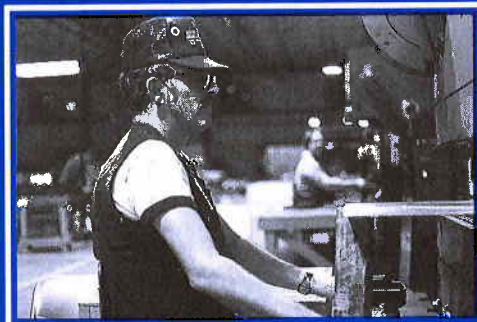
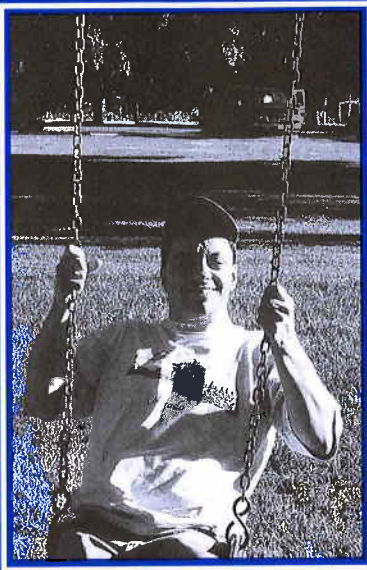


A MACDDS REPORT

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MISSOURIANS WITH DEVELOPMENTAL DISABILITIES:
THE POTENTIAL IMPACT OF GOVERNMENTAL REFORMS

-FROM CONCEPT TO ACTION

-BRINGING IT ALL BACK HOME

INTRODUCTION:

This report is the second document developed and adopted by the Missouri Association of County Developmental Disabilities Services (MACDDS) detailing the association's position on governmental reforms and service delivery to Missouri's children and adults with developmental disabilities and their families. The report was requested by Senator James L. Mathewson, President Pro Tem of the Missouri Senate, who said in a letter to MACDDS President, Wes Buffington, *"I can insure you that my colleagues and I are genuinely concerned about the impact of looming Medicaid reform on the lives of Missouri children and adults who are recipients of Medicaid support. As I see it, one very vulnerable group of Missouri citizens is those who are mentally retarded or otherwise developmentally disabled."*

The report explains in detail a process which allows local, county-based governmental entities (SB40 Boards) and/or their legal agents, in partnership with state agencies, to accept more responsibility for comprehensive service delivery utilizing the principles of "managed care" and "one-stop shop" practices.

This report presents an example of the provision of services through partnership with the Missouri Department of Mental Health, Division of Mental Retardation and Developmental Disabilities. However, the concepts and mechanisms described herein have the potential to apply to any state agency which desires to build local partnerships. As multiple state services to citizens with MR-DD are brought together through this "one-stop" approach, greater responsiveness, efficiencies, and single stream funding are achievable locally.

While County Boards & their affiliate networks already serve thousands of Missouri citizens with developmental disabilities, it is probable that the fundamental shift of control of service delivery from state-staffed to community-based organizations will be gradual, perhaps over a 10-15 year period. Specialized technical and management training will be required to assure a successful transition and positive outcomes for people served.

Why "Bring it all back home"?

"Times ----- they are a changin'" could be taken as an understatement in this swirling atmosphere of government reform.

In October, 1996, MACDDS presented a report to Senator James L. Mathewson, President Pro Tem of the Missouri Senate, exploring many facts related directly to serving people with mental retardation and other developmental disabilities as we approach the twenty-first century.

- ⌘ Federal resources (such as Medicaid) will slow in growth during the next decade.
- ⌘ 80% (73,000) of persons with MR/DD in Missouri are not currently being served by the MR/DD division of the Department of Mental Health. Of the twenty percent that are currently served by the system, about one-half receive "case management" services only.
- ⌘ The current MR/DD service delivery system in Missouri is often fragmented. This fragmentation occurs among state agencies as well as local service providers.

Many ideas to improve efficiency and economy in the delivery of human services have emerged from the health care industry. States are experimenting with a variety of "pilot" projects to determine:

- ⇒ What principles of "managed care" are easily transferable to the long-term care needs of citizens with developmental disabilities?
- ⇒ What organizational designs promise greater efficiency and economy in delivering long-term care services?
- ⇒ What is the role of the primary consumer (direct participant)? Can that role be strengthened? What "outcomes" do participants expect from providers of service?
- ⇒ What general governance or safeguards need to be in place to assure taxpayer protections from misuse of public funds/trust?

⇒ What "outcomes" should the general public and taxpayers expect as a result of their private (contributions) or public (taxes) investment?

The Missouri Association of County Developmental Disability Services (MACDDS) believes in and strongly encourages the development of locally-based and managed MR/DD service delivery systems that establish an organizational culture which:

- ◇ has a legal basis for existence in Missouri statute;
- ◇ allows local people to provide local solutions to local problems;
- ◇ embraces the individuals with disabilities and their families as central to the services/supports to be received;
- ◇ ensures a choice and variety of services whether delivered through a primary source provider or multiple providers;
- ◇ demonstrates a commitment to high quality outcomes for service participants in keeping with nationally recognized accrediting standards and Missouri certification principles; and
- ◇ promotes the coordination and cooperation of Federal/State and local agencies and organizations in achieving greater economies and efficiencies in the delivery of services.

How to “Bring it all back home”?

In considering the “specifics” of “how to” shift service delivery authority and funding from the State to a local level many areas must be considered. Decision makers should look at:

A. Administrative/Management Issues

- Legal Authority(ies)
- “Certified” county status
- State and County roles defined by formal contractual agreements

B. Service/Support Issues

- Scope/Choice
- Local/State Responsibilities
- Referral

C. Outcome/Program Evaluation Issues

- Individual Outcomes
- Contractual Outcomes
- Systems Outcomes

A. Administrative/Management Issues

1. Legal Authority(ies)

Missouri statutes and the Code of State Regulations currently contain many statements of legislative intent and authority to allow SB40 County Boards, and/or their legal agents to accept State/Federal funds to purchase/provide community-based services for the county’s (or counties’) citizens with developmental disabilities.

To wit:

CCSHB 1724, Relating to the provision of services by the State Department of Mental Health states:

