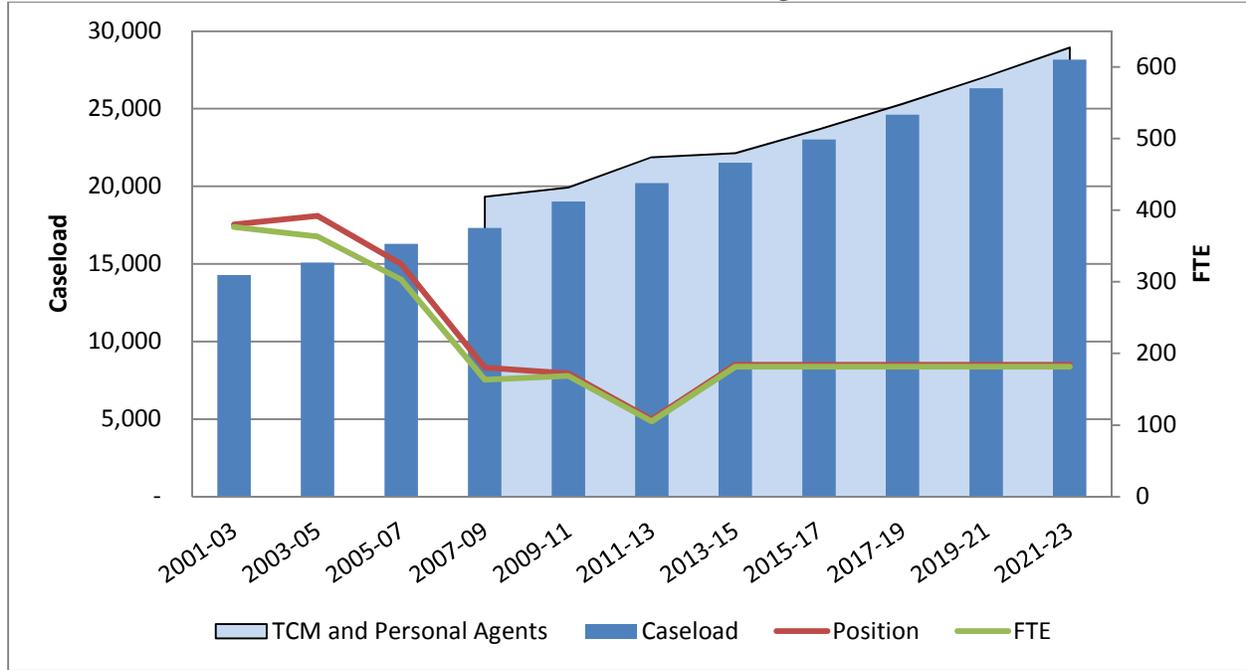


# Department of Human Services: Program Delivery and Design

## Developmental Disabilities

Primary Outcome Area: Healthy People  
 Program Contact: Trisha Baxter, 503-945-5858

Caseload and Staffing



Note: Graph shows central office Developmental Disability staff. Background shows Targeted Case Managers and Personal Agents (the field case management) staffing models that were developed in 2007-2009. Comparable staffing models not available before 2007. TCM=Targeted Case Managers

### Executive Summary

Developmental Disabilities (DD) is a lifespan program that provides support and funding to children and adults with developmental disabilities to live fully engaged lives in their communities. Oregon has stopped using institutional models to care for people with developmental disabilities and has focused all efforts on people living in their community. Programs are provided in the community in the family home or in a foster care, group home or supported apartment.

### Program Funding Request

	Developmental Disabilities Delivery and Design					
	GF	OF	FF	TF	Positions	FTE
LAB	70,262,355	5,423,934	98,789,601	174,475,890	175	173.50
ARB	87,034,515	5,904,502	118,351,541	211,290,558	227	219.04
Difference	16,772,160	480,568	19,561,940	36,814,668	52	45.54
Percent Change	23.9%	8.9%	19.8%	21.1%	29.7%	26.2%

## Significant Proposed Program Changes from 2011-13

Developmental Disabilities Investments/Reductions	Developmental Disabilities Delivery and Design					
	GF	OF	FF	TF	GF	OF
Provider training to increase supported employment opportunities	0.15	0.00	0.15	0.30		
Increase OVRS services to DD clients due to DD Employment First referrals	0.31	0.00	1.13	1.44	10	8.80
Restore Quality Assurance Positions removed due to budget cuts in 09-11	3.43	0.00	3.41	6.84	40	35.20
Implement electronic case management and client record system for DD	2.45	0.00	2.44	4.89	2	1.66

(\$, millions)

DHS proposes additional funds to serve clients referred from the Developmental Disabilities (DD) Employment First Program, a critical area of need highlighted by recent litigation and U.S. Department of Justice findings. We request funding for the quality assurance positions eliminated during the 09-11 biennium. These positions are central to implementing ongoing quality assurance and improvement activities in the developmental disability delivery system and help DHS comply with federal Centers for Medicare and Medicaid service expectations at the state and local level. QA positions evaluate the effectiveness of the DD system sustainability efforts and integration of the DD system and health system transformation efforts.

DHS also requests funding to allow for the implementation of an already established electronic, web-based, central client record and case management system. Currently the statewide system for serving individuals with developmental disabilities is a highly decentralized structure relying on contract providers for case management and service delivery. As a result, there is no common, centralized information system for client plans, services, and outcomes. This compromises the state's ability to plan strategically, provide required regulatory and oversight functions, and develop service policies and procedures.

### Program Description

There are over 21,000 Oregonians with developmental disabilities receiving case management and other supports. The numbers of people with developmental disabilities requesting service have steadily increased. We receive requests from approximately 80 new people per month. Caseload typically grows in accordance with the general population at a rate of approximately .5 percent per year but additional factors that influence the increase include autism diagnosis and drug and alcohol affected births.

The structure for service delivery and design includes a central program administration office and contracted services with Community Developmental Disabilities Programs (CDDP) and Adult Support Service Brokerages (Brokerages). The Developmental Disabilities central office provides strategic planning, program funding, policy development, general oversight, and technical support to community services. Contracted county Community Developmental Disability Programs (CDDP) are responsible for eligibility determination, program enrollment, case management, abuse investigation, provider development, quality assurance, and crisis response. For adults who are getting Support Services, the case management function is provided by the contracted Brokerages.

Services are based on a continuum of care model and are provided as the first option of supports for a person with developmental disabilities. The table demonstrates the continuum of services.

<b>FIRST</b>	<b>IF</b>	<b>THEN</b>
<i>Support Services</i>	<i>Crisis</i>	<i>Comprehensive Services</i>
Person lives at home with family or in their own apartment.  Family or others provide support and care in the home as part of natural (unpaid) supports.  DHS funds portion of care that cannot be met fully by family or natural support network.  Limits are placed on amount of funding that can be used.	Person's family or network cannot continue to provide the care under the budget caps per the program. This may be due to increase need by the individual or the decrease capacity by the care giver. It is determined to be more than a short-term issue and will require long-term services	Person is in services that are provided on a 24-hour basis. Includes both residential care such as foster care or group home as well as employment or day services for an adult or school (not funded by DHS) for children.

DD program delegate's responsibility for program administration to local county government, Community Developmental Disabilities Program (CDDP) in accordance with state statutes (ORS 407) giving the counties the option of running the DD programs. DHS has Intergovernmental Agreements with all but six counties. In five of the counties, the state contracts with a private agency. In one county, Umatilla, the CDDP is managed with state staff. Local oversight responsibilities include determining eligibility for developmental disabilities, planning and resource development, authorizing program services and program rates, developing and monitoring individual plans of care, documentation of service delivery to comply with state and federal requirements. Counties also are responsible for case management services, evaluation and coordination of services, abuse investigations of adults and quality assurance services. The DD program provides funding for the equivalent of nearly 497 full time employees of CDDP staff through contracts. CDDP provides case management for all individuals except those in Adult Support Services. The case management for those individuals is through Support Service Brokerages.

In 2001 the Developmental Disability office started the Adult Support Services Program. This program provides services such as respite, in-home staffing and community access to adults living at home with their family or on their own. The program is organized around Support Service Brokerages who hire staff to plan and monitor services. In order to not duplicate services, once a person is in a Brokerage, they do not also get case management from the CDDP. There are 13 Support Service Brokerages statewide that support over 7,000 individuals. Brokerages vary in size and support from 300 to 750 people.

The person with developmental disabilities is enrolled in a Brokerage from the county. Once in a Brokerage, the Brokerage Personal Agent (PA) develops individual plans, assists the person in determining types of services, amount of service, possible workers or agencies and costs of services. PA's help the individual design plans not to exceed the amount and provide ongoing monitoring of monthly expenses. Clients are the employers or contractors for services and the Brokerages provide the fiscal functions for payroll and voucher expenses. This model of using Support Service Brokerages was codified in statute via House Bill in 2011.

The majority of individuals receiving Developmental Disability services are eligible for Medicaid. Oregon no longer uses institutional models of care for people with DD. Instead, the State uses Medicaid Home and

Community-Based (HCBS) Waivers that allow for shared funding from the Federal government. In order to maximize Federal participation, control costs and triage access to the highest level of services for children and adults with the most needs, Oregon operates five HCBS Waivers. Three of the Waivers are Model Waivers for children which allow the State to ignore family income for Medicaid determination and provide staffing, including nursing, in the family home. The 2011-13 Medicaid match for all services in developmental disabilities is 63 percent Federal funds to 37 percent State General Funds.

Developmental Disability central office staff provides policy and program design, technical support, quality assurance, provider development and review, and field support of CDDPs, Brokerages and direct service providers.

There are 120 private service providers, 2,900 foster care providers and over 7,000 Personal Support Workers. Regulatory oversight is provided by the DHS Office of Licensing and Regulatory Oversight. There are six payment systems used in Developmental Disability services. The DHS Office of Business Intelligence provides the technical support on payments and is working on the development of streamlined payment systems with the goal to limit the numbers of systems.

Central office staff provides programmatic and budget analysis support to Department of Administrative Services Labor Management, collective bargaining, for the Adult Foster Homes, Home Care Worker, and Personal Support Worker. The central office also works with the Children's Intensive In-Home services and the Children's Residential Services. This includes assessing level of care and authorizing services, developing and monitoring plan outcomes, and developing provider resources. Due to understaffing, the Developmental Disabilities program has prioritized central office staff responsibilities to three critical areas: Development and implementation of policies related to sustainable practices, liaison and support of the Brokerage and CDDP services, and liaison and support to service providers.

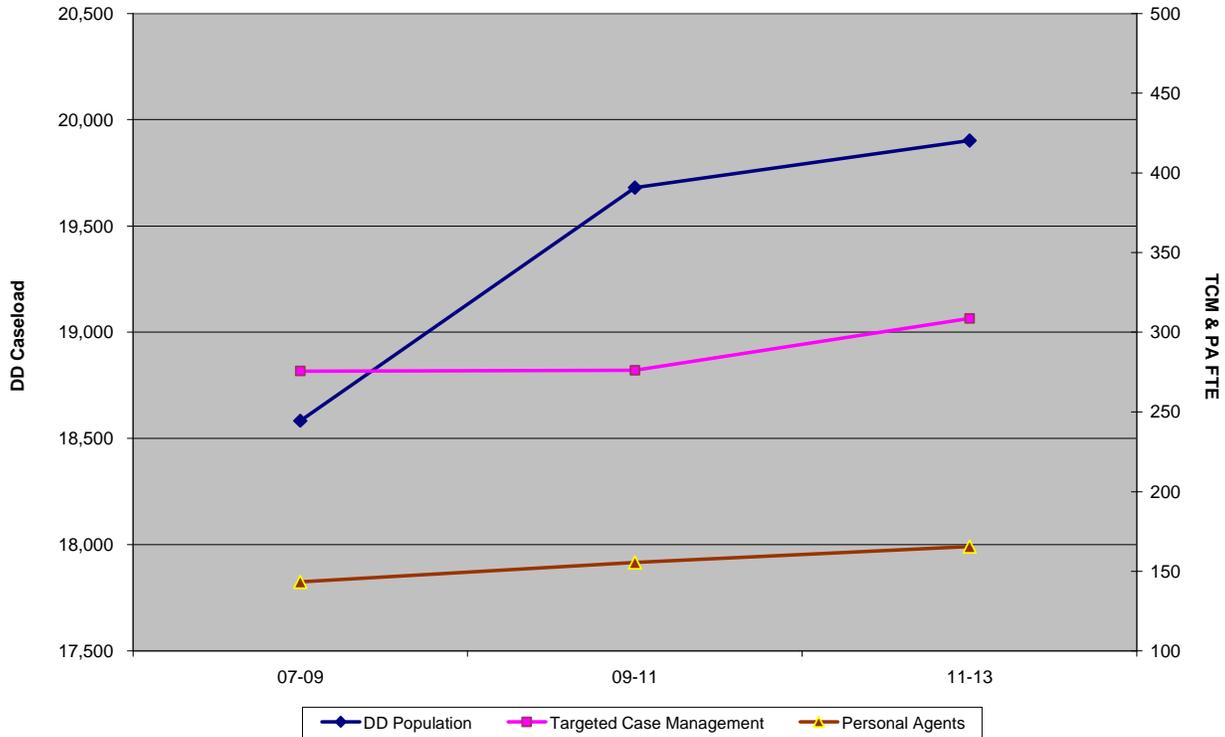
### **Program Justification and Link to 10-Year Outcome**

The program delivery system, designed and monitored by central staff and implemented through either the CDDP or Brokerage, is designed to assure supports are provided so the individual is healthy and safe, and fully engaged in their community. The goal is to help them have the best possible quality of life at any age. Person centered strategies are used to maximize the person's natural supports. The CDDP and Brokerage reports on critical incidents and the data are used to track trends and determine strategies to improve healthy living outcomes. Almost all adults (99 percent) and many children (30 percent) qualify for Medicaid benefits and receive health care through the current Oregon Health Plan. The case managers in CDDP and Brokerages are part of a team that looks at health outcomes and health issues. They will be critical to the Coordinated Care Organizations' efforts to achieve positive health outcomes.

### **Program Performance**

Personnel resources are necessary to provide performance in the delivery of programs within Developmental Disabilities in a linguistic and culturally competent manner. The chart below provides a comparison of the caseload growth to the equivalent contracted CDDP and Brokerage personnel - Targeted Case Managers and the Brokerage Personal Agents. The growth over time provides a stark display of how our current resources are struggling to keep pace with the need of vulnerable Oregonians with developmental disabilities. (see chart)

### Caseload to FTE



**Enabling Legislation/Program Authorization**

The services are designed and approved using a Medicaid 1915c Home and Community-Based Waiver. Without the Waiver, individuals would be entitled to Institutional Care for the Mentally Retarded (ICF/MR). Individuals can also be court committed to the State care and custody under ORS 427. Targeted Case Management is authorized under the Medicaid State Plan. Federal authorization for all services is at 42 C.F.R. 441 and Section 1915(c) of the Social Security Act. Authorization to provide the services in Oregon is in ORS (410.070, 409.050).

At the Federal level, in addition to all applicable Medicaid statutes and regulations, services must comply with the Title II of the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973. Compliance with these Federal laws is subject to the U.S. Supreme Court’s Olmstead Decision of 1999 and the U.S. Department of Justice’s interpretation of that decision as it relates to the ADA and Rehabilitation Act. The Olmstead Decision requires states to provide services and supports in non-segregated settings.

**Funding Streams**

The services are designed and approved using a Medicaid 1915c Home and Community-Based Waiver which provides a Federal match to the program’s General Funds. The program funding match rate is 63 percent Federal funds and 37 percent State General Funds.

The Brokerage services and case management are funded with Medicaid service level FMAP. The CDDP case management is funded with Medicaid at the service level FMAP. The program funding match rate is 63 percent Federal funds and 37 percent State General Funds. The administration of CDDP and central office staff are funded at the Medicaid administrative match of 50/50. Authorization to provide the services in Oregon is in ORS (410.070, 409.050).