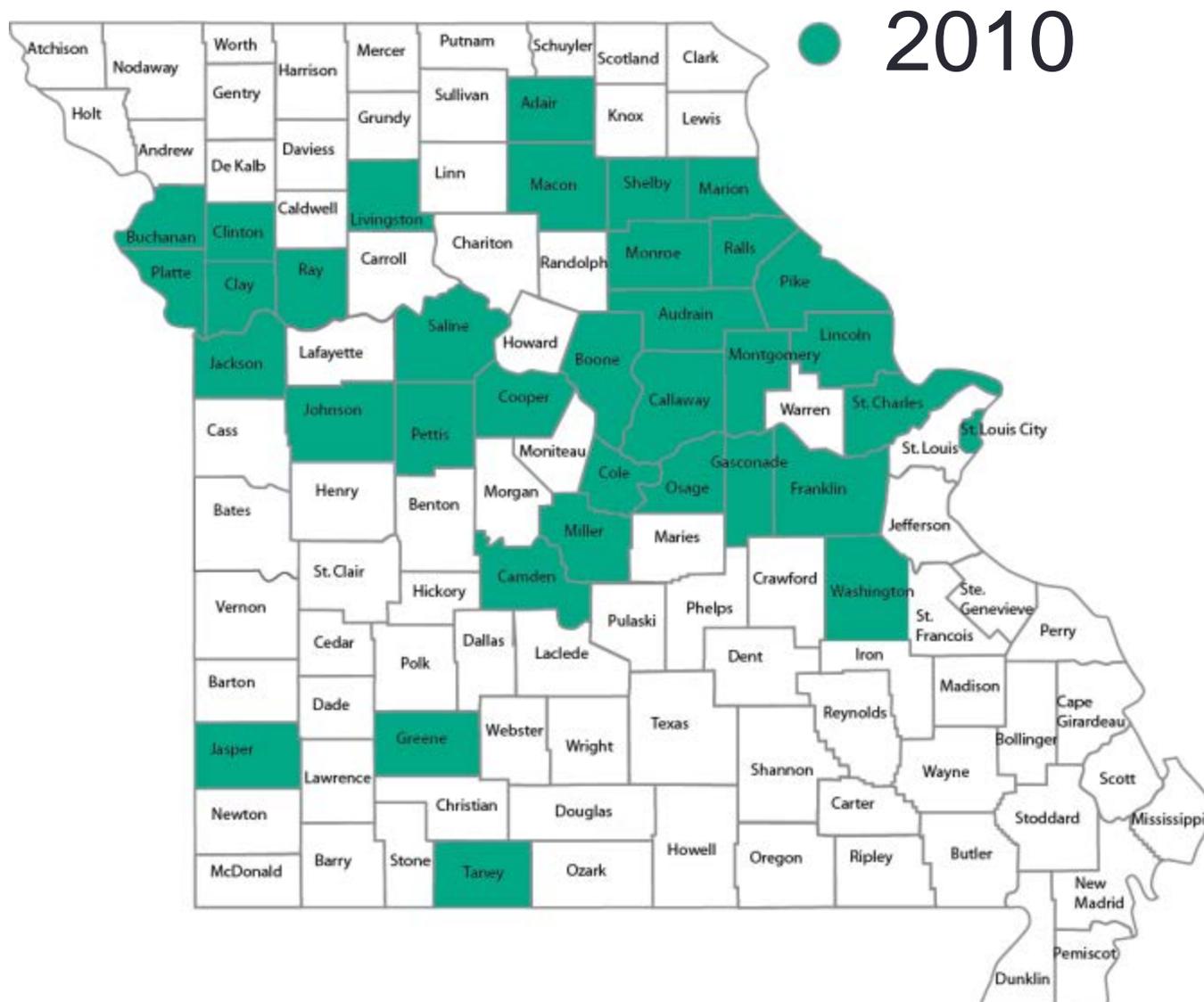
FY 2014

Partnership for Hope

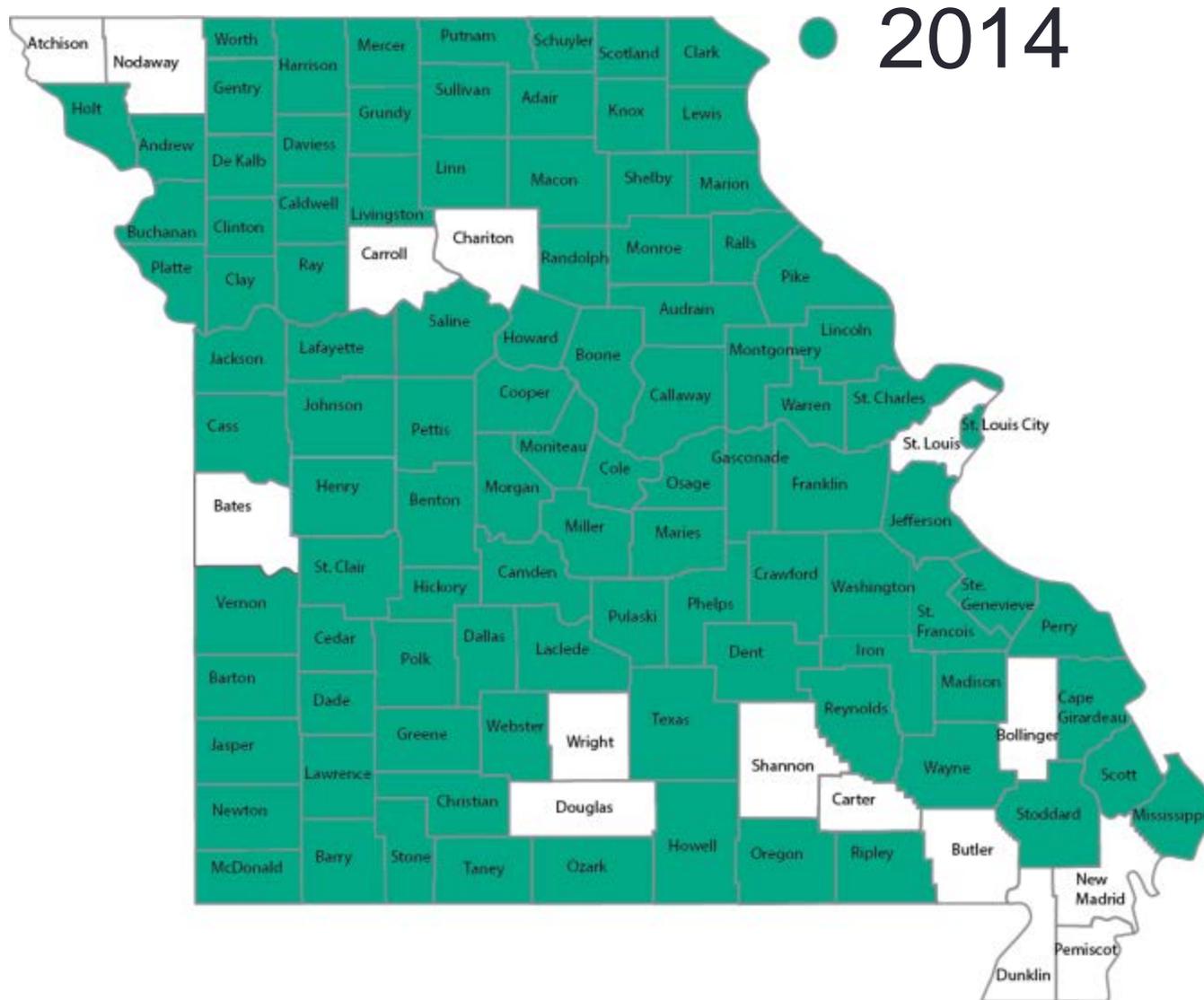


September 11, 2014

Partnership for Hope Counties



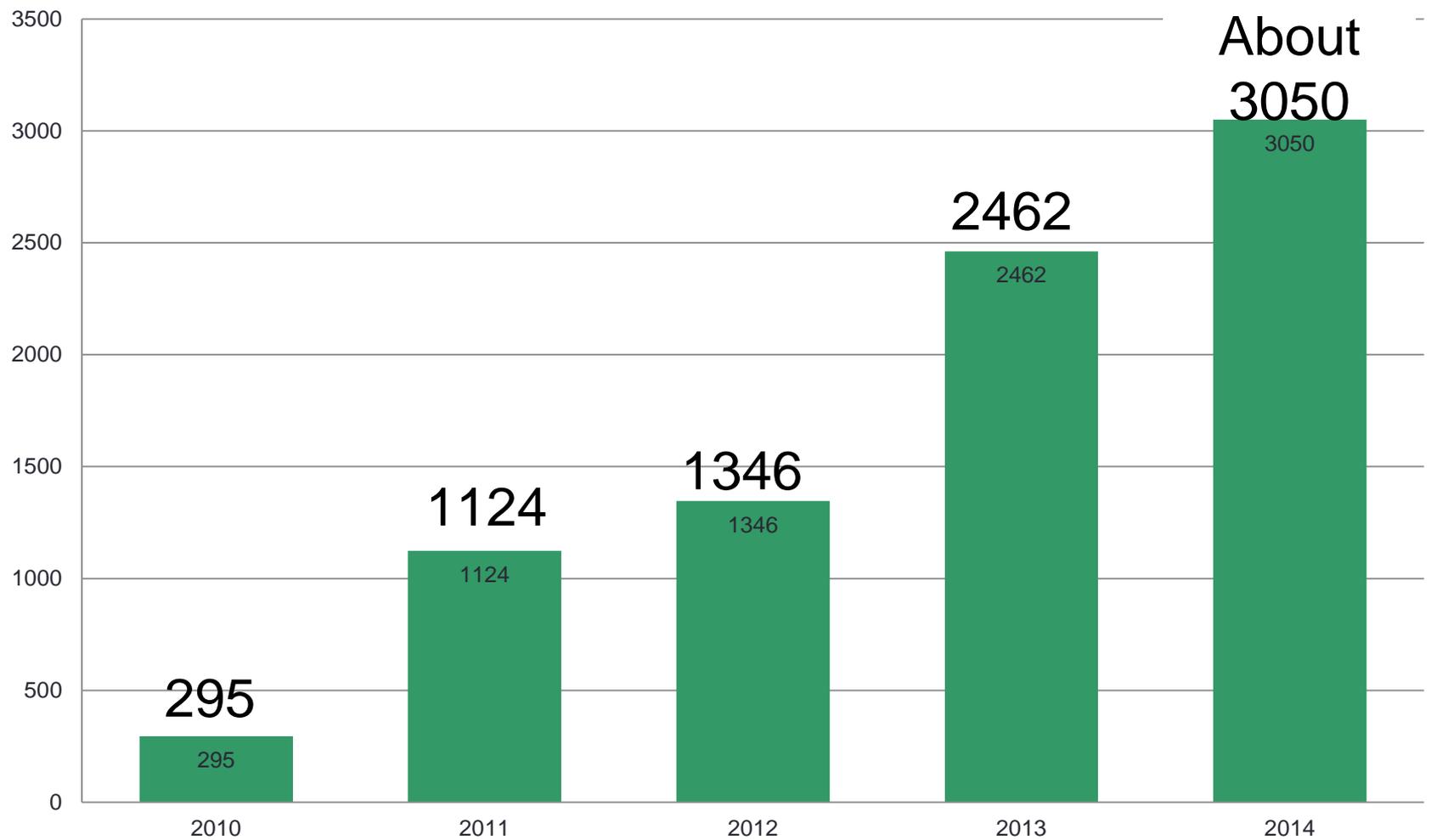
Partnership for Hope Counties



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Partnership for Hope

More individuals served

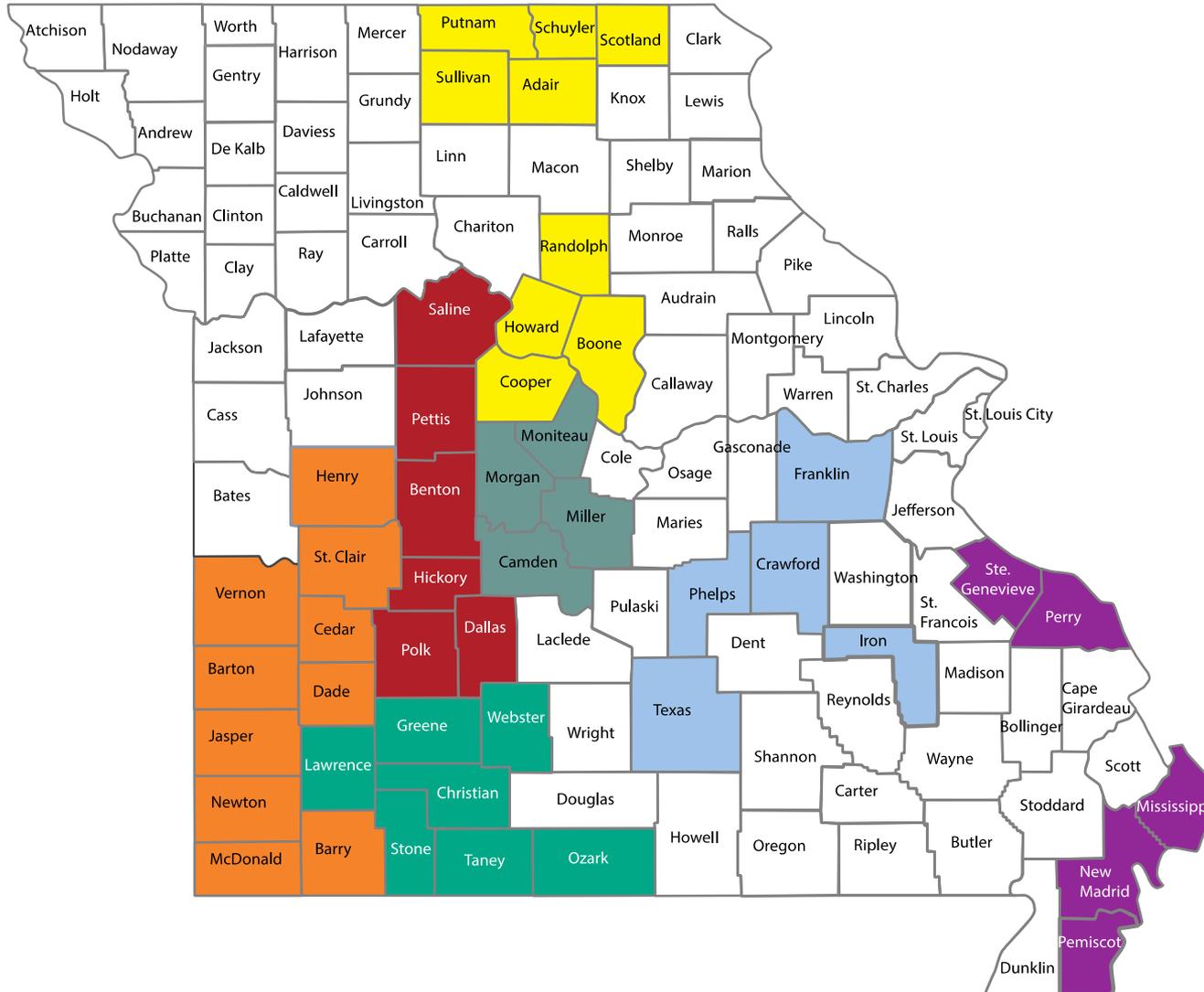


September 11, 2014

Tradition of Excellence

- Fiscal responsibility
- Financial stability
- Effective person centered plans
- High consumer satisfaction ratings

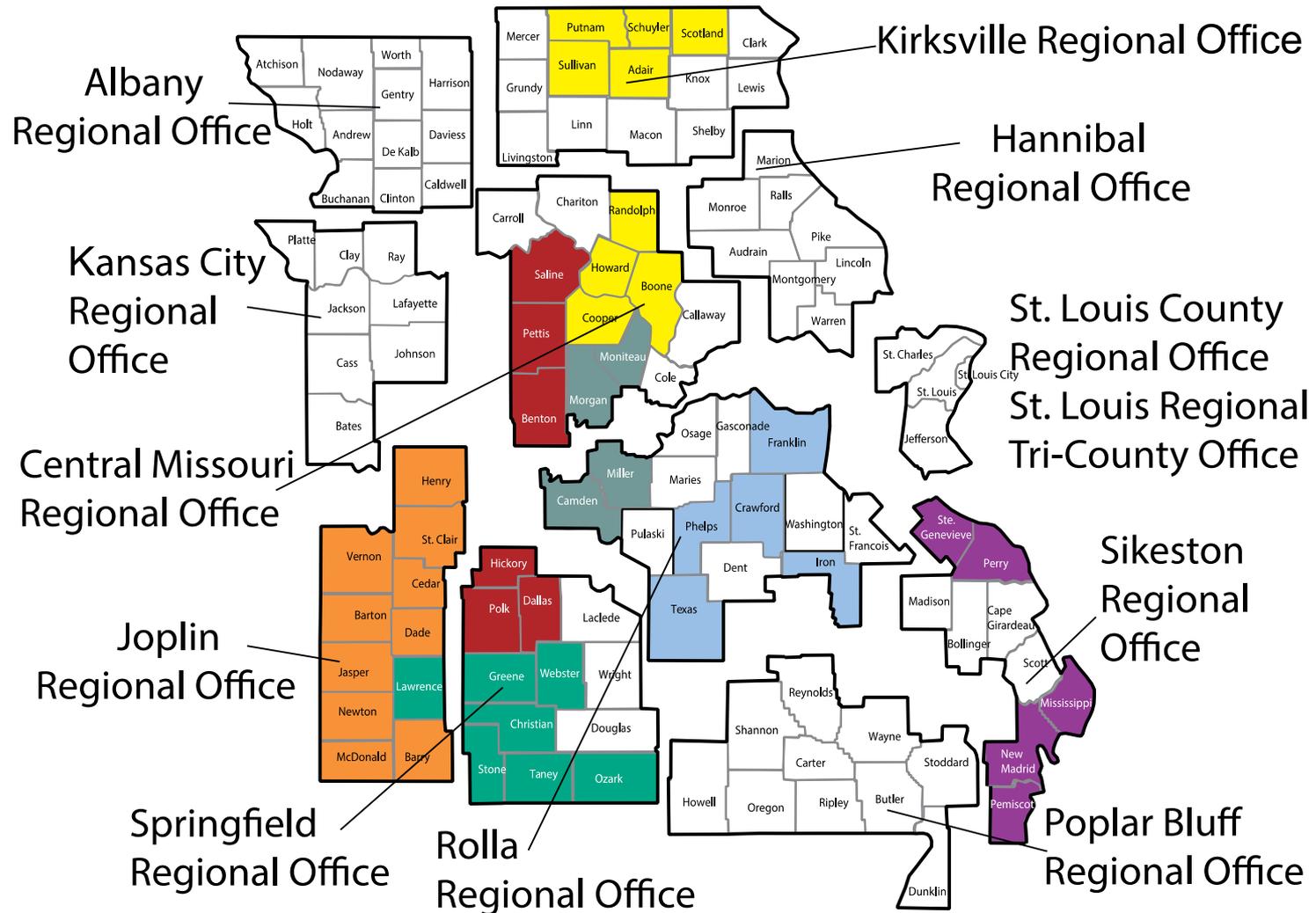
Local Option Initiatives



The MACDDS/MARF Initiative

Our Future: An efficient, flexible, locally-based system so people with developmental disabilities receive the supports they need when they need them.

The Local Option by Regional Office Service Area Boundaries



Local Initiatives Could Include:

- County Boards
- County collaborative entities formed with case management administrative agents
- Assuming some functions currently performed by the State

LOCAL OPTION BENEFITS

PERSONS SERVED & THEIR FAMILIES

Benefits for Persons Served & Their Families

- Greater voice
- Local, public meetings
- Governing board appointments
- Published satisfaction surveys
- Individualized plan and service continuity

Benefits for Persons Served & Their Families

- Informed choices
- Hometown person centered planning
- See and know your support team
- Local appeals/grievance process

More Right Doors

- Local intake and eligibility
- Greater access to services
- Rural counties too

Accountable Local Governance

- Publicly appointed boards
- County level and local option entities
- Statutory accountability
- Ethics Commission/conflict of interest protections

Accountable Local Governance

- Sunshine laws
- Open meetings
- Financial transparency
- Independent audits

Our Future: An efficient, flexible, locally-based system so people with developmental disabilities receive the supports they need when they need them.

GOVERNMENT WORKING BETTER FOR MISSOURIANS

Local Options Contacts

Contact Alecia Archer at
Jasper County Sheltered
Facilities Board
Email: aarcher@ccmjc.org
Phone: 417.206.7373

Contact Ann Graff at the Center
for Human Services
Email: agraff@chs-mo.org
Phone: 660.826.4400

Contact Nancy Hayes at
Miller County Board for
Services for the
Developmentally Disabled
Email: nancy@mcbsdd.com
Phone: 573.348.3751

Contact Jan Jones at Abilities First
Email: jan@abilitiesfirt.net
Phone: 417.886.0404

Contact Robyn Kaufman at
Boone County Family Resources
Email: rkaufman@bcfr.org
Phone: 573.874.1995

Contact Ron Kruse at Developmental
Services of Franklin County
Email: rkruse@dsfranklin.org
Phone: 573.581.8210

Contact Boone Wagner at County
Disability Resources
Email: boonewagner@countydisabilityresources.org
Phone: 573.547.6639

Keith Schafer's Presentation

DD COOPERATIVES SELECTED FOR PHASE 1 TRANSFORMATION



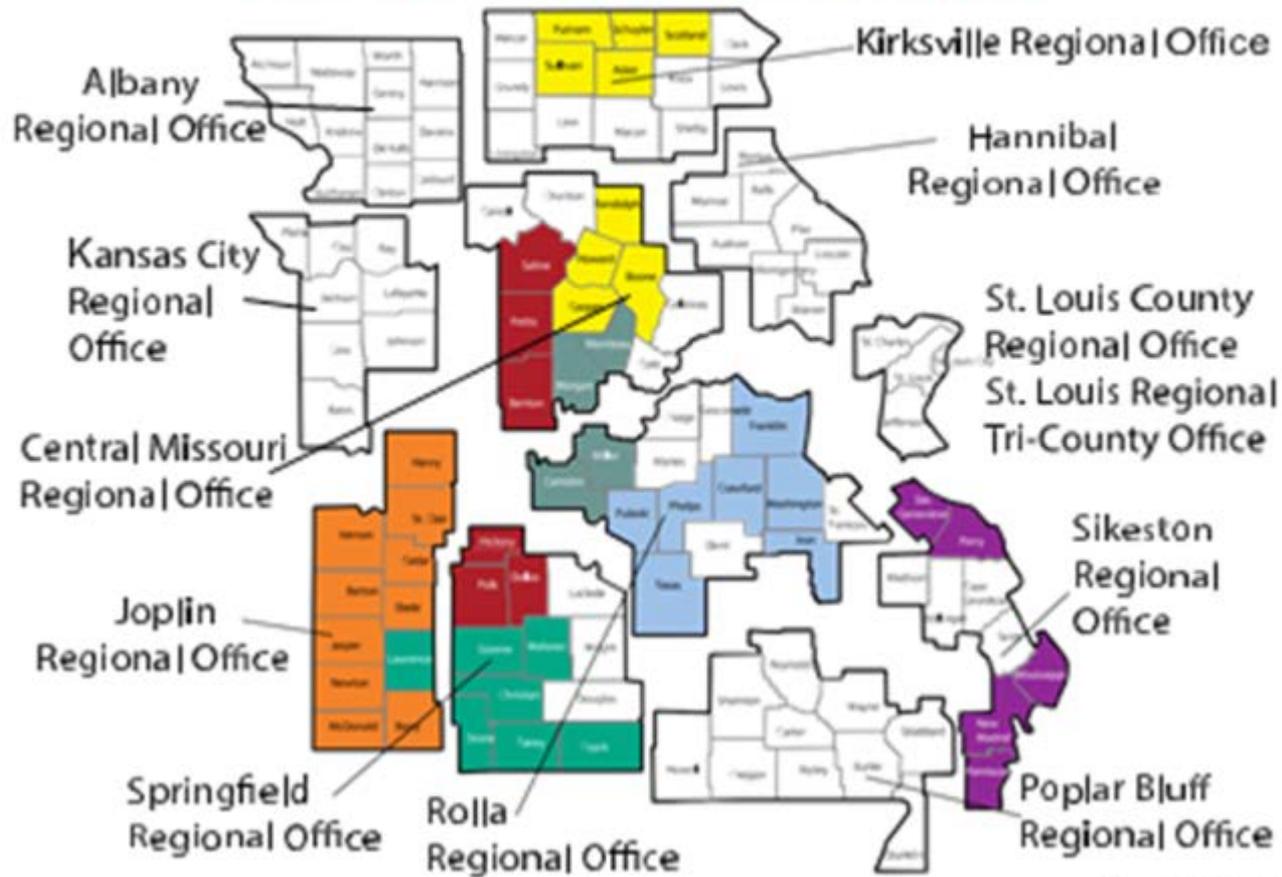
**PRESENTED TO THE DD
TRANSFORMATION WORKGROUP**

September 11, 2014

SELECTING PHASE 1 CO-OPS

- ❖ In making Phase 1 selections, DMH utilized the two maps on the following slides, originally developed for the March 13, 2014 Local Option presentation to the Redesign Workgroup; and
- ❖ DMH used Co-op selection criteria, as described in the following slides for each selected Co-op, that will hopefully optimize the success of Phase 1 implementation.

Co-ops by Regional Office Service Area Boundaries



March 13, 2014



DMH'S PHASE ONE CO-OP SELECTIONS

 **Joplin Region**

 **Springfield Region**

 **Rolla Region-Franklin County Co-op**

WHY THE JOPLIN CO-OP?

- ❖ Co-op includes both County Board and MARF members;
- ❖ Co-op members responsible for all case management in the Co-op area;
- ❖ Co-op located within a single Regional Office area;
- ❖ History of good working relationships between Co-op leaders and DD Regional Office to promote a partnership approach;

WHY THE JOPLIN CO-OP?

- ❖ Co-op will need to develop a strategy for conflict-free case management;
- ❖ Co-op delivers residential care, which will require strategies for prevention of cost shifting between home-based services and residential care;
- ❖ The % of the Missouri population to be served by the Co-op is of potentially adequate size to justify administrative costs (5.37% of Missouri population); and
- ❖ There is collaboration across DD and behavioral health providers in the Co-op.



WHY THE SPRINGFIELD REGION CO-OP?

- Combination of urban and rural counties in the Co-op;
- Co-op is within a single DD Regional Office area;
- History of good working relationship with DD Regional Office;
- Serves the largest % of Missouri population among Phase 1 Co-op candidates (8.70%); and
- Counties in the Co-op do all case management for the counties involved.



WHY THE ROLLA REGION-FRANKLIN COUNTY et. al. CO-OP?

- Serves the third largest % of Missouri population (4.77%) of Phase 1 Co-op candidates.
- Co-op located in a single Regional Office area;
- History of good working relationships with the Rolla Regional Office;
- Co-op delivers home-based and residential care services, requiring strategies for addressing conflict-free case management and the prevention of cost shifting between home-based services and residential care services; and
- Co-op Counties do all case management in their counties.

COMPLICATIONS WITH OTHER PHASE 1 PROPOSALS TO BE RESOLVED

- ❖ Crossover of Co-op catchment areas with multiple DD Regional Offices.
- ❖ Collaboration issues.
- ❖ Disproportionate use of residential care as compared to % of Missouri population served in region.



What Conditions Will Have to be Met to Continue Phase 1 and Expand to Phase 2?

- Assurance of eligibility and services access and timeliness of decisions;
- Reasonable allocation of resources for:
 - ▶ Home-based services, and
 - ▶ Administrative management;
- Cost accountability for services managed by the Co-op:
 - ▶ Living within allocated budgets, and
 - ▶ Avoiding cost shifting from in-home to residential;
- Consumer satisfaction;
- Continued demonstration of Regional Office and Co-op partnership collaboration;
- Contract compliance.



DMH'S GOAL FOR PHASE 2 EXPANSION TIMELINE

12-18 months after signed contracts
with Phase 1 Co-ops.

NEXT STEPS

- ▶  Begin meetings between DMH and selected Phase 1 Co-ops:
 - ▶ Every two weeks at a location convenient for selected Co-ops;
 - ▶ Regional Office staff included;
 - ▶ All Phase 1 Co-ops and DMH meet together initially to develop common solutions where possible; and
 - ▶ DMH meetings with individual Co-ops for solutions unique to the Co-op follows common meetings.

NEXT STEPS

- Full DD System Transformation Workgroup meetings once each month to address broader issues affecting all Co-ops, current and future.
- Communication Plan developed to share information with individuals, families, providers, legislators, and other stakeholders:
 - ▶ Web sites
 - ▶ Public meetings



PRIORITIES FOR SELECTING FUTURE CO-OPS?

- Resolution of cross-regional issues.
- Positive collaboration between potential Co-ops and Regional Offices.
- Size configuration.
- Single county urban setting.
- St. Louis County provider administered system.



ADDITIONAL RESPONSIBILITIES OF DMH DURING PHASE 1

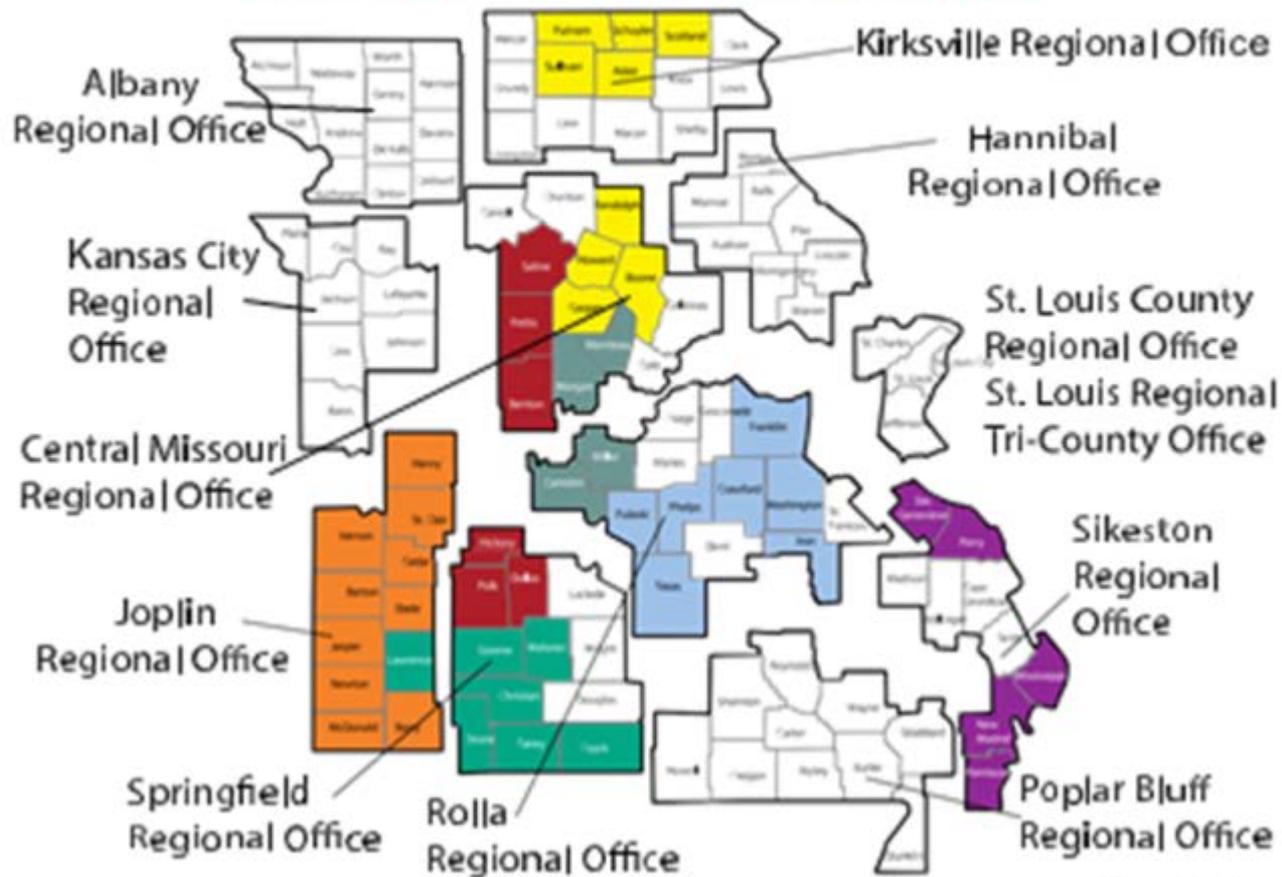
- Submission of the Waiver Amendment and resolving CMS questions;
- Addressing consumer concerns; and
- Developing a Utilization Review process.

Alecia Archer's Presentation

LOCAL OPTIONS

**SOUTHWEST MISSOURI
COOPERATIVE**

Co-ops by Regional Office Service Area Boundaries



March 13, 2014

Southwest Mo Cooperative

The SW Mo Co-op was established by the Case Management providers in the Joplin Region.

It is a collaboration of SB 40, Non Profit DD Providers, and Community Mental Health Centers.

Southwest Mo Cooperative

- Includes both County Board and MARF members
- Responsible for all case management in the Co-op area
- Located within a single Regional Office area
- History of good working relationships between Co-op leaders and DD Regional Office to promote a partnership approach

Jasper Co Sheltered Facilities

- JCSFB is the Jasper County SB 40 Board
- Established in 1978
- Connections Case Management Established in 1998
- Persons Served in Case Management 788
- Area Served - Jasper County

Community Support Services of Missouri

- CSS is a Non Profit DD Provider established in 1978
- First Steps Point of Entry for 10 SW Mo counties since 2005
- CSS Case Management Established in 2009
- Persons Served in Case Management 547
- TCM Service Counties

Non SB 40 Counties

Dade

Cedar

St. Clair

Vernon

SB 40 Counties

Barry

Lawrence

Ozark Center

- Ozark Center is a Community Mental Health Center
- Established the Bill and Virginia Leffen Center for Autism in 2007
- Established Ozark Center Targeted Case Management – 2009
- Persons Served Through Case Management 329
- Service Counties:
 - Non SB 40 Counties
 - Barton
 - Newton
 - McDonald

Pathways Behavioral Services

- Pathways Behavioral Services is a Community Mental Health Center
- Provides Services under Division of DD Contracts
- Established Targeted Case Management in 2009
- Persons Served through Case Management Services - 71
- County Served in the Joplin area - Henry

Quality Services, Experienced Local Providers, Greater Voice for Persons Served

- The daily contact with persons served and their families.
- Quick and responsive to needs of persons served
- Greater access to services especially in rural areas
- Local intake and eligibility – More Right Doors!
- Annual published satisfaction surveys
- Local savings improve local services
- Financial Transparency
- Access to decision makers
- Local appeals/grievance process

Our Goal

An efficient, flexible, locally-based system so people with developmental disabilities receive the supports they need when they need them.

Next Steps

- The SW Mo Co-op has just completed six Public meetings to answer questions, solicit comments and input from families and self-advocates and other stakeholders and providers.
- With the data collected from the Public Meetings, the SW Mo Co-op will develop a proposal and begin negotiations with the Department of Mental Health by October 2014

Doug Rigg's Presentation



Doug Riggs

Missouri Developmental Disabilities Council

MODDC Mission

- **To assist individuals, families and the community to include all people with developmental disabilities in every aspect of life.**

Essential Elements:

- A plan must be provided that demonstrates financial consistency to ensure delivery of services to meet the needs of individuals throughout the entire fiscal year.
- Every decision regarding eligibility, termination, and reductions of services must be subject to a fair appeal at multiple levels with assurances and oversight that families and individuals do not experience retaliation.

Essential Elements:

- **Ensure statewide consistency in services and processes.**
- **Identify and demonstrate the existing challenges in the regional system which necessitated the proposed redesign.**

Essential Elements:

- Establish reasonable timelines for development and implementation of any redesign to ensure effective implementation of service delivery system.
- Any redesign must meet requirements/ timelines of CMS and other oversight agencies, to include a review of the current data.

Essential Elements:

- Implementation of a maximum of two pilots with plans for evaluation of success of the redesign in a timely manner.
- Ensure public hearings are held throughout the redesign process to allow for family, self-advocate and public opinion.
- In addition to family members, self-advocates should also hold representation on county boards.

Anonymous Survey

- Demographic information via multiple choice
- Opportunity to answer open-ended questions:
 - Intake & Eligibility,
 - Assessment & Planning,
 - Funding of Services: Resource Management, Financing, & Wait Lists,
 - Quality Enhancement,
 - Quality Assurance, and the
 - Voice of People with DD & Their Families

www.ourvoicemoredesign.com

- **1108 surveys completed (August 31, 2014)**
 - 778 family members
 - 57 self-advocates
 - 243 professionals
 - 30 did not identify their role

Forums/Listening Sessions:

- Increase awareness about potential changes to the state developmental disability service system
- Hear from families and self-advocates on how specific functions of the state DD system are working and what can be improved.

Forums/Listening Sessions:

Date	Region	Location
7/8/14	Southwestern	Springfield Regional Office
7/16/14	Southeastern (Boothill)	Cape Girardeau Library
7/22/14	Kirksville (Northeastern)	Kirksville High School
7/23/14	St. Joseph (Northwestern)	St. Joseph Public Library-East Hills Branch
7/29/14	Joplin	Freeman Business Center
8/7/14	St. Charles (St. Louis)	Developmental Disabilities Resource Board
8/13/14	Kansas City	EITAS Developmental Disability Services
8/14/14	Kansas City	EITAS Developmental Disability Services
8/14/14	Rolla (Southeastern)	Rolla Centre
8/21/14	Hannibal	Hannibal Regional Office
8/27/14	Columbia	Daniel Boone Library

Considerations

- Family and self-advocate voice
- Center for Medicaid and Medicare Services (CMS)
- Learnings from other states
- Conflict of interest



Alecia Archer's Presentation

LOCAL OPTION

OUTCOMES PRESENTATION

September 11, 2014

Individuals will receive supports they need when they need them

Outcome:

- 100% of individuals waiting for DD Services will receive a status update within ?? Days. (the timeline will be updated to reflect the requirements currently in place)

Goal:

- 100%

Applies to:

- All individuals requesting services

Data source:

- Individual's records

Collected by:

- Board Director or RO Director

Actual outcome:

- Reviewed and evaluated quarterly

Case Management

Outcome:

- 100% of eligible referrals will receive response from their Service Coordinator within one workday

Goal:

- 100%

Applies to:

- All new clients

Data source:

- Individual's records

Collected by:

- Board Director or RO Director

Actual outcome:

- Reviewed and evaluated quarterly

Case Management

Outcome:
Case Management

- 100% of persons served will have their individual plan updated yearly

Goal:

- 100%

Applies to:

- All persons served

Data source:

- Individual's records

Collected by:

- Board Director or RO Director

Actual outcome:

- Reviewed and evaluated quarterly

Case Management

Outcome:

- 100% of individuals living in 24 hr. residential placement will receive monthly service monitoring

Goal:

- 100%

Applies to:

- Random sample of 25% of those in placement

Data source:

- Individual's records

Collected by:

- Board Director or RO Director

Actual outcome:

- Reviewed and evaluated quarterly

Individuals with DD will receive Conflict Free Case Management

Outcome:

- 100% of individuals participating in a waived service will be presented and will have the choice of all eligible service providers

Goal:

- 100%

Applies to:

- Random sample of 25% of those in placement

Data source:

- Individual's records

Collected by:

- Board Director or RO Director

Actual outcome:

- Reviewed and evaluated quarterly

Stabilized funding levels reflective of State approved COLAs and/or caseload growth

Outcome:

- 100% of services will be authorized in CIMOR within five days of funding approval

Goal:

- 100%

Applies to:

- Persons approved for service

Data source:

- CIMOR

Collected by:

- Board Director or RO Director

Actual outcome:

- Reviewed and evaluated quarterly

Stabilized funding levels reflective of State approved COLAs and/or caseload growth

Outcome:

- 90% of survey respondents will express satisfaction with service coordination

Goal:

- 90%

Applies to:

- Persons approved for service

Data source:

- Mailed surveys

Collected by:

- Board Director or RO Director

Actual outcome:

- Reviewed and evaluated quarterly