



Community Services Reporter

... Information on Community DD Services Across the Country

Texas to Consolidate Human Services Agencies



During its recently concluded 2003 session, the Texas Legislature enacted a measure calling for consolidating twelve existing state health and human services agencies into an umbrella agency and four new departments of state government (H.B. 2292). Under the terms of the legislation, the Texas Department of Mental Health and Mental Retardation (TDMHMR) will be disbanded, with its mental retardation programs transferred to a new Department of Aging and Disability Services.

At present, the state Health and Human Services Commission oversees the activities of four state departments, four state commissions, the Interagency Council on Early Childhood Intervention Services and the Health Care Information Council. These agencies, which collectively spend a total of \$19.5 billion per year and operate over 200 separate programs, are responsible for administering mental health and mental retardation services, aging services, the state's Medicaid program, temporary assistance to

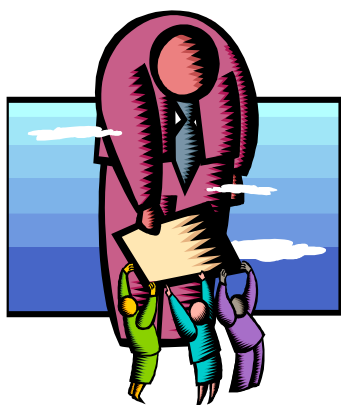
needy families (TANF), foster care, adoption assistance, assistance to the blind, assistance to individuals who are deaf and hard of hearing, alcohol and drug addiction services, and vocational rehabilitation services.

H.B. 2292 mandates that the present departments, commissions and advisory bodies be reorganized into four operating departments under the supervision of the Health and Human Services Commission (HHSC). The new agencies will include a Department of State Health Services, a Department of Aging and Disability Services, a Department of Assistive and Rehabilitative Services and a Department of Family and Protective Services. When the new organizational structure is fully implemented, the current Department of

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Lawsuit Settled in Delaware

In late September, Delaware Department of Health and Social Services (DHSS) officials and a group of advocates led by the Arc of Delaware announced the settlement of an April 2002 lawsuit demanding Medicaid home and community-based services and/or community ICF/MR services for more than 1,180 people who are deemed eligible but denied access to these services. As part of the settlement agreement, DHSS and its Division of Developmental Disabilities Services agreed to provide community services and supports for an additional fifteen people next fiscal year. Delaware Governor Ruth Ann Minner also created a collaborative commission of state officials, advocates, and legislators that will assist in designing a system of services to support community-based residential options for people with disabilities.

It is estimated that the cost of services for the fifteen people, selected because they are at high risk of losing their current caregiver, will be \$500,000 in fiscal year 2004-2005. The services will be delivered through group homes and foster care, among other supports.

According to DHSS Secretary, Vincent Meconi, Delaware has been adding approximately sixty-four people to its community-based services program annually for a number of years. 1,100 people currently receive community-based services in the state.

FMI: For additional details on the settlement of

The Arc of Delaware et al. v. Meconi et al., contact Roy Lafontaine, DHSS Deputy Director at PO Box 637, Dover, DE 19903. 

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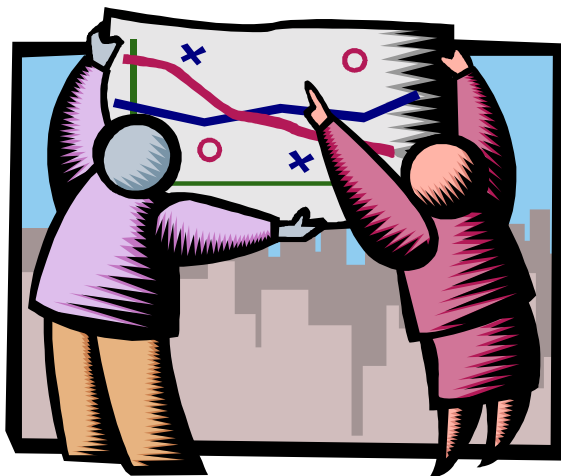
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Wisconsin Continues to Assess Quality Using The Council's Personal Outcome Measures

For the third year, the Wisconsin Department of Health and Family Services (DHFS) is partnering with The Council on Quality and Leadership to use an adaptation of its Personal Outcome Measures to assess the quality of life for people receiving disabilities and aging services through one of its home- and community-based long-term services programs, Family Care. DHFS is also working with The Council and Family Care partners to expand the application of the tool to measure the overall effectiveness of Wisconsin's long-term, community-based, managed care system.

Family Care is a pilot program that is being implemented in nine counties to provide cost-effective, comprehensive and flexible long-term care that fosters recipients' independence and quality of life, while recognizing the need for interdependence and support. The pilot uses a system that is organized around single-entry points in local communities and local care management organizations (CMOs) that provide a comprehensive package of long-term care services. DHFS leaders sought a process for measuring quality



in Family Care with three core elements: measures based on individuals' health and quality of life; an objective assessment of the presence of the outcomes for each individual; and a results-based method for implementing system improvements at the individual level.

DHFS found its match for Family Care in The Council's Personal Outcome Measures, described as a "person-centered, quality of life measurement" tool. The Personal Outcome Measures provide feedback from recipients in the domains of identity, autonomy, affiliation, attainment, safeguards, rights, and health and wellness. Family Care adapted the measures, and through interviews with CMO service recipients, collects data that informs planning and program adjustments.

FMI: To learn more about Wisconsin's Family Care program, visit the Department of Health and Family Services Web site at <http://www.dhfs.state.wi.us/LTCare/Generalinfo/WhatisFC.htm>. Information on the Personal Outcome Measures can be obtained from The Council's Cindy Kauffman at tcbtkauff@aol.com. 🇺🇸

Committee Approves Ohio's Medicaid Redesign Rules, Process Moves Forward

Last month, following stakeholder testimony, an Ohio Joint Committee on Agency Rule Review (JCARR) approved 49 of the 50 administrative rules included in a package that will govern how the state uses federal Medicaid funds to provide services to its citizens with developmental disabilities and mental retardation. JCARR members made their decision to approve the package across two sessions. The rules package includes 49 rules submitted by the departments of Mental Retardation and Developmental Disabilities (DMRDD) and Job and Family Services. The approval of one rule that outlines contract requirements between county boards and providers was delayed. It will be refiled with new provider/employee certification standard rules developed by the DMRDD by the end of December 2003.

(*Ohio* continued on page 5)

- **Innovations In Employment Supports** -

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

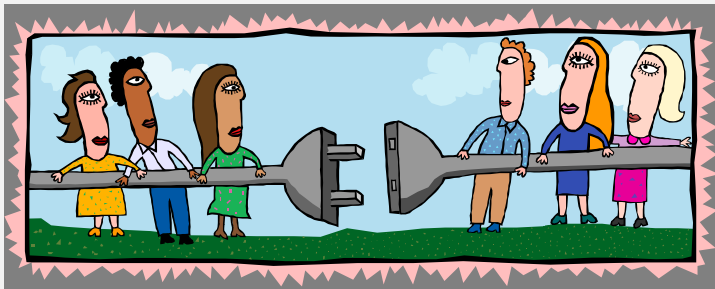
Maryland Employment Initiative Establishes Incentive Payment System

On July 1, 2003, the state of Maryland implemented a fiscal incentive program designed to encourage individualized, integrated employment. The system pays an incentive payment to a community supported employment provider for assisting an individual newly entering services to find and maintain a job for six months. In order to be eligible to receive an incentive payment, providers must meet several criteria; among them, the individual must choose their job, be satisfied with their job, and be paid directly by the employer. Implemented despite budget reductions, this new initiative affirms Maryland's commitment to improving employment outcomes.

Annual rates for day and employment services are calculated based on the service needs of the individual, indirect expenses incurred by providers, and the regional location of services. Rates currently range from \$9,460 to \$17,920 per year, not including an add-on component for one or more units of service beyond the direct and indirect service costs. The incentive payment is 10 percent of the annual rate for an individual, or between \$946 and \$1,792 for the 2004 fiscal year.

The development of the new system began with the recommendations of the Self-Determination/Employment Task Force. Convened in 2002, the task force highlighted the need to expand employment opportunities by adjusting funding levels, developing an outcome data collection system, and establishing an outcome-based payment system. Funding levels for supported employment were brought into line with funding for other day services in 2002, and the incentive payment system is a first step toward developing an

outcome-based approach to supported employment services.



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.

outcome-based approach to supported employment services.

FMI: To learn more about the Maryland incentive program, contact Colleen Gauruder, Transition and Employment Services, Maryland Developmental Disabilities Administration, (410) 767-5630, gauruderc@dhmh.state.md.us. For more information on the Institute for Community Inclusion's national data collection project on day and employment services, contact John Butterworth, Ph.D., Institute for Community Inclusion, UMass Boston, (617) 287-4357, john.butterworth@umb.edu.

(*Texas* continued from page 1)

Mental Health and Mental Retardation will be eliminated, with its mental health program transferred to the new health department and its mental retardation program shifted to the new aging and disability services department.

An Executive Commissioner, appointed by the Governor, will oversee the operations of the state's health and human services system. The HHSC commissioner, in turn, will be responsible for appointing the heads of the four departments. A council composed of nine gubernatorial appointees will be created within each of the HHS agencies to advise the agency head.

A "Transition Plan" will be developed and submitted to the Governor and the Legislative Budget Board by December 1, 2003. This plan, which will be subject to revisions and modifications from time to time, will set forth the timelines for implementing the state's consolidated health and human services system. Completion of the consolidation is expected to take four to six years. But, some streamlining efforts already have begun. Human resources (personnel) functions of the constituent agencies have been merged within

HHSC and common automated accounting and administrative transaction systems have been brought together.



A legislative oversight committee has been formed to facilitate the HHS agency consolidation. This committee consists of two senators appointed by the Lieutenant Governor, two representatives appointed by the Speaker of the House, and three public members appointed by the Governor. The HHSC Executive Commissioner will serve as an ex-officio member of the committee.

H.B. 2292, which covers a broad range of state policies relating to the financing of health and human services programs, is also the catalyst for key changes specific to Texas mental retardation services. Highlights are featured on page eight in this edition of *Community Services Reporter*.

FMI: For additional information concerning the provisions of H.B. 2292 and the state's implementation plans, visit the Web site of the HHSC at <http://www.hhsc.state.tx.us>, or contact Barry Waller, Director of Long Term Services and Supports, TDMHMR, PO Box 12668, Austin, TX 78711-2668. 📧

(*Ohio* continued from page 3)

The rules package enables the state to implement its Medicaid Redesign initiative that was originally outlined and authorized in 2001 legislation (H.B. 94), and amended later that year by Governor Bob Taft in H.B. 405. Among the components of the redesign are the creation of new services and the expansion of existing services; a partnership between the state and county boards of MR/DD that allows local levy funds to be matched with federal Medicaid dollars to help cover the cost of expanding home and community-based services; and a workforce development initiative.

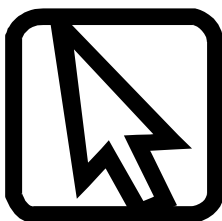


While steps toward the redesign, such as the October 2002 distribution of tax equity funds for use by tax poor county boards of MR/DD, have been taken already (see November 2002 *Community Services Reporter* for details), the approval of the rules will, as Department of Mental Retardation and Developmental Disabilities Director Kenneth Ritchey remarked, allow the state to "begin to meet [its] commitment to families."

FMI: Contact Ohio DMRDD Director Kenneth Ritchey for additional details at 1810 Sullivant Avenue, Columbus, OH 43223-1239. 📧

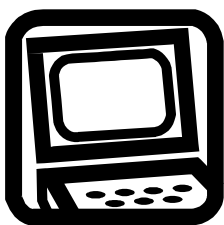
- RESOURCES -

Web-based Course Provides Health Care Professionals with Comprehensive Approach to Abuse and Neglect. A new thirteen-module Web-based course educates health care professionals and students on preventing, identifying, and reporting abuse and neglect of people with developmental disabilities. The course was developed by the Partnership for People with Disabilities at Virginia Commonwealth University, Richmond, Virginia, in collaboration with seven other University Centers for Excellence in Developmental Disabilities and five Protection and Advocacy agencies across the country. Entitled *Abuse and Neglect of Children and Adults with Developmental Disabilities: A Problem of National Significance*, the course was funded by the Administration on Developmental Disabilities as a Project of National Significance to build knowledge and skills to address the abuse and neglect of people with disabilities. The course will be available in early 2004.



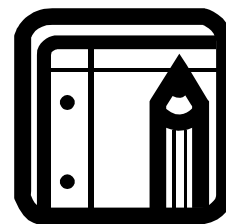
FMI: Contact Bernice Allen at the Partnership for People with Disabilities by phone at (804) 828-8593 or e-mail at bballen@mail2.vcu.edu.

Web site Helps DSPs and People Needing Support Find Each Other. The Web site, <http://www.rewardingwork.org>, initially developed with the Department of Mental Retardation in Massachusetts to assist provider agencies to hire direct support professionals, has been redesigned to also assist individuals with disabilities, the elderly and family members in hiring staff directly. The Web site helps direct support professionals and people needing support find each other. The need for this service was identified by people who require assistance,



and those who provide such support. A task force, including representatives of all constituencies, participated in its development. People who are looking for assistance can search the password protected database for potential staff who match their needs for location, scheduling, experience, and other requirements. This Web site is a resource particularly for people involved in self-direction who cannot or can no longer meet their needs using their own support network. As the need for direct support professionals grows and the potential labor pool shrinks, this Web site becomes a significant piece of a comprehensive initiative, including recruitment, retention and training components, to help ensure a qualified workforce now and in the future. The redesigned components of the site are scheduled to go live on October 20.

New AAMR Scale Assesses Practical Support Needs. The American Association on Mental Retardation (AAMR) recently released its Supports Intensity Scale (SIS), a scientific, yet practical, tool specifically designed to measure the level of practical supports required by people with intellectual disabilities, and assist in meaningful service planning. Agencies and individual providers of services are the target audiences for the SIS. It consists of two components: (1) a manual that explains how to use it, and (2) a set of preprinted interview forms.



FMI: A comprehensive information package on the SIS, including portions of the manual and answers to Frequently Asked Questions, can be accessed at http://www.aamr.org/Reading_Room/pdf/sis_overview.pdf. SIS principal author, Jim Thompson, Ph.D. will conduct a session on the scale at the November NASDDDS 2003 Annual Meeting (see page 10 for more meeting information).

- STATESIDE -

Illinois Assesses Interest of Former Residents of Closed Developmental Center in Returning.

Last month, as an Illinois task force charged with developing strategies for reopening the state's Lincoln Developmental Center (LDC) made recommendations, its Division of Developmental Disabilities (DDD) was set to begin a survey of former LDC residents' families and guardians to assess interest in individuals returning. LDC closed in 2002, and its approximately 245 former

residents are currently living in either other state-operated developmental centers, or privately run nursing homes and group homes. Illinois Department of Human Services spokesman, Tom Green, in an interview with a local newspaper, reported that the state does not anticipate "a lot of interest in large numbers of residents returning."

Governor Rod Blagojevich pledged to reopen a revamped version of the facility, which under the direction of the task force, will incorporate small group homes with existing "nursing-home-styled" residential buildings. Disability rights advocates are promoting the use of the LDC grounds for a training and rehabilitation center that is integrated into the community of Lincoln.

In the current fiscal year, \$7 million is allocated for remodeling a portion of the LDC. According to DDD Director, Geoffrey Obrzut, the Governor's office is working with the division to secure \$5 million for operations.

FMI: To learn more about Illinois' efforts to reopen the Lincoln Developmental Center, contact DDD Director, Geoffrey Obrzut at 100 S Grand Avenue,

East, 2nd Floor, Springfield, IL 62762.

Florida Work Group on Guardianship and People with Developmental Disabilities Issues Final Report.

Released in August, the report of Governor Jeb Bush's Joint Work Group on Guardianship and the Developmentally Disabled contains a number of findings and recommendations on guardianship for people receiving services from the state's Developmental Disabilities Program (DDP). The focus of the work group's recommendations for

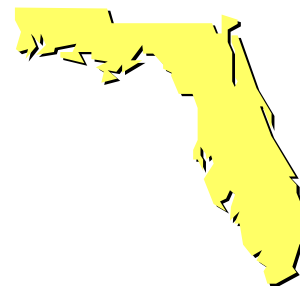
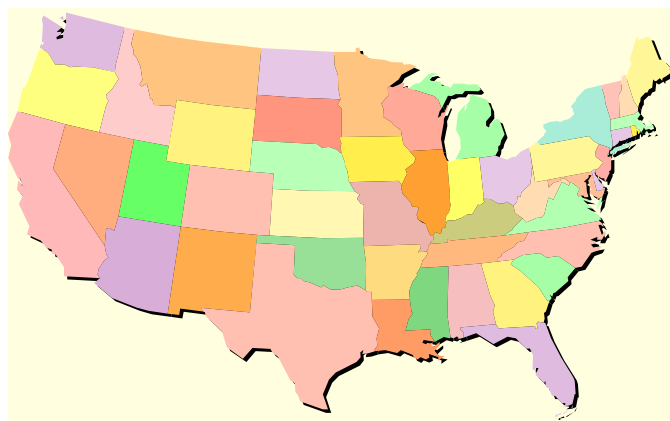
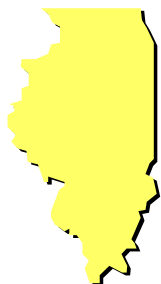
action is on the need to ensure the accessibility, quality, and availability of guardians, guardianship alternatives, and legal protection for people with developmental disabilities.

The eleven-member joint task force was established by Governor Bush in June

2003 to develop a recommended plan of action for facilitating the provision of guardians or guardian alternatives for people served by the state's DDP that is consistent with their right to self-determination. Among the work group's findings from presentations by experts, public testimony, and information provided at three public meetings are that full or limited guardianship should be a last resort for people with developmental disabilities, and that there is a general lack of understanding of the guardianship process and alternatives by families, and others, including the DD system, attorneys and judges.

FMI: For a copy of the report go to

http://www.state.fl.us/cf_web/news/finalguardianshipreport.pdf.



Lone Star State Funding for MR Services Caught in Texas-Size Budget Crunch

Faced with a \$9.9 billion budget shortfall, the Texas legislature and Governor Rick Perry cut funding for mental retardation and mental health services by just under 5.3 percent. FY 2004 appropriations for the mental retardation programs of the Texas Department of Mental Health and Mental Retardation (TDMHMR) were sliced by 2.6 percent, or \$33.4 million, below last year's funding level. The appropriations for mental retardation programs this fiscal year total \$1.246 billion, with a little over two-thirds of the amount devoted to community services. Community services sustain slightly deeper cuts (2.9 percent) compared to appropriations for state-operated specialized services (2.0 percent).

The currents in the TDMHMR budget would have been deeper except for the receipt of additional revenue, which is expected to grow by 6.6 percent in community programs and by 1.7 percent in state specialized programs (the state's eleven schools and two multipurpose facilities). Most of the new revenue is due to the temporary increase in state federal medical assistance percentage (FMAP) rates approved earlier this year by Congress. Some additional revenue is expected from the state Medicaid provider tax program, known as the Quality Assurance Fee (QAF), which was extended to state schools during FY 2003. In prior years, it applied only to privately operated Intermediate Care Facilities for People with Mental Retardation (ICFs/MR). In addition, the QAF portion of the rate has been increased from 5.5 percent of the fee rate to 6 percent in FY 2004.

H.B. 2292, which lays out a major reorganization of the state's human services delivery system (covered in this edition of *Community Services Reporter's* front page article), was another tool employed by Perry and the legislature to mandate specific changes to mental retardation services - a number of which impact the budget- that are aimed at streamlining processes and procedures, and increasing overall efficiency.

Two key measures around privatization of TDMHMR services are included in the long-term care policy changes of H.B. 2292. The Texas legislature authorized state schools and state hospitals to be turned over to private management after August 31, 2004 and before September 1, 2005, if services can be provided at a 25 percent savings without jeopardizing the Medicaid-certification/accreditation status of such facilities. It also authorized the privatization of ICFs/MR currently operated by local mental retardation authorities (primarily county MHMR centers) but not before August 31, 2006.

In addition, long-term care policy changes in H.B. 2292 include

modifications to the duties of providers, local mental retardation authorities (LMRAs) and TDMHMR under the existing LMRA waiver program. Modifications are as follows:

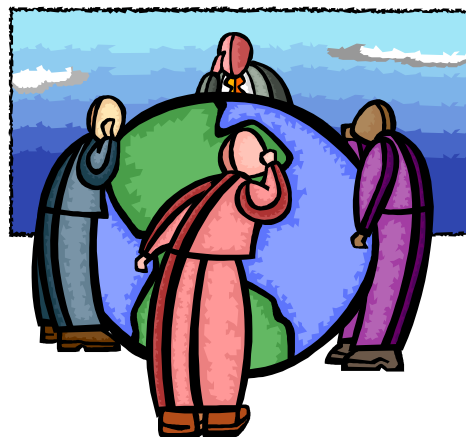
- √ Providers of services are required to develop plans of care and provide case management services;
- √ LMRAs are required to manage waiting lists, perform functions related to consumer choice, program enrollment, and case management services in cases involving funding disputes;
- √ TDMHMR is required to perform surveying, certification and utilization review functions, and manage the appeals process;
- √ TDMHMR is required to review screening and assessments of level of care, case management fees paid to community MHMR centers, and the administrative fees paid to provider agencies; and
- √ TDMHMR is required to allocate reimbursement of funds related to case management between providers and local authorities.

Because H.B. 2292 shifts the service coordination function from LMRAs to service providers, the budget assumes this change by reflecting the consolidation of the community mental retardation services that are currently operating under two smaller waiver programs into its existing Home and Community-Based Services (HCS) waiver program, effectively phasing out the LMRA waiver program. As a result, during FY 2004 the Department will be operating a single waiver program - rather than three waiver programs - for people with mental retardation.


FMI: For more on the FY 2004 TDMHMR operating budget, and outcomes of H.B. 2292, contact Barry Waller, Director of Long Term Services and Supports, TDMHMR, PO Box 12668, Austin, TX 78711-2668. 🌈

Web Site with Medicaid Information for Consumers Seeks to Expand Coverage to All States

The ArcLink's Medicaid Reference Desk (<http://www.thedesk.info>) is entering a second phase that will broaden its coverage of Medicaid information for people with developmental disabilities to include all fifty states and U.S. territories. In its first phase of development, TheDesk "translated" Medicaid information for people with disabilities, their families and advocates in eleven states. At least one state from each of the ten Centers for Medicare and Medicaid Services regions is currently represented.



In an effort to solicit interest in bringing TheDesk to states, as well as collect state-specific information, the ArcLink is in the process of contacting state developmental disabilities services and Medicaid agency officials and advocacy groups.


FMI: To learn more about TheDesk, send an e-mail to ejohns@ThArcLink.org. 



Upcoming Forum to Address Health Disparities for People with Developmental Disabilities

On November 20-21, 2003, an interdisciplinary group of professionals, and people with developmental disabilities and their families, will convene in Atlanta, Georgia for *A National Health Forum: Reducing Health Disparities for People with Developmental Disabilities by Improving the Quality of Health Care*. The forum is sponsored by a number of organizations including the Georgia Department of Human Resources' Division of Public Health, the Governor's Council on Developmental Disabilities of Georgia, the Association of University Centers on Disabilities, and the Medicine Division of the American Association on Mental Retardation. Among the forum's objectives are to examine the relationship between healthcare financing and positive health outcomes, and to develop strategies to integrate health care into community environments for people with developmental disabilities. Former Surgeon General, David Satcher, M.D., Ph.D. is one of three keynote speakers. "Guest faculty" include representatives of the Human Services Research Institute, the University of Minnesota Institute on Community Integration, and the Kennedy Krieger Institute.



FMI: For conference details, contact the coordinating organization, May South, at (770) 956-8511, or e-mail Janice Nodvin of May South at jnodvin@mayinstitute.org. 

Pathways to Excellence: Achieving System-Wide Strategic Goals Together

**NASDDDS 2003 Annual Meeting
November 12-14 at the Hilton Alexandria Old Town
Alexandria, Virginia**



Sharing promising practices around the Association's strategic goals:

- Strengthening QA/QI Capabilities
- Building Community Infrastructure
- Supporting People with Multiple and Complex Needs
- Community Workforce Development
- Developing Responsible Financial Systems & Strategies

Plenary Speakers:

Nancy Thaler, former Deputy Secretary for Mental Retardation in Pennsylvania, Past President of the NASDDDS Board of Directors, and current director of technical assistance and quality improvement activities for the home and community-based services quality team of the Centers for Medicare and Medicaid Services, Disabled and Elderly Health Programs Group

David Pitonyak, Ph.D., Imagine, Founder and Contributing Editor of *The Community Journal*, and President of the Commonwealth Coalition for Community

Wrap-Up Facilitator:

Valerie Bradley, President of the Human Services Research Institute, Vice President of the American Association on Mental Retardation, and former Chair, President's Committee on Mental Retardation

Online registration is now accessible through our Web site at:

<http://www.nasddds.org>

Just click on the Annual Meeting icon on the NASDDDS home page!
Go to our Web site to find other details such as the Meeting Program at a Glance,
Program Highlights, and Hotel & Travel Information.

!!! Important Reminder !!!

**The Cut Off Date for the Association Rate at the Hilton has been extended to
October 20, 2003**

**For Hotel Reservations Call
703-837-0440**