



Mental Health and Disability Services Redesign 2011

Adult Intellectual & Developmental Disabilities Workgroup Report Summary

Source: ID-DD Workgroup / DHS

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Charge

The Adult Intellectual (ID) & Developmental Disabilities (DD) Workgroup was tasked with redesigning the service system in a way that delivers consistent, uniform, accessible, and cost-effective core services based on best practices for individuals with ID, DD and co-occurring needs. An effective redesigned system is one that will enable individuals and family members achieve their desired quality of life.

Multi-Occurring Disabilities / Co-Occurring Disabilities

- Ensure that all components of the redesign (core services, outcomes, performance measures, provider standards and workforce development) are premised on the consideration of needs of people with multi-occurring conditions.

Eligibility

- Utilize a standardized assessment tool to evaluate support needs.
- Standardize the eligibility process so tools and processes are streamlined.
- Expand the Intellectual Disabilities waiver to include individuals with developmental disabilities.
- Consolidate waivers with overlapping target groups.
- Develop criteria that includes clinical/diagnostic variables as well as functional status for determination of DD eligibility.

Core Services

- Consistent with Olmstead principles, services that expand and support community integration should be enhanced (e.g. supported community living, self-direction, transition services, supported employment). Recognizing that such expansion will take time, the current array of residential, day and vocational services should be continued.
- The ID-DD services system should transition to conflict-free case management.
- Best practice health and primary care services should be available in local communities.
- Best practice family support services should be provided to help families keep a member with a disability at home.
- With the expansion of the ID waiver to DD, explore whether services from other waivers may be appropriate to include (e.g. assistive technology).

- The following services should be added:
 - Crisis prevention and intervention
 - Behavioral intervention and positive behavior support services
 - Mental health outreach
 - Speech, occupational and physical therapies needed for habilitation
 - Housing supports
 - Tele-health resources
 - Peer to peer support for self-advocates
 - Guardianship services with due process protections for individuals

Outcome and Performance Measures

- Tie measurement to individual and family outcomes.
- Provider performance data should be aggregated, reported and public.
- Allocated staff to DHS to review and analyze all data.
- Create a Quality Improvement Committee.

Provider Qualifications and Monitoring

- Consider the costs to providers in the development of quality monitoring efforts.
- Develop uniform, streamlined and statewide cost reporting standards/tools.
- Make quality monitoring information, including services, quality and location, easily available and understandable to all citizens.
- Establish regulations that are clearly understood and are accompanied by interpretive guidelines to support understanding by those responsible for applying the regulation.
- Develop a partnership with providers in order to improve the quality of services and develop mechanisms for the provision of technical assistance.
- Develop consistent data collection efforts based on statewide standards and make information available to all providers.
- Evaluate current provider qualification and monitoring efforts to identify duplication and gaps, and align with valued outcomes.
- Streamline and enhance current standards.
- Consider how accreditation fits in the certification of provider qualifications.

Workforce Development

- Make College of Direct Support available at no charge to all ID-DD providers.
- Require every direct support professional demonstrate a level of competency in core curricula.
- Provide financial incentives for those providers that support staff to secure a voluntary certification from the National Alliance of Direct Support.
- Change current rate reimbursement formula to allow providers to bill such costs as a direct expense rather than an indirect cost.
- Have regional staff available to provide positive behavior supports training and to mount crisis intervention and prevention response modeled on IPART.
- Make technical assistance available to providers for issues such as crisis intervention, workshop conversion, etc.
- Implement co-occurring disability cross training for mental health professionals as well as training for primary care practitioners on ID-DD behavioral issues.