

## **Collaborative Work Group on Services for Adults with Developmental Disabilities**

**April 2<sup>nd</sup>, 2012**

### **Meeting Notes**

#### **Purpose for Today's Meeting:**

*Discuss/decide how we can work together as a group to identify what we believe the system for adults with developmental disabilities should look like.*

#### **What do we hope this group can accomplish/what is success?**

*Develop a picture of the adult service system for people with developmental disabilities based on quality, continuity of services, informed choice, advocacy and affordability/sustainability to assist discussions and decisions by the legislature and the executive branch.*

#### **What do we value and want to keep in the current system:**

- Variety of services
- Safety of adults
- Continuity of care
- Ability to self direct
- Choice
- No waiting list for the waivers
- Opportunities for input from people with developmental disabilities
- Self advocacy
- Person Centered Planning
- Most people can get supports in a variety of environments
- Strong consortium among stakeholders
- Choice in variety of living situations
- Variety of choices for work
- Transportation services
- Collaborative nature between agencies within communities
- Medical expenses are not part of the individual's budget
- Crisis services are recognized
- Money follows the person program
- Medicaid for Workers with Disabilities program
- Providers work with many group and populations
- An individual can receive services that cost more than "institutional care"
- Long term employment support are available through the HCBS Waiver and ESE
- Flexibility/Individualization of services
- Variety of choice of providers in many communities
- Families can be paid caregivers

- Accessibility of the Executive Branch (can meet with the Governor, his staff and the Department Directors)
- We have moved to smaller living settings (not huge places)
- Services are available to those who don't meet "institutional level of care"
- Dependable funding source

**Where are the opportunities to improve the current system?**

- Improve individualized budget system
- More clarity/clarify rules (more involvement in the rule process with providers)
- Two separate "ICF/ID level of care" eligibility processes for Waivers and ICF/ID – transitions between living arrangements can require redetermination)
- Use other assessments other than SIB-R (i.e. SIS)
- Improve on crisis support system
- Improve rates paid to cover costs of services
- Improve variety of services in rural areas
- Streamline billing system
- Rules are too prescriptive and not based on quality outcomes
- Transportation
- A System that can meet the individual needs and outliers
- More user friendly for families and participants to navigate
- Funded at a level high enough to pay direct care livable wages and cover training
- Documentation more streamlined
- Honor the value of individuals working in the community
- Better system for transitioning youth to adult services
- Self directed services for non-waiver participants
- Restore all services that have been cut during recent budget cuts (ie. Eye, hearing, etc)
- Provide benefits for Community Support Workers under Self Direction
- Opportunity to implement Community First Option
- Nursing services through Certified Family Home
- Learning is a lifelong process
- Transitional Crisis Support
- Mechanism to support people with disabilities to have support staff assist them while they may be in an acute hospital
- Make Fiscal Intermediary and Financial Employer Agency services available to individuals under the A&D and DD waivers
- More access to advocacy for individuals
- Improve choice and increase opportunities for adults to be in the drivers seat
- Employment First
- Quality of Services improved
- Career ladder for paraprofessionals
- One place for information

- Improve the QA in the Self Direct Option
- Stronger Adult Protection Agency
- Benefits for CFH Providers
- Recognition of importance of recreation and exercise in people's lives

**What could get in the way of achieving those improvements/our limitations/the landscape?**

- Federal code requirements (especially around transitioning from ICF/ID living)
- Budget realities/decisions are often time sensitive with short turn around
- These items cross a number of systems (not just the developmental disabilities services)
- It will take time to think/work these items to fruition (possibly not until the 2014 session)
- Federal CMS limitations
- Differentiating opportunities for short vs. long term time frames
- Public perception re: accountability
- Changes in needs in population served (aging issues, increase in autism diagnosis)
- Concept of ICF/ID level of care
- High turnover in key legislators in 2013
- Educating legislators is easier in the off season
- Definition of Developmental Disabilities applies to wide variety of people with different needs not "one system fits all" mentality – need a different paradigm as policy makers often define developmental disabilities based on one person they know
- Cost neutrality in the aggregate
- Executive branch puts forward it's idea of what it can do within the budget not what it can't or wants to
- Misunderstandings about Medicaid – who's eligible, what it covers, etc
- Perceptions about what can/can't be provided by volunteers, churches and non- government agencies.

**How do we want to move forward together?**

- Have a small group meet in the next couple of weeks to:
  - Organize the list of "opportunities to improve the system" into categories
  - Draft a template with questions to review for each topic
  - Identify one topic to use during the next full meeting to use an example for future small groups
- Come back together in the full group to:
  - Agree on categories
  - Prioritize topics
  - Agree on template
  - Group members sign up for subgroups (one or more)
  - Discuss timeline for small subgroup work
- Sign up and discussion of each topic may include

- What challenges
- What short and long tem
- What additional info is needed
- What are our choices
- Small Group Work Begins

### **Legislative/Executive Branch Timeframes**

- Spring 2012      Program Level Work
- Summer            Budget submitted by Department to Governor
- Aug/Sept          Proposed legislation and rules to Governor's office
- Fall/Winter        Governor's office reviews and decides on recommendations
- Jan 2013            Legislative Session begins
- Spring 2013        Program Level Work
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The group projected the time for System changes would require at least two years of work considering the above timeframes. Educating of policy makers would take place throughout the two years.

### **Other timeframes to consider (shared by Art):**

- Changes in Medicaid State plan also have to be submitted to Federal CMS
- Rule changes may in some cases be implemented than reviewed both at the State and Federal levels
- 1915i state plan is in the process of being amended and submitted to CMS

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