

PROGRAM DESCRIPTION

Department: Mental Health

HB Section(s): 10.410

Program Name: Residential Services

Program is found in the following core budget(s): DD Community Programs

1a. What strategic priority does this program address?

- Build Community Systems of Positive Behavior Supports.
- Increase Employment Rates among DMH populations fostering self-sufficiency.
- Increase use of technology among DMH populations fostering increased levels of independence.

1b. What does this program do?

The Division of Developmental Disabilities (DD) ensures residential supports are available to help citizens of Missouri with intellectual and developmental disabilities through funding group and individualized living arrangements and promoting the use of evidenced based practices of support and use of technology to support independent community living. This service model provides for round-the-clock support and protective oversight to individuals who cannot be supported in their own home or with family members. This program is operated through a network of contracted and state-operated providers in settings such as group homes, apartments, and single family homes with the goal of integrating each individual into their local community as much as possible. These services are funded predominantly through the Comprehensive Medicaid Waiver and Medicaid State Plan for a small number of homes licensed as Intermediate Care Facilities for the Individuals with Intellectual Disabilities (ICF/IID). Resident's income, derived from Social Security benefits, wages and other sources, is used to cover the cost of rent, utilities, food and other household expenses which are not billable to Medicaid.

Residential oversight is predominantly provided by direct support professionals (DSPs) which is the driving cost for this service. DSP staff required can be reduced by supplementing less costly options such as remote supports, assistive technology and home modifications, and teaching skills that further independence for individuals supported. It is the responsibility of the provider to ensure staff meet eligibility requirements as well as receive required trainings. Providers who choose to implement positive behavior support (PBS) training see a reduction in negative interactions between staff and individuals which can decrease the level of DSPs needed. A residential provider also delivers transportation to activities, provides personal funds management, coordination of daily activities and oversight of health and safety. Additionally, providers may support the individual through services that address needs such as skill development, employment, community integration and behavioral improvement.

Currently, only new individuals deemed in crisis need for residential services are enrolled in this program. To be eligible for the Comprehensive Waiver, an individual must be Medicaid eligible and meet the criteria of a standardized assessment that determines the individual's level of care. The Division of DD maintains a residential waiting list of individuals who have requested this level of service. Each individual is scored based on a priority of need (PON) assessment which ranks them on the wait list. Each fiscal year, based on new funding appropriated, the Division of DD begins working with individuals assessed with the highest need first. Priority for residential placement also includes individuals transitioning from nursing homes or other institutions ICF/IID facilities.

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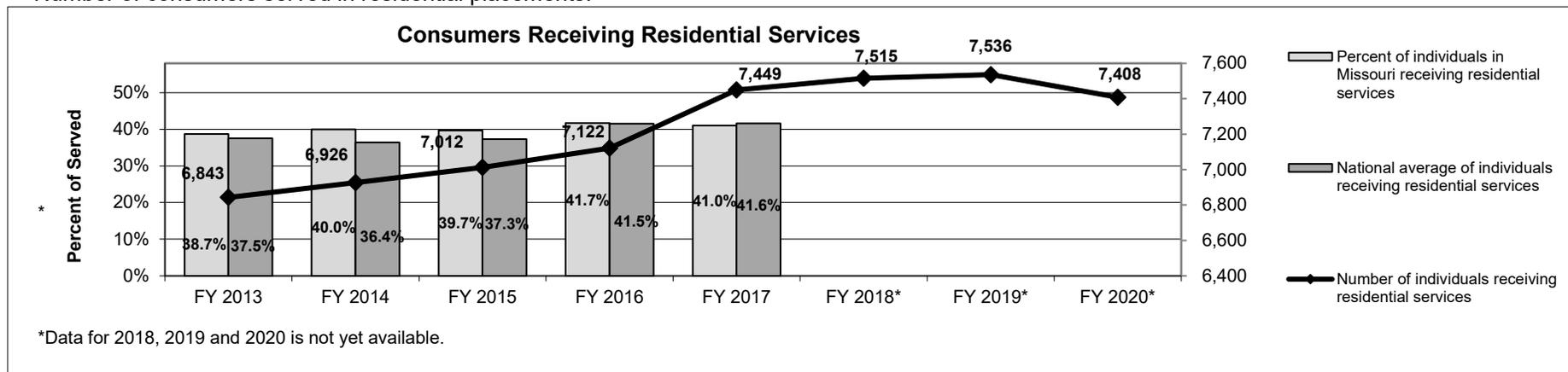
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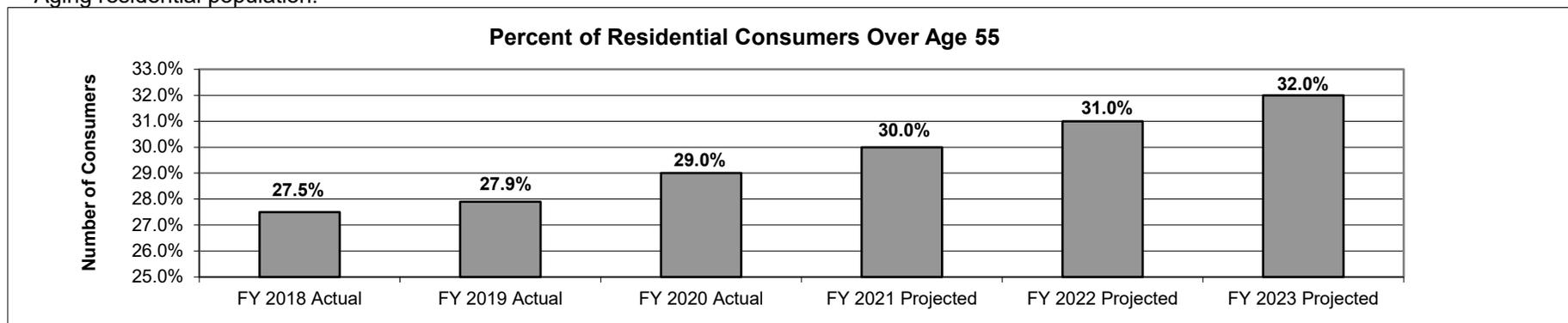
2a. Provide an activity measure(s) for the program.

- Number of consumers served in residential placements.



Note: The Percent of Total Served is based on the Residential Information Services Project (RISP).

- Aging residential population.



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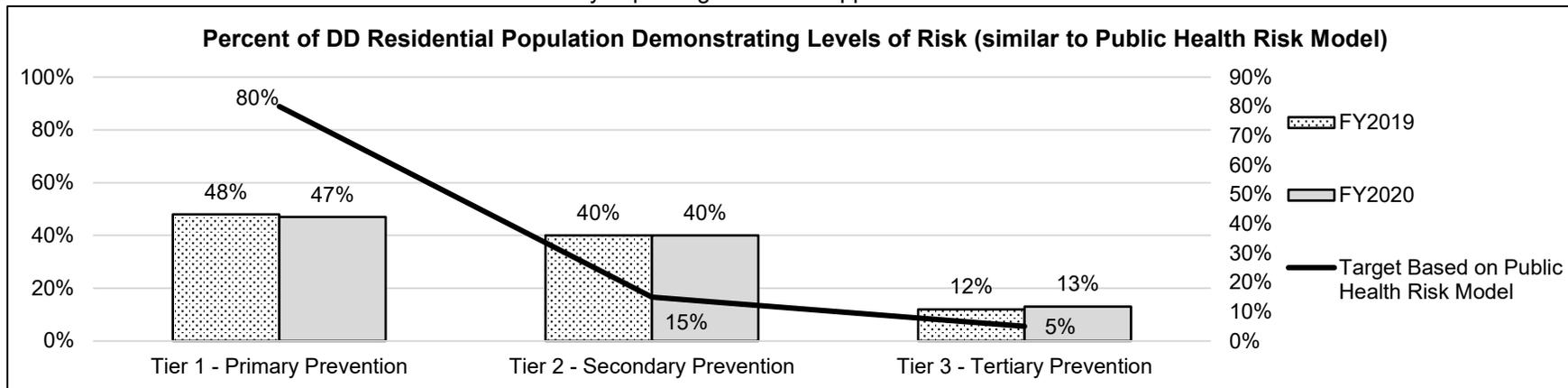
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2a. Provide an activity measure(s) for the program.

- Reduce risk for individuals in DD residential services by improving behavior supports.



Note: The graph reflects the needs for support of the individuals receiving residential services from the division. Ideally, following the public health risk model, tier 1, or the primary prevention would address the needs of approximately 80% of the population through universal supports important for all. The tier two, secondary prevention would address the needs of those who are experiencing additional risk even with the universal supports; this should be 15% of the population. Tier 3, or tertiary prevention should be necessary for only 5% of the population if the other prevention levels are working well. This is the highest level of need requiring intensive and individualized services. The DD residential population consistently has higher levels of risk and the multi-tiered system of support efforts as well as all other efforts of the Division of DD are directed towards improving these supports to reduce the risk.

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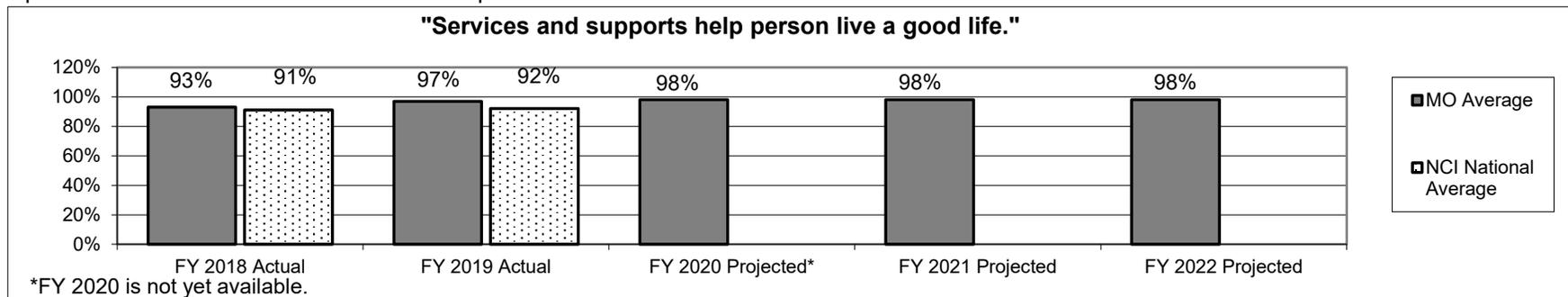
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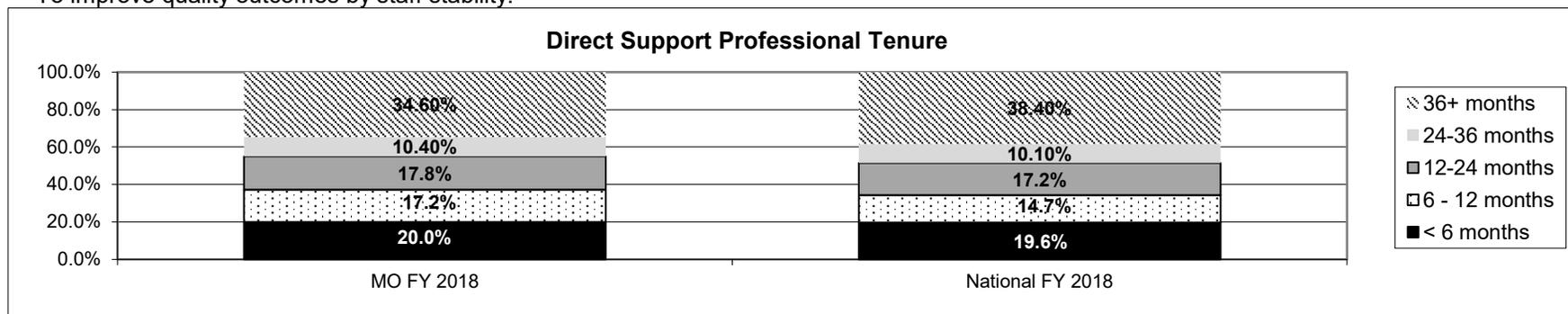
2b. Provide a measure(s) of the program's quality.

- Improve satisfaction of individuals with developmental disabilities.



Note: Based on National Core Indicator (NCI) survey results. The National Core Indicators is a voluntary effort by public developmental disabilities agencies to measure and track their own performance. Overall, Missouri conducts 403 Adult Consumer Surveys (now the Adult In-Person Survey) every year. For this particular measure, Missouri had 278 responses in FY 2019. Nationally, there were 14,608 responses in FY 2019.

- To improve quality outcomes by staff stability.



Note: Based on National Core Indicator/Staff Stability Survey results. The National Core Indicators is a voluntary effort by public developmental disabilities agencies to measure and track their own performance. Data represents length of time direct support professional staff are employed with provider agencies. FY 2019 and FY 2020 is not yet available.

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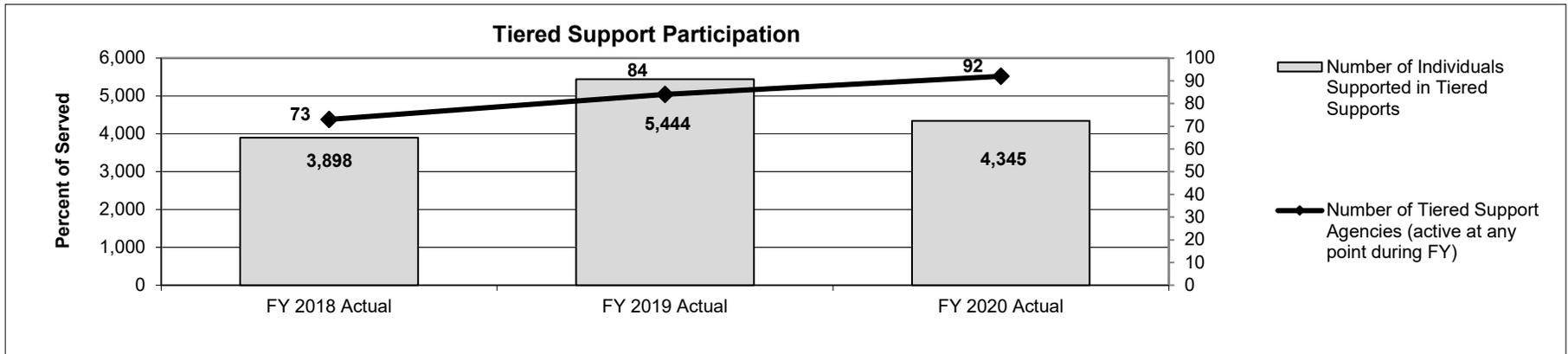
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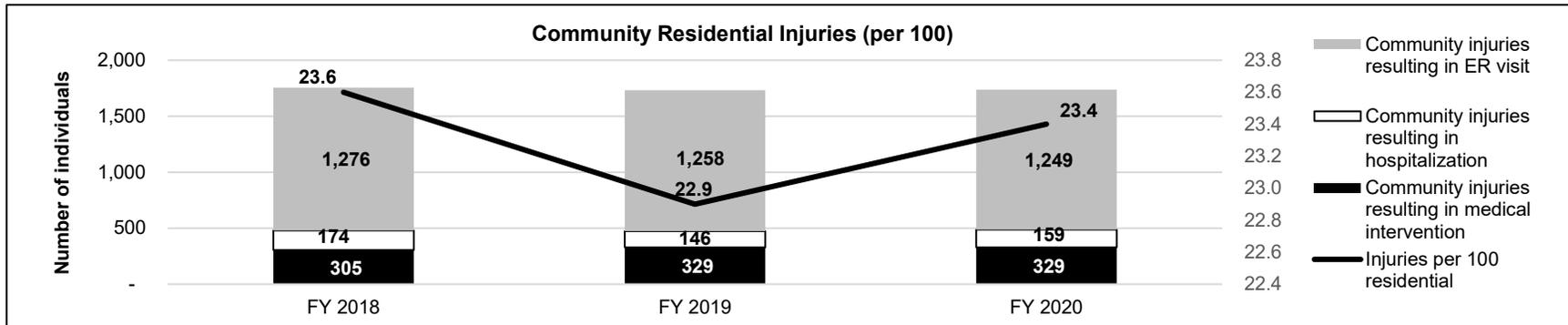
2b. Provide a measure(s) of the program's quality.

- Increase participation in tiered supports, thereby effectively reducing behavior problems and improving quality of life for individuals.



2c. Provide a measure(s) of the program's impact.

- Minimize community residential injuries to individuals served.



Note: Data reflects number of injuries resulting in emergency room visits, hospitalization, and medical interventions. The number of injuries continues to rise throughout the years reported, but went down in FY 2019 and FY 2020 is lower than reported in FY 2018. Long-term historic trends point to an ongoing rise in the number of injuries. A stable, trained workforce can help to reduce injuries.

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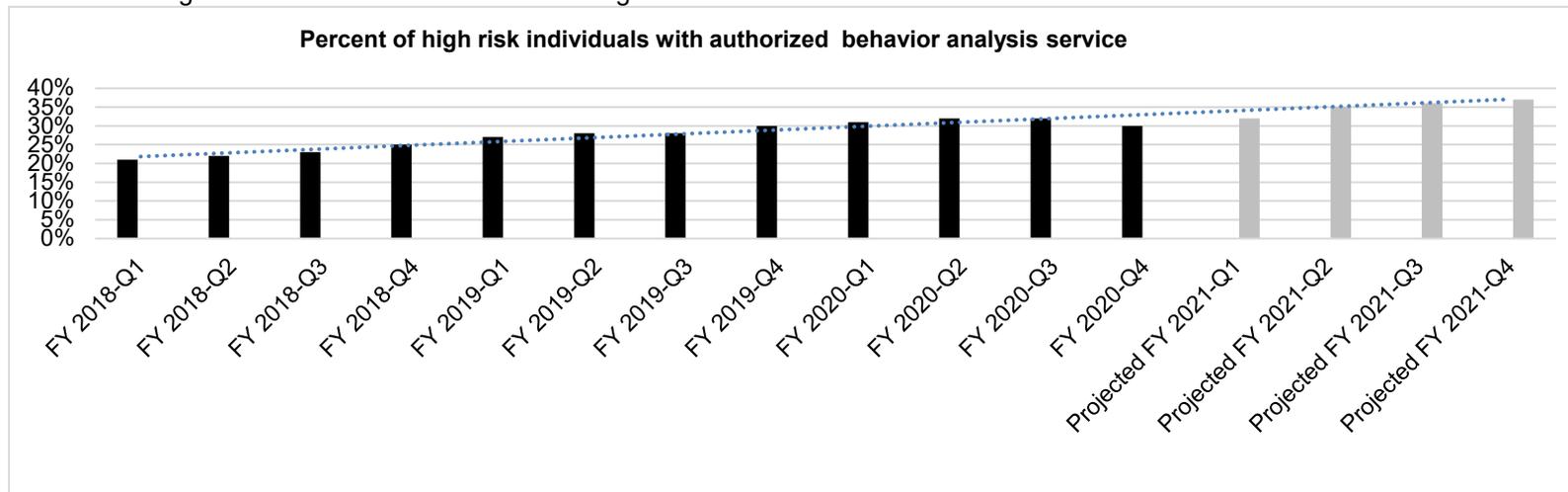
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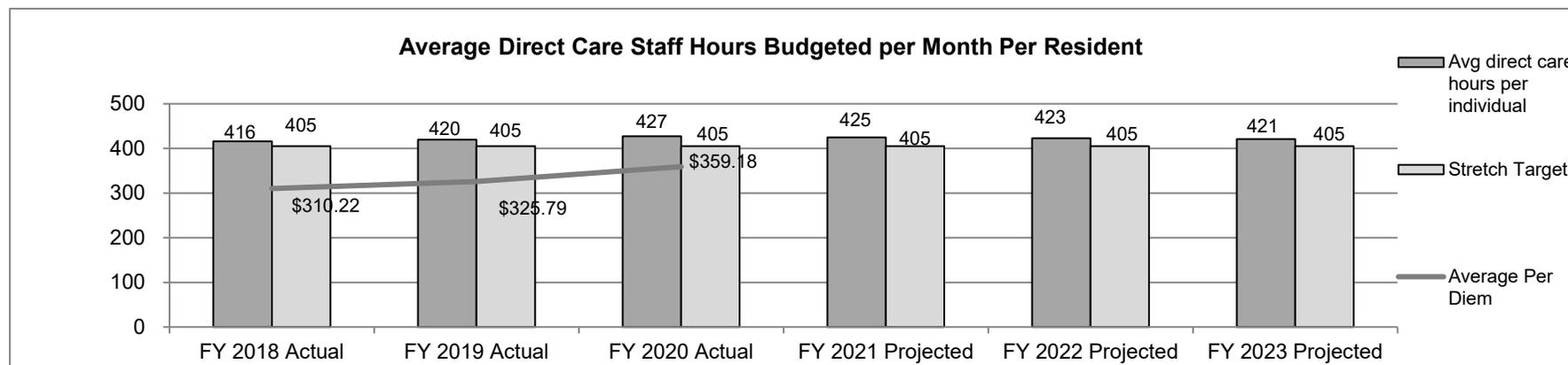
2c. Provide a measure(s) of the program's impact.

- Statewide growth of behavior services addressing need.



Note: Individuals who exhibit high-risk behaviors benefit from a behavior service plan that addresses their specific situation.

- To reduce the level of direct support needed by implementing tiered supports and remote support technology.



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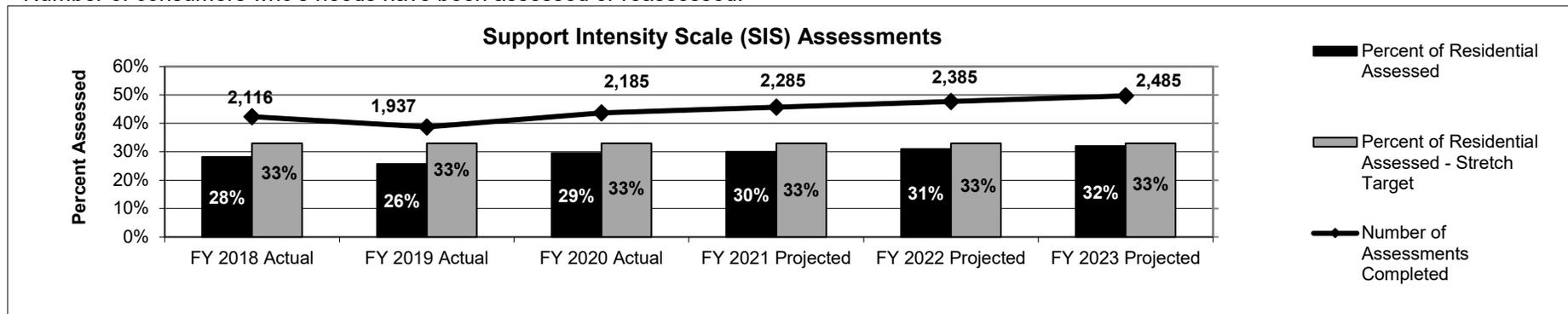
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2d. Provide a measure(s) of the program's efficiency.

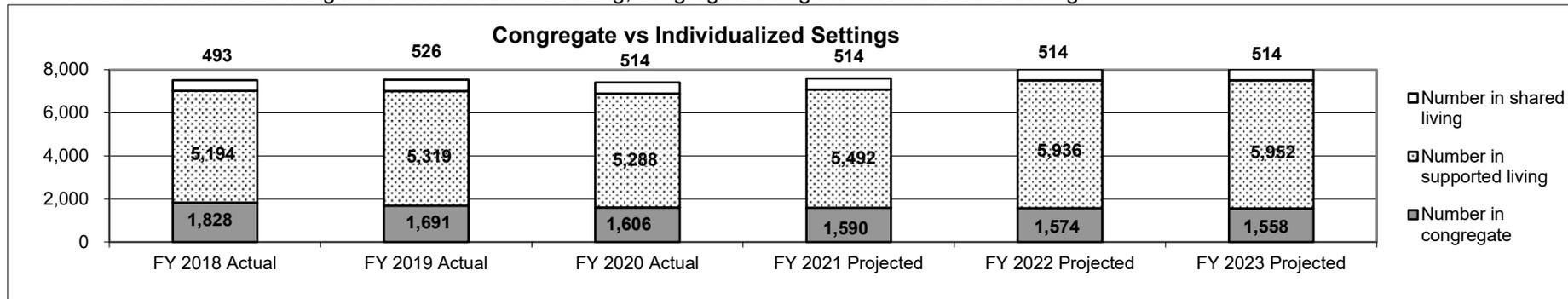
- Number of consumers who's needs have been assessed or reassessed.



Note: Risk factors are identified by the Supports Intensity Scale (SIS) assessment. SIS is a tool developed by the American Association on Intellectual and Developmental Disabilities (AAIDD) that measures the individual's support needs in personal, work-related, and social activities in order to identify and describe the types and intensity of the supports an individual requires. SIS assessments are completed every three years at a minimum for individuals receiving residential services. The Division of DD began using the SIS in FY 2014 to set residential rates on an individual basis.

2d. Provide a measure(s) of the program's efficiency.

- To increase individuals living in the least restrictive setting, congregate being the most restrictive setting.



Note: The average per diem for all services received by an individual in residential supports is \$334.44.

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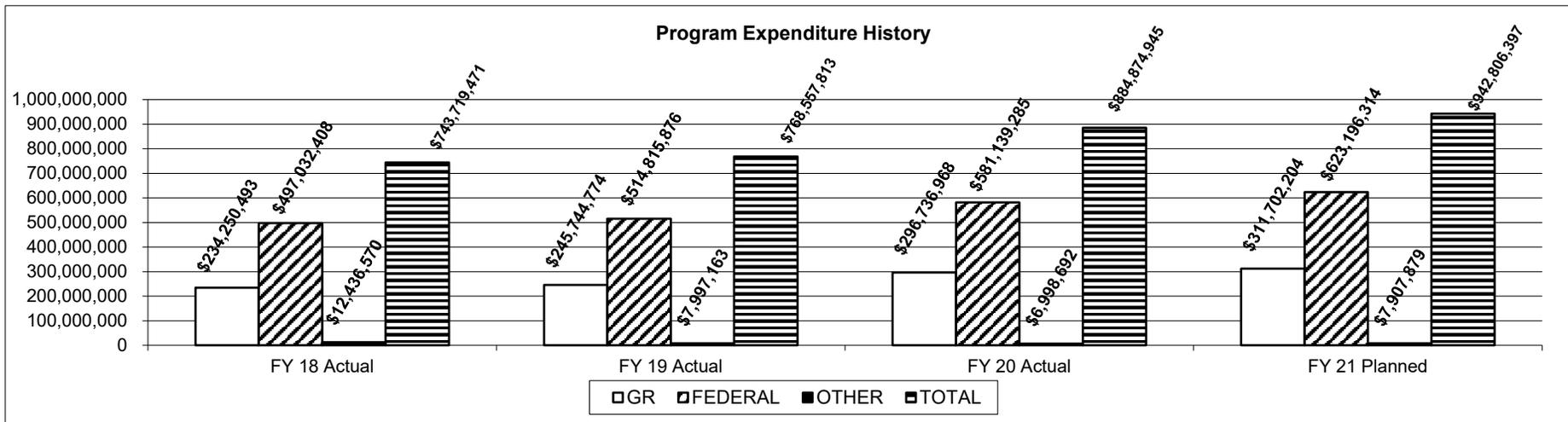
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3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



Notes: FY 2018 General Revenue expenditures were less due to the Utilization Increase NDI being funded from federal authority, increased FMAP percentage, and core reduction/restrictions on provider rates. FY 2021 planned spending excludes the following: \$20 M appropriated in DMH's budget for provider payments from Cares Act Funding which is being spent from an appropriation in House Bill 8 instead; \$190,000 in Expenditure Restriction for Tuberous Sclerosis and \$304,500 for Training Pilot Program; and \$8 M in anticipated unused Other authority.

4. What are the sources of the "Other" funds?

In FY 2018 through FY 2020, "Other" funds include Mental Health Local Tax Match (0930), Mental Health Interagency Payment Fund (0109) and Developmental Disabilities Wait List Fund (0986).

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Chapter 633, RSMo. (traditional residential defined in Sections 630.605 through 630.660 and 633.110).

6. Are there federal matching requirements? If yes, please explain.

The Division of DD provides the state share of the cost of services that it provides to eligible consumers.

7. Is this a federally mandated program? If yes, please explain.

No. However, the Division of DD agrees to certain mandated terms as part of the MO HealthNet Waiver.