EITAS STRATEGIC PLANNING

FOCUS ON THE FUTURE

PART 1- MEDICAID CHANGES

BY JAKE JACOBS

Change is becoming an ever-present issue when it comes to developmental disability services. To respond to changes, eitas is working on a new strategic plan to help guide our actions and decisions for the next several years. The staff and board of eitas have been gathering information and discussing the changes that are occurring on a local, state, and national level that could impact how we operate and what services we help to provide. Our next step will be to start collecting input from stakeholders: individuals supported, their families, guardians and providers to see what they need for our system to be the best it can be for them.

A key to any strategic plan is to be proactive in addressing issues before they occur and avoid being reactive to something that has already happened that you did not anticipate. We realize that people’s needs change, as do the types of services, funding for services, and how services are provided. So what does the eitas board and staff see as major issues that need to be addressed immediately and others that we need to be prepared for? What follows is the first article in a discussion of issues we will be working on:

New Medicaid Rules for Home and Community –Based Services

There has been a steady evolution in the care and support of persons with developmental disabilities over the last 50 years. What is positive about that evolution is that the focus has largely remained on what is best for persons with an intellectual or developmental disability. Large institutions served a purpose for a time, until we learned that most people did better in smaller settings in the community, so group home programs developed across the country and the number of people in large state institutions dwindled. Being in the community in group homes or designated “communities” was better, but many people still felt segregated and living apart from friends, family and the general public. Individualized Supported Living (ISL) services began to provide services and supports in the community for people – giving people more independence and acceptance. The initiatives to break persons with developmental disabilities out of their historical molds and give them necessary supports to become a natural part of life and their communities has proven very successful.

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New Medicaid Rules for Home and Community –Based Services (HCBS) continued:

The Centers for Medicaid and Medicare (CMS) released a new rule effective March 17, 2014 that governs how Home and Community-based waiver services for persons with developmental disabilities are to be provided by the states. This new rule defines and describes home and community-based settings; sets forth requirements for person-centered planning; and lays out a timeframe for states to respond with a plan to implement the new requirements. The purpose of the new rule was to clearly articulate criteria to be applied uniformly across all states; ensure that states are meeting their ADA and Olmstead obligations; and ensure that Medicaid policy is consistent with the administration’s goals of promoting civil rights and liberties for people with disabilities. Home and community-based settings must have all of the following qualities:

- The setting is integrated and supports full access of individuals receiving Medicaid to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community to the same degree of access as individuals not receiving Medicaid home and community-based services.

- The setting is elected by the individual from among setting options, including non-disability specific locations and an option for a private unit in a residential setting. The options are identified and documented in the person-centered plan and are based on the individuals’ needs, preferences, and resources available for room and board.

- Ensures an individual’s rights of privacy, dignity and respect, with freedom from coercion and restraint.

- Facilitates individual choice regarding services and supports, and who provides them.

Settings where Medicaid Home and Community Based Services are always excluded are:

- Nursing facilities
- Institutions for mental illness, or intermediate care facilities for individuals with intellectual disabilities.
- Hospitals providing long-term care
- Any other location that has the qualities of an institution

Parts of the new rule concerning Person-Centered Planning specify that service planning for participants in Medicaid HCBS programs must be developed “through a person-centered planning process that addresses health and long-term services and support needs in a manner that reflects individual preferences and goals.” The rule requires that the person-centered planning process is directed by the individual with long-term support needs. The plan must:

- Identify a specific and individualized assessed need.
- Document the positive interventions and supports used prior to any modifications to the person-centered service plan.
- Document less intrusive methods of meeting the need that have been tried but did not work.
New Medicaid Rules for Home and Community –Based Services (HCBS) continued:

- Include a clear description of the condition that is directly proportionate to the specific assessed need.
- Include regular collection and review of data to measure the ongoing effectiveness of the modification.
- Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.
- Include the informed consent of the individual or representative.
- Include an assurance that interventions and supports will cause no harm to the individual.

CMS has also given states a timeframe with which to comply with the new rule. CMS expects states to transition to compliance with the rule in as brief a period as possible and to demonstrate substantial progress toward compliance. CMS will afford states a maximum of one year to submit a transition plan that provides for the delivery of HCBS services within settings meeting the final rule’s requirements, and CMS may approve transition plans for a period of up to five years depending on the individual state’s circumstances.

The issues described above are just a small part of the rule and its definitions. The entire rule is over 330 pages long and far too complicated to discuss in any one article. However, it will have a great impact on the way services are provided in Missouri, and the way eitas supports and funds individuals and contract providers. It virtually eliminates group home settings and it opens up individuals to have a wide range of choices in their home, their lifestyle, their independence, their choice of providers, and involvement in their community.

The Department of Mental Health DD Division is in the process of writing their transition plan for CMS. The plan will spell out how Missouri responds to the new Medicaid initiatives placed upon it, and we in turn will have to modify or change our approach to services and supports we provide. This is the next step in the evolution of the developmental disabilities’ service and support system. It will require many changes, but once again they will be changes that move the system forward, that create new opportunities and new futures for persons with developmental disabilities – futures that eitas will embrace and support to the best of our abilities.

For more information about the new CMS rule, ADA and Olmstead please visit the sites listed below:


http://www.ada.gov/

http://www.ada.gov/olmstead/olmstead_about.htm

This is the first in a series of articles dealing with changes to the developmental disability service system, nationally and within Missouri. Our next article is:

Focus on the Future, Part 2 - Sheltered Workshops
The Third Annual Ability 5K Run, Walk and Roll event was held at Swope Park on Saturday, March 29, 2014 with a record number of 365 people registered. The purpose of the event is twofold: to bring awareness of developmental disabilities during the National Awareness Month of March and to raise funds for the Michael Haseltine Scholarship fund.

This year, in addition to funds received for participating in the race, we also had several great corporate sponsors that worked with us to make the race a success. Those sponsors included Heartland Home Care, Lathrop & Gage LLC, Mayer Hoffman McCann P.C., UMB Bank, Cosinentos Price Chopper, Trader Joe’s, Sonic and Austen Dooley.

This year there were two t-shirt designs that the race committee really like so they incorporated both designs on the t-shirts. The first place design winners are Sean Schreier and Dan Gimmarro.

The Michael Haseltine Scholarship was created to honor the memory and work of eitas’ former Deputy Director. Scholarships are awarded each year to Jackson County residents who have a developmental disability and want to further their education beyond high school; or for individuals who want to have a career in working with people who have developmental disabilities.

This year eitas awarded two $1,000 scholarships. The first to Miss Rachel Seidel who will be attending Missouri State University working on a degree in physical therapy with a focus on people with disabilities. The second scholarship went to Miss Teigan Hockman who will be attending UMKC working on a degree in psychology.

The race was well-attended despite the cool and damp weather, and as you can see from the pictures everyone had an enjoyable time.
The Lens

**TARGETED CASE MANAGEMENT SUPPORT COORDINATION – GROWTH CONTINUES AT A STEADY PACE**

In 2006 eitas was approached by the Department of Mental Health Developmental Disabilities Division to start taking over some of the case management from the Kansas City Regional Office (KCRO). At that point in time, caseloads for KCRO support coordinators were at record highs, averaging around 78 people per support coordinator. DMH could not hire new staff because of hiring freezes enacted by Governor Blunt, so as more people showed up needing services, and support coordinators left KCRO, the caseloads for the remaining staff grew.

In exploring providing case management, the eitas Board consulted with other SB 40 boards that were doing support coordination for the state, looked at the financial implications of being able to bill Medicaid for many of the support coordinator’s functions, and the impact the additional services would have on our organization. The decision was made to start providing support coordination for Jackson County individuals on a modest scale to see how it would work for eitas. The one caveat the eitas Board of Directors had was that the service must support itself with no local tax levy dollars going to fund support coordination.

Since 2006, support coordination at eitas has grown from one team of 11 support coordinators serving about 400 persons, to having four teams serving over 1,600 persons today. During that time we have managed to keep our caseloads low (no more than 40 persons per support coordinator), our revenues covering the costs, and the direct services to individuals the best possible. The revenue from providing support coordination has not only covered its cost, but also enabled us to participate in the Partnership for Hope Medicaid waiver, moving over 300 people from the waitlist for services in Jackson County.

We have been asked to eventually take over all support coordination from DMH in Jackson County, and we are steadily moving in that direction. We are presently hiring for the fifth team of support coordinators which will move another 440 persons to our services. If you have any questions about support coordination or would like to learn more about our services, please feel free to contact eitas at (816) 363-2000.

**New SC Supervisor & New SC Team**

Senior Support Coordinator Sarah West has been selected to lead the new Team 5 of Support Coordinators at eitas. Sarah joined the eitas family in September of 2010 and has accomplished much since that time. She is positive, encouraging and always willing to help out in any situation. She has been active with the Children’s Workgroup, Person Centered Organization and the annual Ability 5K event.

**Congratulations Sarah!**

Sarah West
2014 Award Dinner

Les Wagner, Exe. Director of MACDDS

Congressman Emanuel Cleaver

Vicki McCarrell
Deputy Division Director
DD Division, DMH

Eitas Board Chair, Tammy Kemp
with her father, Garry Kemp
Eitas Board Vice-Chair, John Humphrey with Billie Mullikin, Personal Success of the Year Award Winner

Personal Success of the Year Award Winner, Harold Anderson with Tammy Kemp, Eitas Board Chair

Board Member, Candace Cunningham with Ardith Scheer, Advocate of the Year

Board Member, Barbara Winkler with Tamika R. Adams, Direct Support Professional of the Year

Board Member, Betty Sharp with Rita Oliver, Innovations/Excellence in Services

Mark McCaskill, Board Secretary and John McWhorter, Spirit of Gentleness Awardee

Chrys Sevic, Support Coordinator of the Year with Kathy Marlatt, Eitas Deputy Director

The Lens

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In 2006 many of Missouri’s county DD Boards began taking over Support Coordination from the state. In doing so we have been able to reduce caseload sizes, increase the number of people receiving support coordination, improve services, and add funding through the Partnership for Hope Medicaid waiver. The amount of people on caseloads has grown from 28,000 in 2006 to over 33,000 today, mainly due to the outreach efforts of the county boards. Because of that success, the Department of Mental Health began looking at other services and functions that local entities like county boards could assume to take some of the burden off of the state and to provide more local control and improved services.

Over the past several months an initiative to change the system for developmental disability services delivery in Missouri has gained momentum. Last summer Dr. Keith Schafer, Director of the Department of Mental Health, announced that he felt the current system of Regional Offices and the way services are approved, funded, and monitored needed to change. The Regional Office system has been in place over 30 years and although a good system for many years, it has not been able to effectively meet the needs of persons being supported today.

Dr. Schafer encouraged the county board’s state association (MACDDS) and the provider’s state association (MARF) to begin looking at how things could improve if more services were controlled on a local level. In August of 2013, members of a MACDDS, DMH, and MARF redesign work group visited the state of Ohio to see how a county-based system might function in Missouri, and reported back to the Department of Mental Health. The stated purpose of the redesign workgroup is to “…collaborate to design and implement an efficient, flexible, locally-based system so people with developmental disabilities receive the supports they need when they need them.”

As a result of the Ohio trip, several county boards and groups of county boards have proposed the formation of “cooperatives” between the counties to manage regional office functions on a local level. Please keep in mind that this is not just a transfer of the current regional office system to county boards – but a redesign of the current system that would improve services, reduce response times, and have more accountability –managed by a local board or a board cooperative in partnership with the DD Division and in some instances, even private providers could be part of the cooperatives.

A System Redesign Committee was appointed last fall made up of SB 40 Board directors, DMH staff, providers, DD council staff, and other stakeholders to explore options and develop a plan for some pilot programs to test the feasibility of more local options. Etta Mitchell, the KCRO Director, and Jake Jacobs serve on the Redesign Committee – representing the Kansas City area along with some local providers. Three pilot sites were selected by Dr. Schafer in May: the Rolla, Springfield and Joplin areas were chosen to start managing some of the functions of the regional offices in those areas. It is expected that the first phase of these initial pilots will last 12 to 18 months—then a determination will be made as to the effectiveness of changes and services. If the redesign moves forward, our Board will consider eitas participating as a “large urban pilot site” during the second phase of redesign.

We want to stress that nothing is set in concrete and many things could change as this concept is developed. There are no changes planned for the Kansas City Regional office at this time. The most important element that has to work in the pilot phases is that services get better, and that persons with developmental disabilities get the supports they need when they need them.

NOTE: In order to have a public dialogue and gain input from our stakeholders, Developmental Disability Services of Jackson County –eitas plans to have a couple of public forums this summer to discuss system redesign and other changes that are occurring to services on a national level. Please keep watch for notices and posting of the forum locations, dates and times.