



Community Services Reporter

... Information on Community DD Services Across the Country

Florida Implements New Rate Structure for Providers

As a part of its system redesign efforts, last month the Florida Developmental Disabilities Program (DDP) implemented the first of two phases of new rates for providers participating in the Developmental Services Home and Community-Based Services (DS/HCBS) waiver. The new “fair and equitable” rates represent a move to a standardized rate structure for DDP that evolved from stakeholder input collected over the past eighteen months, and the results of an analysis by an outside consulting group, Mercer Human Resources Consulting, Inc., that looked at provider costs across the state, audited financial reports, and national compensation and wage studies.

Starting July 7, the uniform published rate structure, which was mandated by the Florida Legislature during the 2003 session, was implemented for residential habilitation and adult day training services. The rate structure goes into effect for all other services this month. DDP is implementing the rate

change in collaboration with the state’s Medicaid agency, the Agency for Health Care Administration (AHCA).



According to a July 10 DDP bulletin, the “standardized rates were calculated using direct care staff wages as the base with percentage add-ons for employment related expenses (e.g. taxes, benefits), program related expenses (e.g. supervision of direct care staff, program related supplies), and general and administrative expenses (e.g. administrative salaries, office expenses, real estate taxes, equipment rental).” Geographical factors for the services provided in three districts in the state are also included in the published rates.

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Survey Confirms Impact of Wages and Benefits on Wisconsin Direct Support Workers



The findings of a recent statewide survey of Wisconsin community direct support workers in the developmental disabilities field cite low wages and minimal health insurance coverage as key contributors to a

staff turnover rate, that at 8.15 percent, is approximately double U.S. Department of Labor private industry statistics for voluntary and involuntary separations. In the survey commissioned by the Wisconsin Council on Developmental Disabilities (WCDD) and the state's Department of Health and Family Services Bureau of Developmental Disabilities Services, direct support workers in 123 community agencies with ten or more staff providing direct vocational or residential supports reported a median starting wage of \$8.00 per hour, a rate lower than that of the average Wisconsin worker. Survey results also indicate average increases in health insurance costs of almost twenty percent.

This latest survey compliments a report issued last year by the WCDD that underscored the importance of having direct support professionals who are compensated fairly and adequately and engaged in do-able and meaningful work. Last year's survey used input from consumers, families, direct service workers, provider agency leaders, case managers, and county officials to assess factors impacting the direct support workforce. Quantifiable variables such as low wages, decreasing benefits, and high turnover were examined, as well as the less tangible issues associated with the low social status attributed to people with disabilities and the workforce providing

daily support to such individuals. (See the July 2002 *Community Services Reporter* for a full report.)

FMI: The survey summary and the complete report can be accessed via the WCDD Web site at http://www.wcdd.org/Workforce_survey_results.cfm.

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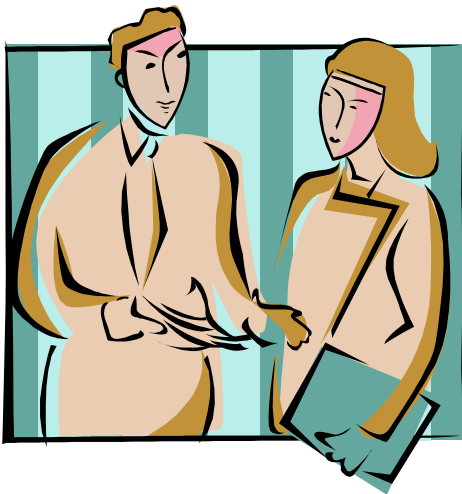
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Settlement Agreement Reached in Maine Waiting List Lawsuit

The State of Maine has entered into a settlement agreement with the plaintiffs in a two-year old waiting list lawsuit. The agreement includes specific timeframes for initiating community services for adults with developmental disabilities.



Filed in August 2001, the petitioners in *Rancourt, et al. v. Concannon, et al.* accused the state of failing to furnish “with reasonable promptness” home and community-based services to persons with mental retardation and other developmental disabilities, as required under federal Medicaid law. In November 2001, the U.S. district court serving Maine denied a motion by the state defendants to dismiss the suit based on the state’s sovereign immunity protections under the 11th Amendment to the U.S. Constitution, noting that the 1st U.S. Circuit Court of Appeals has rejected similar claims in many other, similar lawsuits.

In May 2002, the district court certified the case as a class action complaint, accepting the plaintiffs’ contention that the class should include “all developmentally disabled individuals who:

- are current or future recipients of Medicaid in the State of Maine;
- are no longer entitled to receive benefits through the Maine public school system;
- are eligible to receive intermediate care facilities and other services for the mentally retarded or care under the HCB waiver program; and
- are not receiving services to which they are entitled to in a “reasonably prompt” manner.”

In July 2002, the 1st Circuit denied the state’s petition to review the district court’s class certification action.

The settlement agreement covers: (a) services furnished as part of the state’s HCBS waiver program for persons with mental retardation (MR waiver program); (b) day

habilitation services for adults with mental retardation, a covered service under Maine’s Medicaid state plan; and (c) case management services for adults with mental retardation, another service coverage under Maine’s Medicaid state plan. By no later than January 1, 2004, the effective date of the agreement, the state Department of Behavioral and Developmental Services (BDS), the agency responsible for administering the MR waiver program and overseeing the delivery of other Medicaid-funded specialized services to persons with mental retardation and other developmental disabilities, is responsible for developing and implementing an electronic information system to track the delivery of the above-listed Medicaid-funded services to members of the class. BDS is responsible for sharing with the plaintiffs’ counsel quarterly reports that track class members from the date of service application, through eligibility determination, to service initiation for a period of six quarters, beginning July 1, 2004.

Under the terms of the settlement agreement, BDS is obligated to furnish day habilitation and case management services under the state plan as well as nonresidential services provided under the state’s MR waiver program to members of the class within 90 days of the execution of an individual service
(*Maine* continued on page 8)

- *Innovations In Employment Supports* -

The concept for this series was created collaboratively with the Institute for Community Inclusion, UMass Boston.

Authors: John Butterworth, Ph.D., and Allison Cohen, M.A., Institute for Community Inclusion, UMass Boston

Washington

Stakeholders in Washington attribute the roots of the state's focus on employment to values-based training based on the Program Analysis of Social Services (PASS 3)* model that began in the late 1970s. These workshops were widely attended over several years, and many of today's key players in state and county services participated as leaders in the PASS training. One of the outcomes of this period was the first edition of the County Guidelines, a document that guides contracting with counties and service providers. The clear emphasis on employment established in the guidelines has been nurtured by a system of management that allows a clear focus on employment at the county level.

Washington also served as an early laboratory for innovation in employment opportunities. Strong linkages with researchers at the University of Oregon and the University of Washington provided a platform for questioning the status quo and developing alternative models for employment support. This emphasis on innovation has continued in county level pilot projects and state and county support for training and technical assistance.

The consistency of stakeholder commitment to employment as the primary goal of day supports was striking. Factors that were attributed to supporting this commitment include:

- **Clear focus on employment outcomes at the county level.** Day supports are managed at the county level in Washington, while case management and living supports are managed at the state level. This has helped County Coordinators to focus their efforts on supporting local, community-based employment opportunities. In addition, non-work services are clearly viewed as a temporary or fallback option for people for whom it is difficult

to find meaningful employment. In FY 2002 the state employment outcomes data collection indicated a total earned income of \$21.8 million for individuals supported by county services.

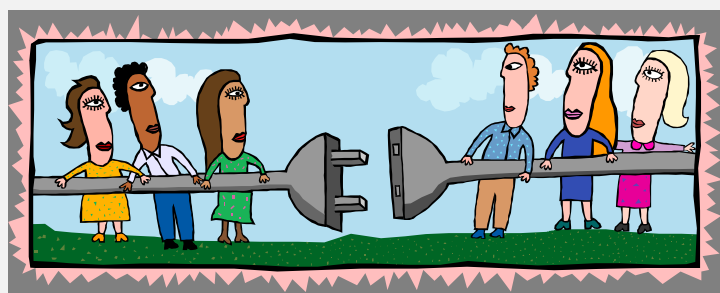
The counties' biggest investment is in day services. If you are a person who is

convinced about it you have lots of room to maneuver.

- **Strong network of leaders.** A long-standing network of stakeholders in state and county government, providers, and the advocacy community grew out of the early values-based training and development of the county guidelines. These stakeholders have continued to share information and collaborate, and innovations have spread rapidly through the state.

Mostly I believe that the only safeguard for people

(INNOVATIONS continued on page 5)



As a body of empirical evidence on the positive outcomes associated with integrated employment develops, and a more definitive picture of what works to build strong employment supports takes shape, this occasional series presents some of the latest findings from research and practice.

* Wolfensberger, W. & Glenn, L. (1975). PASS 3. Downsview, ON: National Institute on Mental Retardation. O'Brien, J. & Lyle O'Brien, C. (1988). The Values That Guide Us: Participant's Handbook for PASS 3 Training. Lithonia, Ga.: Responsive Systems Associates.

(**INNOVATIONS** continued from page 4)

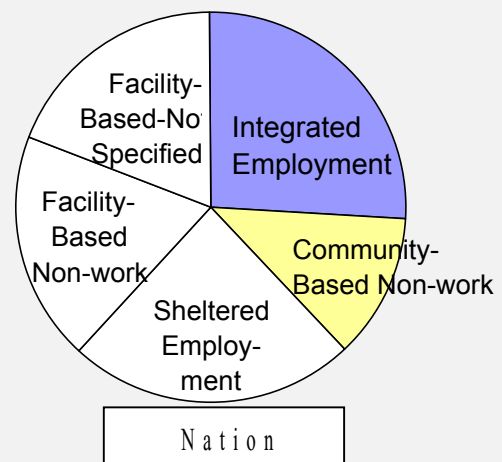
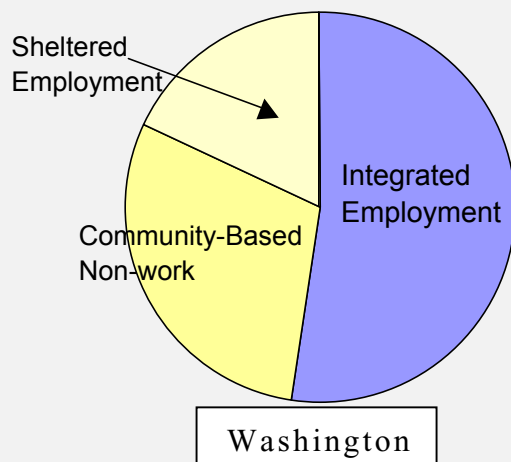
with DD is how people think about them...if we don't have impact on values you put people at risk.

- **Local innovation.** The county structure has also provided a laboratory for innovation. County property tax dollars, representing a small percent of the county DDD office budget, provide a flexible resource that counties have used for demonstration projects and technical assistance activities. One successful initiative that has spread across the state is a robust program of developing jobs for supported employees in county, state and city government.
- **Limited funding for facility-based non-work services.** The county system does not support traditional facility-based non-work day programs such as day habilitation or day activity services. Currently less than 40 individuals statewide receive Adult Day Health services as a result of a transfer of this service from Aging services in 1996.
- **Initiatives to reduce sheltered employment services.** Some counties have explicit goals to reduce or eliminate sheltered employment within their service areas.

- **Ongoing investment in training and technical assistance.** In addition to the early investment in values training, the state has maintained a strong investment in employment-related training and technical assistance. The state contracts with two entities to provide and broker training activities, and maintains active relationships with a wide variety of external consultants. For many years the state has hosted the well-known Ellensburg conference as a chance for all levels of staff, from frontline day and employment staff to agency administrators, to learn about innovations in the field. Collectively these activities provide ongoing opportunities for networking, debate, and sharing innovations.

FMI: To learn more about integrated employment in Washington, please contact: John Butterworth, Ph.D., Institute for Community Inclusion, UCEDD, University of Massachusetts Boston, Tel: (617) 287-4357, Email: john.butterworth@umb.edu; Ray Jensen, King County Division of Developmental Disabilities, Tel: (206) 296-5268, Email: ray.jensen@metrokc.gov; Mary Strehlow, Clark County Developmental Disabilities and Family Support Programs; Tel: (360) 397-2130, ext. 7825, Email: Mary.Strehlow@clark.wa.gov; or Jane Boone, Thurston/Mason County Division of Developmental Disabilities, Tel: (360) 786- 5585, ext. 7212, Email: boonej@co.thurston.wa.us. 📧

In FY 2001 Washington's Department of Developmental Disabilities reported that 56% of individuals receiving day and employment supports were working in integrated employment for at least part of the workweek. This places Washington among the top five states based on the percent of individuals in integrated employment.



These data were collected as part of the National Survey of State MR/DD Agencies administered by the Institute for Community Inclusion, University of Massachusetts Boston. Descriptive information was collected during a series of on-site and telephone interviews during the Winter of 2003 conducted by ICI staff.

Massachusetts Legislature Delays Developmental Center Closing

On July 10, members of the Massachusetts Senate followed a vote the day before by the House of Representatives to override Governor Mitt Romney's veto, and enact legislation that prevents the state's Fernald Developmental Center from closing before October 2004. In the interim, the legislation commissions a report from the Department of Mental Retardation by February 15, 2004 that outlines a plan for the closing that includes details on the strategies and costs associated with relocating its approximately 300 residents.

The legislation also calls for a particular focus in the closure plan on minimizing the travel distances for the families of residents that would be moved to the state's five other developmental centers, or to homes in the community.

Another outcome of the legislation is the creation of an eleven-member committee comprised of state and local officials, as well as residents, who will make recommendations for the future use of the Fernald property.

Watch future editions of **Community Services Reporter** for updates on the status of the Fernald Developmental Center closure plan.

FMI: For more details contact Gerry Morrissey, Commissioner of the Department of Mental Retardation at Massachusetts Department of Mental Retardation, 500 Harrison Avenue, Boston, MA 02118. 🇺🇸

NADD Seeks Nominations for Award That Honors Providers Who Serve Children with Cognitive and Behavioral Disabilities

The National Association for the Dually Diagnosed (NADD), in conjunction with the John Merck Fund, has established the ***Serena Merck Memorial Award for Innovation and Dedication in Practice***. This award is given annually to an exceptional individual who has demonstrated long-term, selfless dedication and compassion in the care or service to children who have developmental disabilities and significant mental health problems.

The Merck Memorial Award includes a \$5,000 cash award along with a plaque. This year, the award will be presented at NADD's Annual Conference in Chicago, Illinois, which will be held October 22-25.

Criteria for Selection. Prospective awardees should meet one of the following categories: (1) Provides, as an employee or volunteer, services for children who have mental retardation and significant mental health problems; and/or (2) Demonstrates long-standing commitment and innovative care of this population which has positively affected their quality of life and/or life opportunities.

Submission Guidelines. Organizational entities may nominate prospective awardees. One nomination per organization is permitted, although multi-service organizations can submit one nomination from more than one service unit. Self-nominations are not acceptable. Only organizations serving children with mental retardation and significant mental health problems are eligible to nominate an individual.

A 500-word summary of the reason the candidate is nominated, length of service in the field, and a description of the person's impact on children with mental retardation and significant mental health problems is required. At least two, but no more than five, accompanying letters of reference from individuals well qualified to evaluate the candidate's suitability for the award should be provided.

Nominations should be mailed before **September 1, 2003** to Mr. Frank Hatch, The John Merck Fund, 11 Beacon Street, Boston, MA 02108.

FMI: To learn more about the award and NADD, visit <http://www.thenadd.org/content/news/merck.shtml>. 🇺🇸

Alabama Governor Approves Facilities Consolidation and Closure Plan

On August 15, Alabama Governor Bob Riley approved Department of Mental Health and Mental Retardation (DMH/MR) Commissioner Kathy Sawyer's plan for the consolidation of seven of the state's fourteen mental health facilities. Sawyer submitted her proposal last month after a series of "town meetings" at every facility affected by the plan, and two months of concentrated planning. She announced the state's intent to consolidate the facilities in late April 2003 (See June 2003 edition of *Community Services Reporter* for additional details).

In the plan, it is projected that with the implementation of the consolidation, DMH/MR will realize a thirty-one percent savings in the FY 04 budget relative to FY 03 spending (\$10,321,883 state funds/\$16,531,380 federal funds) and thirty-five percent in FY 05 (\$11,063,026 state funds/\$19,568,628 federal funds).

Based largely on a seventy-two percent decline in population over the past fourteen years that has been accompanied by a budget reduction of only fifteen percent, three of the Division of Mental Retardation's (DMR) four developmental centers (Wallace, Brewer, and Tarwater) will be downsized to closure. Currently the statewide developmental center census is at 368.

Individuals that choose state-operated services as a preferred option will continue to receive services

through the Partlow Developmental Center. State DMR savings over the next two fiscal years are estimated at \$5,976,198 and \$6,717,341, respectively. If the implementation proceeds as planned, the consolidation and closure of the developmental centers will begin October 2003 and be completed by March 2004.



The plan outlines details on the Division of Mental Illness facilities consolidation, as well, and projects the impact on consumer, staff, and community stakeholders. The approved plan also includes a recommendation for the alternative use of four of the facilities by the state's Board of Pardons and Paroles as regional transition centers to decrease the number of inmates entering the state prison system each year.

Although some families of Brewer Developmental Center residents have advocated against the closures, the plan has been endorsed by a number of stakeholder groups including People First of Alabama, the Alabama Association of Mental Retardation/Developmental Disabilities and The Arc of Alabama.

FMI: For a copy of the DMH/MR consolidation plan visit the Department's Web site at http://www.mh.state.al.us/admin/downloads/Commissioner/CP_2003DMHConsolidationPlan.pdf.

(*Maine* continued from page 3)

agreement. In the case of residential training services under the state's MR waiver program, however, the agreement allows the Department up to 18 months from the date the service agreement is executed to initiate services to a class member. The 18-month time frame, BDS officials explained, was arrived at after reviewing the department's experience in developing and locating the licensed homes for adults with mental retardation and related conditions. Typically, the complete process takes less than 18 months, but BDS officials wanted to be sure they ended up with a timeframe the state would be able to meet in the vast majority of cases.

In the case of HCBS waiver services, the state's obligations under the settlement agreement are limited to the utilization and spending caps specified in the state's CMS-approved MR waiver program. In addition, the agreement specifies that the state will be considered to be in compliance with the terms of the



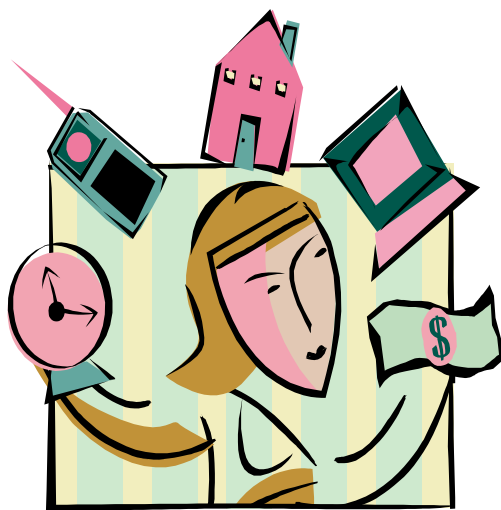
agreement as long as the agreed upon timeframes are adhered to in the case of 90 percent or more of the class members applying for services during any given fiscal year. The agreement will terminate as of December 31, 2006 unless the court finds that the state has failed to comply with its terms.

FMI: An electronic version of the settlement agreement in *Rancourt, et al. v. Concannon, et al.* may be obtained by e-mailing Leylâ Sarigöl at lsarigol@nasddds.org. For additional information regarding the terms of the agreement as well as the state's implementation plans, contact Jane Gallivan with the Maine Department of Behavioral and Developmental Services at Adult Mental Retardation Services, Maine DBDS, 40 State House Station, Augusta, ME 04333. 📧

(*Florida* continued from page 1)

Fair and equitable rates were one of seven areas outlined by Governor Jeb Bush in his February 2002 directive to DDP on the system redesign. The other areas of the redesign are: appropriate assessment; flexible services; consumer/family budgets; redefined role of support coordinators; direct provider billing; and community and feedback process.

In addition to the recent implementation of the standardized rate structure, one of the most significant changes to date as a part of the redesign has been the shift to direct provider billing which began in December 2002. The new model allows DS/HCBS waiver providers that have participated in DDP training to file their payment claims directly to Medicaid.



Individual budgets for people living in licensed facilities, and in their own homes, or with families were scheduled to go into effect this month and last month. Another critical component of the redesign has been conducting needs assessments. The assessments were completed between January and June 2003 for all individuals receiving services.

Future editions of *Community Services Reporter* will monitor the progress of the DDP system redesign efforts.

FMI: You can access the July 10, 2003 DDP E-Bulletin entitled "*Rates Published for Developmental Services Home and Community-Based Services Waiver*" as a PDF file at http://www.myflorida.com/cf_web/myflorida2/healthhuman/ddp/ebulletins/071003ebulletin.pdf. 📧