

Children and Families, Health and Human Services Interim Legislative Committee

1/19/18

I. Prior to rates system cost plans

- A. Provider submitted cost plan proposal/rationale for services to DDP Regional Manager
- B. 1/12th of cost plan for payment – would access the whole contract
- C. Accountability was then Individual Habilitation Plan (IHP) goals (no Task Sheets), DDP annual program evaluations, attendance (daily/monthly), quarterly reviews of IHP goals
- D. Flexibility in cost plans – could move \$ from one client to another to cover client needs, now cannot do that, have to apply for Special Needs funding.

II. Rate system

- A. Budget neutral
- B. Put \$ into residential first(historically underfunded) and what was left was back into for day/transportation services. Now can't survive with just day services, HI is an example now of a corporation that is struggling with the loss of their case management services.

If you have vocational only, it is very difficult to stay in business. Have to diversify with residential, other funding agencies, production, or case management.

III. Present cost plans

- A. MONA – no psychometric measurements – homemade tool.
 - 1. Manuals with data/procedure for how validity and reliability – Construct validity
 - 2. Reliability – internal, across time, inter rater reliability (no reliability no validity)
 - 3. Measurement of error – example - no such thing as a specific IQ score – range
70 –66 to 73 – 62% chance true score is within this range
63 – 77 – true score is within this range. At 92% confidence level of true score being within this range. This is the accepted range level.

Problem with ICAP, DDP used to use, measurement of error too large, data meaningless.

- 4. Now not only have people with less funding than they need but also people with more money than they need or will use.
- 5. MONA only goes up to \$83,000 after that the cost plans are custom built and funded. MDC clients are examples of being \$183,000 so MONA is not effective.

- 6. MONA rates are not always update for rate changes.
- B. Providers will informally run their own cost plan numbers
- C. PSP team input
- D. Case manager comes up with cost plan using MONA - case manager, the advocate for clients – doing the scoring – a few key questions could drastically change the dollar amounts. Fox in the hen house.
- E. Problem is not having the best assessment tool, does not exist. OK to use but not in isolation, - PSP teams assessment with input from team members and families. Provider running their own cost plans. Justifying what is needed.

IV. Tracking/documentation

- A. In rate system is burdensome
 - 1. Time and Effort – documenting staff by the hour
 - a. Sites have data for totals of staff hrs per day, that we run against a cumulative data system so be know where we are per time of month
 - 11. Problem – clocking system can have problems – not true picture until the last part of the month. Going to an Electronic Visit Verification (EVV) be helpful.
 - 2. Task sheets of what staff did, relates to PSP goals – (EVV).
 - 11. Paper system
 - 22. Have to have signatures – tracking staff down for this.
 - 33. Very difficult, staff time intensive and billing causes us to have to have extra staff to process it.

V. Non-Accessible dollars

- A. **\$852,200 – Total for ORI for last Fiscal Year (FY17)**
 - 1. **Supported Living - \$507,906**
 - a. Clients not wanting the amount of staff funded in the cost plan– 48%
 - b. Not enough staff to cover the shifts– 36%
 - 11. Like staff at congregate sites why not available
 - 22. Don't want to work alone at a site

2. **Congregate/Group Homes - \$56,351**

- a. can't get staff
 - 11. 92.5% level at congregate
 - aa. Fixed interval for reinforcement – monthly billing criteria
 - bb. Supported Living – have to hit by end of the year. Might be too late to correct.
 - 22. Need is typically greater in congregate homes so if client has more ability in SL they would not get the staff.

3. **Work Services - \$204,643**

- a. Large number of clients that live on their own choosing not to attend – 60%
- b. Too much funds in cost plan, above their needs– 22%
 - 11. Needed at first but then fading back supports so they are more independent, but the funds remain the same
 - 22. Too much funding put in MONA – last 3-5 years there were cost plans given for \$20,000 to \$25,000 blanketly given, when they only needed about \$8,000. We did say this to DDP.
- c. Not enough staff – 6%
- d. Closing down a crew site – clients don't want that kind of work – housekeeping – 6%
- e. other – 6%

4. **Transportation - \$83,298 – plus additional \$219,000 contract loss.**

- a. Too many categories – built into secret “tool bars” - parsimony
- b. Documentation – getting staff to do it. (lock car doors)
- c. Not enough \$ - severely underfunded – why – the last service funded, DDP backed into it with what \$ was left over.

VI **Then Overtime is on top of this. Charts**

VII. **Unfunded services – overages \$60,000**

Needed flexibility to move money from one source in cost plan to another for the same client, but DDP would not let us move money after March.

VIII. Comes down to:

- A. Not having flexibility in rates system to move existing funds internally between clients.
- B. Not enough staff – not enough money going to the right places for staff wages.
- C. Still may not be enough money for staff wages.