

## Intermediate Care Facilities for School-Aged Children

The Conway HDC serves approximately 50 children with varying types of developmental disability. The great majority (200) of children requiring this level of care in Arkansas are served by four private organizations. While the Conway center provides high quality services to these children, the primary focus at the center is mostly on adults with disabilities. Private pediatric facilities are totally focused on the needs of children and do a great job of preparing these children for transition to less restrictive environments.

We propose to transfer the ICF beds and associated funding currently used for caring for children at the Conway campus to one or more private providers of ICF services in Arkansas. This would result in an approximate 10% reduction in funding and capacity at the Conway HDC. Due to the smaller numbers of clients at a private facility, we would likely need to provide approximately \$280,000 in additional general revenue to Medicaid to cover the costs of operating these beds.

- Private ICF providers have funded the previous construction of facilities so no one-time funding from the state is anticipated.
- Transferring beds will result in no loss of Intermediate Care Facility capacity.
- There will be no reduction in the level of service provided children requiring ICF services.
- Privatizing these services will allow care to be provided by facilities and organizations that focus primarily on pediatric services.
- School aged children represent only 10% of CHDC residents and only 5% of all HDC residents.
- 80% of school aged children receiving Intermediate Care Facility services do so in facilities operated by private providers.

## DDS Plan for Systems Change (with status updates)

Jan. 20, 2011

### Overview

While the closure of the Alexander Human Development Center (HDC) and the ongoing U.S. Department of Justice lawsuits currently garner most of the attention, there are many good things happening at DDS. Our five remaining HDCs are all nationally accredited at the highest level and are all certified by the Centers for Medicare and Medicaid. The DDS Home and Community Based Waiver has increased capacity by 60% in the past seven years and our Day Treatment Clinic Services have increased 29% in the past five years.

Although we feel the overall direction of the agency is positive, there are issues that need addressing in the coming years if we are to continue to improve our service to Arkansans with developmental disabilities. Staff at DDS have met and consulted with local and national experts as well as numerous local stakeholder groups to develop the strategic plan outlined in this document. While many important issues are addressed in this plan, there are several that are noteworthy:

- The need to update and upgrade our practices at our public Intermediate Care Facilities.
- The growing waiting list for the Home and Community Based Waiver.
- Service needs of people who are dually diagnosed with a developmental disability and a mental illness.
- The need to incentivize private providers to care for children with all levels of need.
- Addressing the unique needs of people diagnosed with Autism Spectrum Disorders.
- The need to do a better job of gathering, managing, and analyzing data throughout our system.

Addressing many of the issues noted in this plan will not increase our costs. However there are needs that will require significant funding increases. Regardless of available resources, DDS will continue to strive to improve services for people in Arkansas with developmental disabilities.

### HDCs

1. Increase staff-client ratios and clinical services at Arkadelphia, Booneville, Warren, and Jonesboro. Increased services will include, but are not limited to:
  - Primary Care Physicians
  - Quality Assurance/Improvement
  - Occupational, Physical, Speech and Language Therapy

Projected Cost: \$ -0- (Redistribution of Alexander funding)

See Appendix A for further information

STATUS: Resources will be added as Alexander closes.

2. Increase retention of direct care staff on evening and midnight shifts at all HDCs by:
- Examining impact of staggered shift duration utilizing 10-12 hour shifts.
  - Better utilization of shift differential pay for shifts with high turnover rates.

Projected Cost: \$1.3m

GR Needed: \$380,000

STATUS: Pending funding.

3. Develop a comprehensive data management system that includes, but is not limited to:

- Electronic Medical Records
- Habilitation/Treatment Planning
- Trending Analysis Capability
- Interactive Pharmacy Component

\*Projected Cost: \$1m

GR Needed: \$280,000

\*one-time cost

STATUS: Pending funding.

4. Develop more appropriate guidelines for admission in order to ensure the HDCs are addressing the needs of the public.

Projected Cost: \$ -0-

See Appendix B for further information

STATUS: Done.

5. Restructure housing opportunities on the BHDC campus to eliminate use of large dormitory living situations. This can be accomplished with the construction of 10 new living units, renovation of the 10 Curtis Circle Cottages, and reducing the capacity of the center from 149 to 128 beds.

\*Projected Costs:       \$2.5m FY 12   \$2.5m FY 13  
                                  \$2.5m FY 14   \$2.5m FY 15

\*These are one-time costs. No federal matching funds can be used for construction or renovation.

STATUS: Pending funding.

6. Hire a DDS Assistant Director for Residential Services to coordinate service provision across the five HDCs.

Projected Cost: \$121,356      GR Needed: \$33,979

STATUS: Pending provision of position.

7. Hire clinical personnel to assist in maintaining Evidence Based Best Practices at all HDCs.

Projected Cost: \$804,846      GR Needed: \$225,357

See Appendix C for further information

STATUS: Pending funding and positions.

8. Contract with an outside agency to conduct Independent Training Surveys annually at all HDCs.

Projected Cost: \$135,000      GR Needed: \$37,800

STATUS: Will issue procurement prior to 4/1/11.

#### Home and Community Based Waiver (HCBW)

1. Develop a comprehensive data management system that includes, but is not limited to:

Applicant Tracking

Expenditure Tracking

Trending Analysis Capability

Electronic Prior Authorization Capability

Projected Cost: \$ -0- (ARRA is already funding this project)

STATUS: Completed except for Prior Authorization capability. Training in Jan. 2011.

2. Develop a Group Home/Apartment Program Waiver designed specifically for existing congregate settings that would allow for maximum use of current facilities.

Projected Cost: \$ -0- (These costs are currently absorbed in the HCBW)

See Appendix D for further information

STATUS: Will issue procurement for waiver application development by 4/1/11.

3. Amend the current HCBW to allow it to be more responsive to client and family needs. Changes should include, but not be limited to:

- Retainer payments for client absentee days (hospital stays, etc.)
- Provision of nursing services to adults
- Restructure billing system for annual limits rather than daily limits (cost neutral)
- Conversion to “Host Homes” for adults (cost neutral)

Projected Cost: \$6,490,385      GR Needed: \$1,858,197

STATUS: Pending funding.

4. Develop Waiver Cooperatives similar to Educational Cooperatives to support waiver clients with challenging issues such as dual diagnoses. Services provided include, but not limited to:

- Crisis Prevention and Intervention
- Behavior Plan Development
- Medication Management Consultation
- Staff Training

Projected Cost:	\$1.2m	FY 12	GR Needed:	\$539,600	FY 12
	\$1.8m	FY 13		\$809,400	FY 13

The figures represent forming two cooperatives in FY 12 and the remaining three in FY 13

See Appendix E for further information

STATUS: Pilot Cooperative formed in Central Arkansas region. Full operation of pilot and other Cooperatives pending funding.

5. Cultivate providers of community based mental health services to enroll as HCBW providers in order to increase provider network capacity to serve people with the dual diagnoses of a developmental disability and a mental illness.

Projected Cost: \$-0-

STATUS: Five HCBS Waiver providers now have a license to provide Rehabilitative Services for Persons with Mental Illness (RSPMI). They include our largest Community Based Provider organization as well as one of the largest RSPMI providers in the state.

- Increase the capacity of the HCBW in order to reduce the wait time of people currently on the waiting list to 2 years by adding 80 slots monthly in FY 12 & 13 and 25 monthly in FY 14 & 15.

Projected Cost:	\$18.5m	FY 12	GR Needed:	\$5.4m	FY 12
	\$34.3m	FY 13		\$10.1m	FY 13
	\$21.5m	FY 14		\$6.3m	FY 14
	\$10.7m	FY 15		\$3.1m	FY 15

The above costs are predicated on the previous year's amount being in the base.

See Appendix F for further information

STATUS: Pending funding.

- Increase the capacity for residential services in community based settings by approximately 25% (250 slots) by utilizing HCBW Group Home/Apartment model.

Projected Cost: \$9m                      GR Needed: \$2.5m (spread over FYs 13-15)  
 The cost would be \$-0- if the waiver wait list is reduced as outlined in #6 above

See Appendix D for further information

STATUS: Pending funding.

Children's Services

- Revise the First Connections Early Intervention (EI) Program to be more responsive to requirements of the funding agency (Office of Special Education Programs).

Projected Cost: \$ -0- (ARRA is already funding this project)

See Appendix G for further information

STATUS: University of North Carolina personnel are currently conducting a comprehensive review of the program and will issue recommendations by 6/30/2011.

2. Develop a comprehensive data management system for use with the EI program. The system will include, but is not limited to:
  - Applicant Tracking
  - Expenditure Tracking
  - Outcomes Reporting Capability
  - Electronic Prior Authorization Capability

Projected Cost: \$ -0- (ARRA is already funding this project)

STATUS: System completed and in testing phase with anticipated launch in March, 2011.

3. Engage the Arkansas Department of Education and the Special Education Cooperatives throughout the state in mutually beneficial arrangements with regards to the provision of Early Childhood Special Education Services in conjunction with Developmental Day Treatment Clinic Services.

Projected Cost: \$ -0-

STATUS: DDS/ADE and the DD Provider Association have met once to determine exact requirements necessary to participate in Part B (3-5 year old special education) as a provider. Awaiting additional documents from ADE before advising DD providers of options.

4. Privatize Pediatric Intermediate Care Facility (ICF) services currently provided at Conway HDC. These services provided to approximately 50 children at CHDC would instead be provided by private non-profit organization(s) and would allow the Conway HDC to concentrate on providing services to adults.

Projected Cost: \$ 6,750,000      GR Needed: \$280,000\*\*

\*\*Majority of funding would come from CHDC budget

See Appendix H for further information

STATUS: Pending DDS Board approval and identification of provider(s).

Autism Spectrum

Recommendations regarding services to people with Autism Spectrum Disorders (ASD) are part of more extensive recommendations generated by the Legislative Task Force on Autism.

1. Develop and Implement an Early Intervention Autism Waiver program to provide intensive therapy for children identified as having an Autism Spectrum Disorder.

Projected Cost: \$ 5.4 m GR Needed: None (\$1.5 m already in base from tobacco tax)

This will provide services to approximately 100 children age 3-11.

See Appendix I for further information

STATUS: DDS contracted with Partners for Inclusive Communities at UAMS to develop the proposed program. Application to the Centers for Medicare and Medicaid for permission to implement the program is expected prior to 6/30/11 with a proposed implementation in 2012.

2. Provide opportunities for training of physicians and other pediatric health care professionals to assess children for ASDs.

Projected Cost: \$ 150,000 GR Needed: None (ARRA is funding this project)

See Appendix J for further information

STATUS: DDS has contracted with UAMS Pediatrics to create regional evaluation/assessment teams. Team development is underway.

3. Increase the capacity of Developmental Disabilities Pre-School provider organizations to serve children with ASDs by providing training in Autism specific curriculums such as STAR (Strategies for Teaching based on Autism Research) curriculum.

Projected Cost: \$ 250,000 GR Needed: \$250,000

See Appendix K for further information

STATUS: ARRA funds have allowed Easter Seals of Arkansas to initiate training at two preschool sites. Expansion of program is pending additional funding.



All

1. Hire an Information Technology Coordinator to assist all DDS sections and facilities with data management functions

Projected Cost: \$ 91,000

GR Needed: \$45,500

STATUS: Pending funding and position.