

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?

Supporting independence and self-sufficiency of Missourians with developmental disabilities by increasing employment rates and fostering self-sufficiency, building systems of positive behavior supports, and increasing the use of technology to promote 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 privately 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 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 provided by direct support professionals (DSPs). The cost of DSP wages and associated benefits is the driving cost for this service. The presence of DSP while needed is also considered the most intrusive and costly type of support to people with intellectual and developmental disabilities (IDD). Consequently the overarching goal for any residential service is to teach skills to increase self-sufficiency and to utilize remote supports, assistive technology and modifying the home environment to maximize independence and reduce the need for DSP support. 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 and is the focus of a Value Based Payment incentive. 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 list of individuals who have requested this level of service. Each individual is scored based on a priority of need (PON) assessment that establishes their acuity and determines their eligibility for this service. Each fiscal year, based on funding appropriated, the Division of DD provides comprehensive waivers to individuals assessed with the highest need first. Priority for residential placement also includes individuals transitioning from Children's Division custody, nursing homes or other institutions ICF/IID facilities.

The funding for this program includes state match and federal authority to draw down federal match. The Division of DD was awarded \$16.6M to implement value-based payments to providers utilizing Home and Community Based Services (HCBS) FMAP Enhancement dollars. These payments include incentives for utilizing tiered behavior supports, enhancing the DSP workforce through certification and training, and completing the Health Risk Screening Tool.

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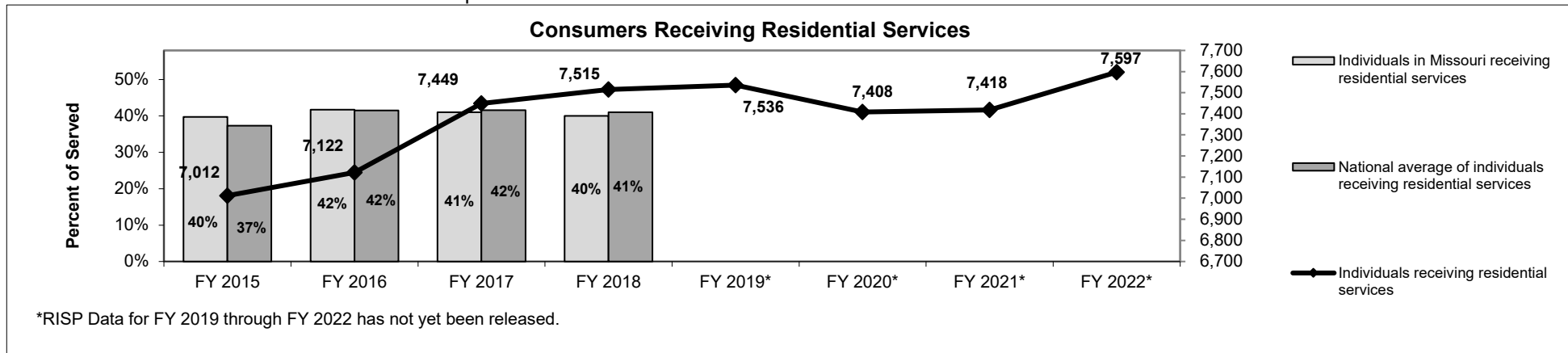
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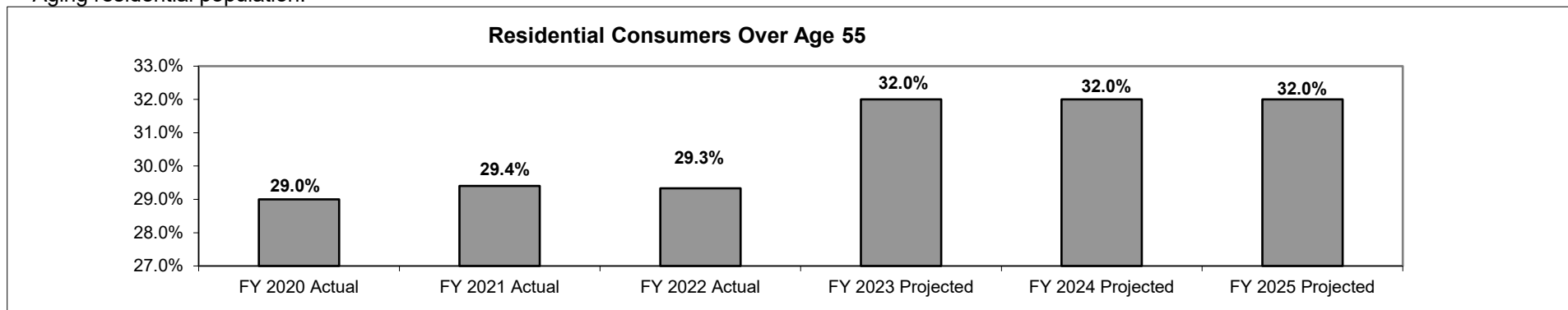
2a. Provide an activity measure(s) for the program.

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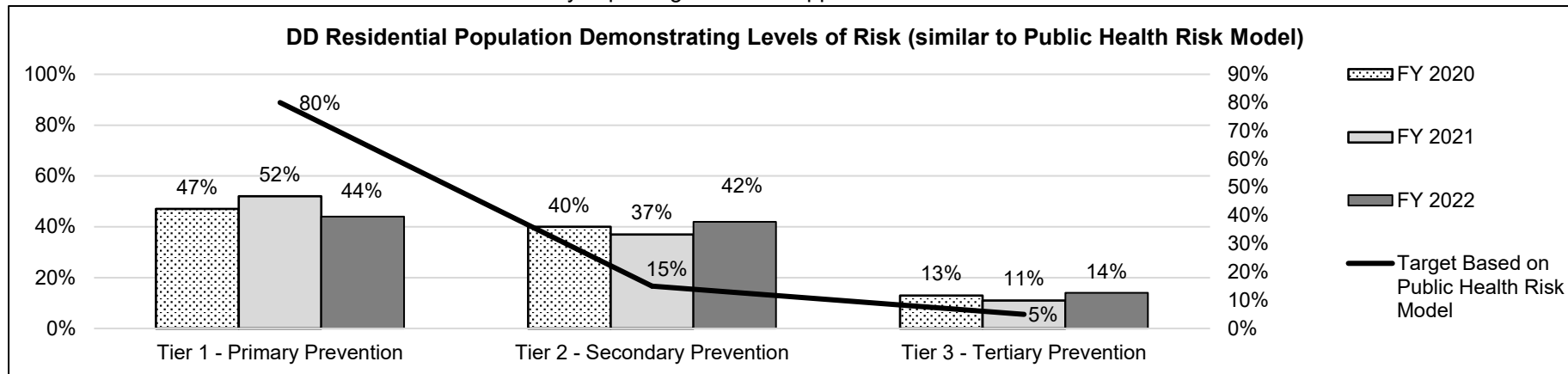
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2a. Provide an activity measure(s) for the program. (Continued)

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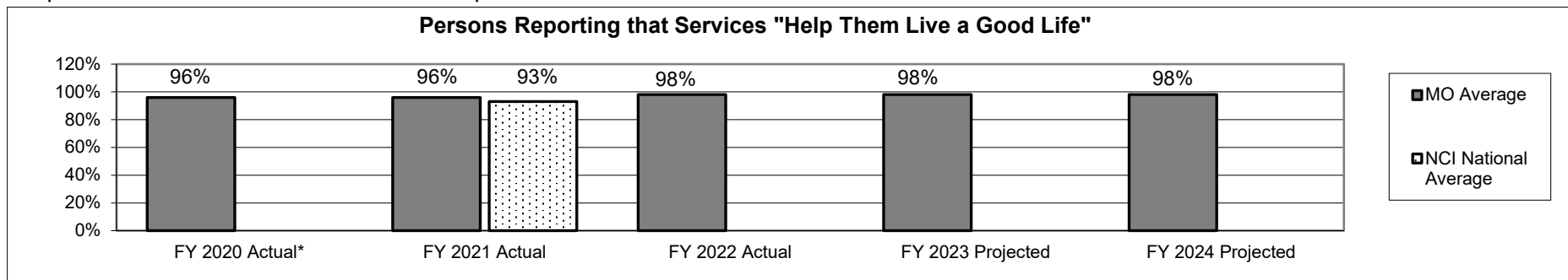
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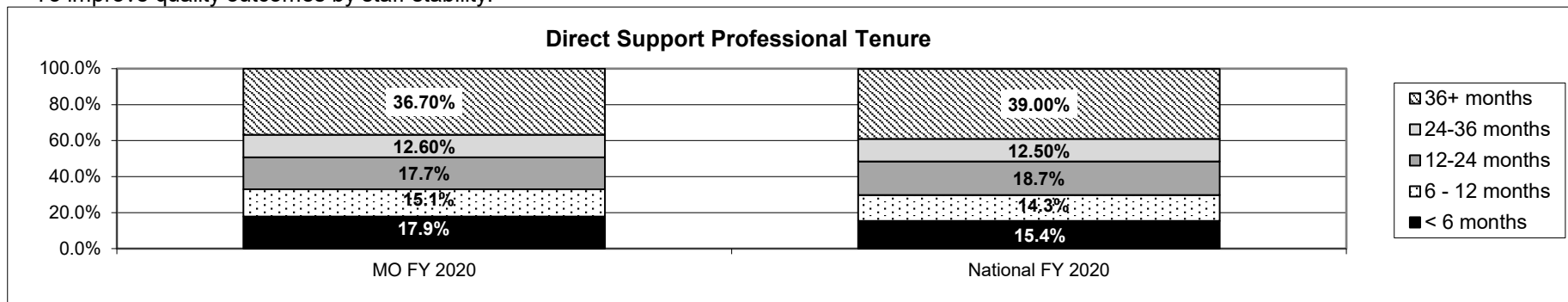
2b. Provide a measure(s) of the program's quality.

- 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. *Due to the COVID-19 Pandemic, the 2019-20 In-Person Survey (IPS) survey data collection period was unexpectedly abbreviated with all data collection stopped on April 15, 2020. At the time IPS surveying was ended, Missouri had completed 227 surveys. As states were in many different stages of survey administration when data collection stopped, NCI made the decision not to publish NCI (national) averages for this survey cycle. Only Missouri averages are available for FY 2020. FY 2022 data is anticipated to be released in August 2023.

- 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. Most recent report published is for data through 2020.

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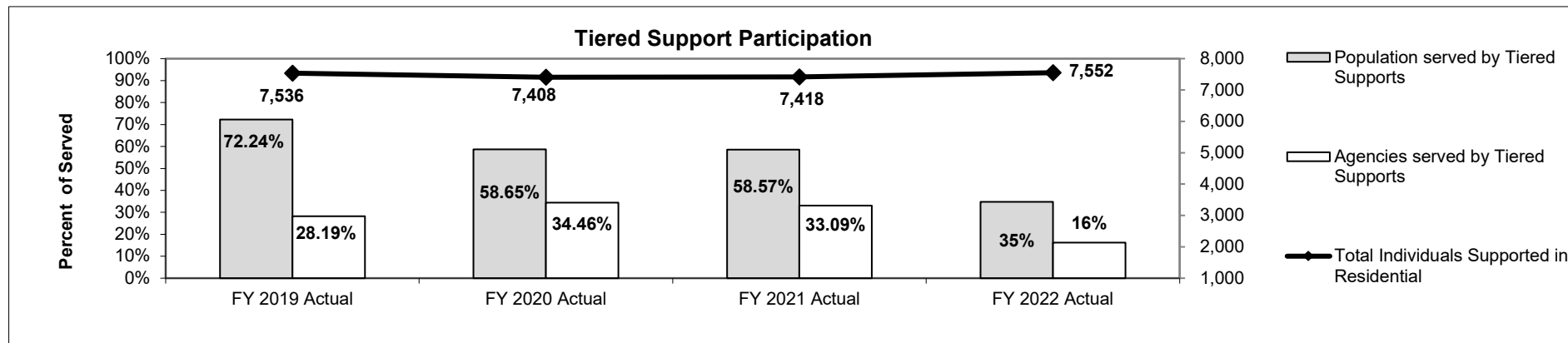
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2b. Provide a measure(s) of the program's quality. (Continued)

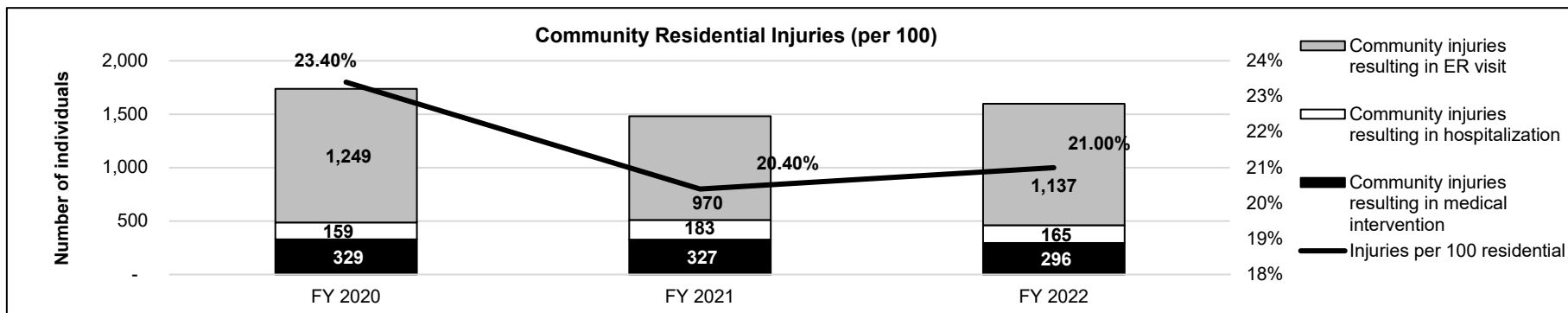
- Increase participation in tiered supports, thereby effectively reducing behavior problems and improving quality of life for individuals.



Note: When agencies have systems of best-practice positive behavior support, individuals have increased quality of life and less behavior problems. The Division's Multi-Tiered System of Support (MTSS) team assist participating agencies to develop and implement these best practice systems. The data represents agencies that have been active in the Tiered Support process of consultation at any point during the FY. The current level of Tiered Supports represents the max capacity of state staff to deliver consultation and agency capacity to maintain efforts during both maintain operations and manage through the staffing crisis.

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. A stable, trained workforce can help to reduce injuries.

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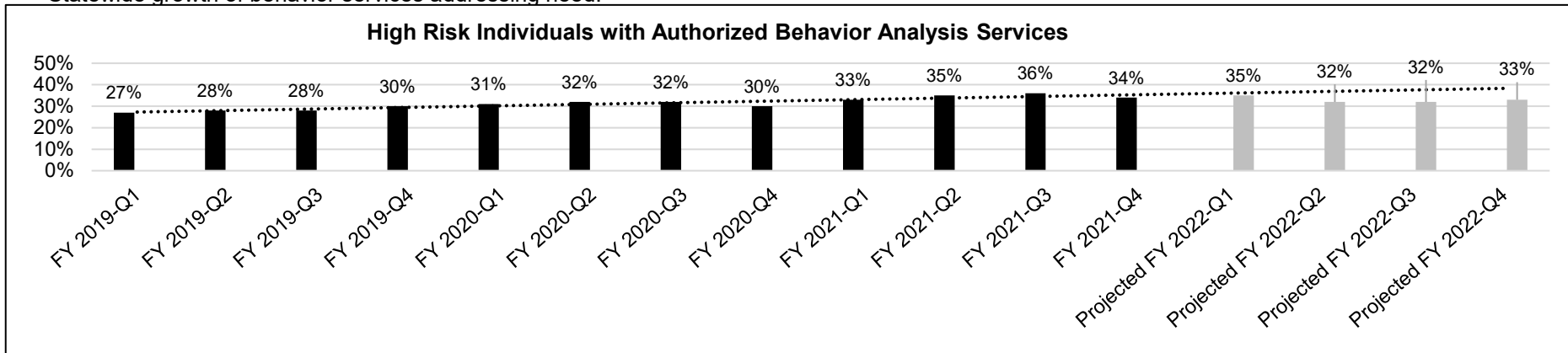
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2c. Provide a measure(s) of the program's impact. (Continued)

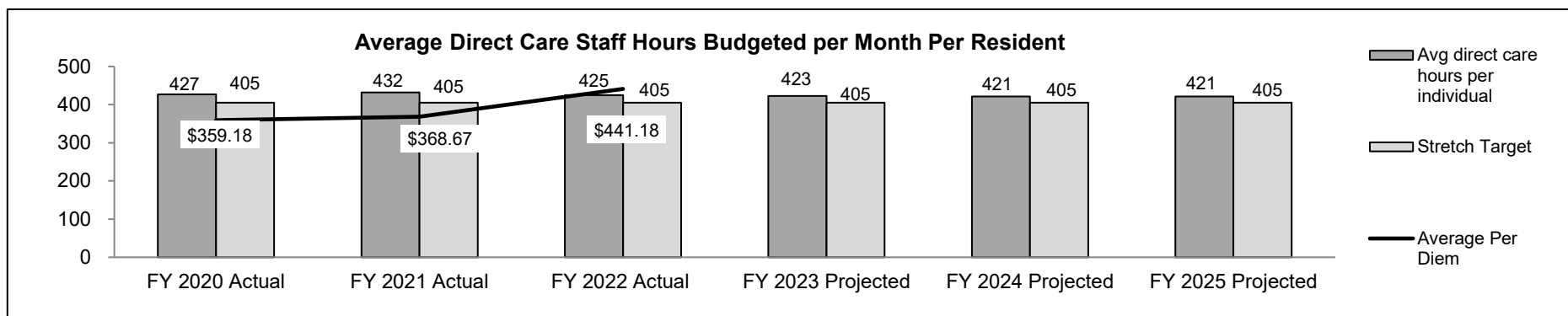
- Statewide growth of behavior services addressing need.



Note: Individuals who exhibit high-risk behaviors benefit from accessing behavior analytic services that create the opportunity to have intensive, individualized supports. The highest risk individuals are identified for review by the Behavior Support Review committee. Providers that support At-Risk and High Risk individuals are also invited to attend the Provider Support Community. Behavior Analytic service agencies have access to various clinical development opportunities facilitated by the Multi-Tiered System of Support (MTSS) team and the Missouri Alliance for Dual Diagnosis (MOADD). The MTSS team is also working on reducing the number of high risk individuals that would require intensive behavior analytic service through development of prevention systems (see 2b. - Tiered Supports Participation).

The projected decrease in percentage is a product of increase in high risk individuals and ABA providers having staffing issues which are significantly

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



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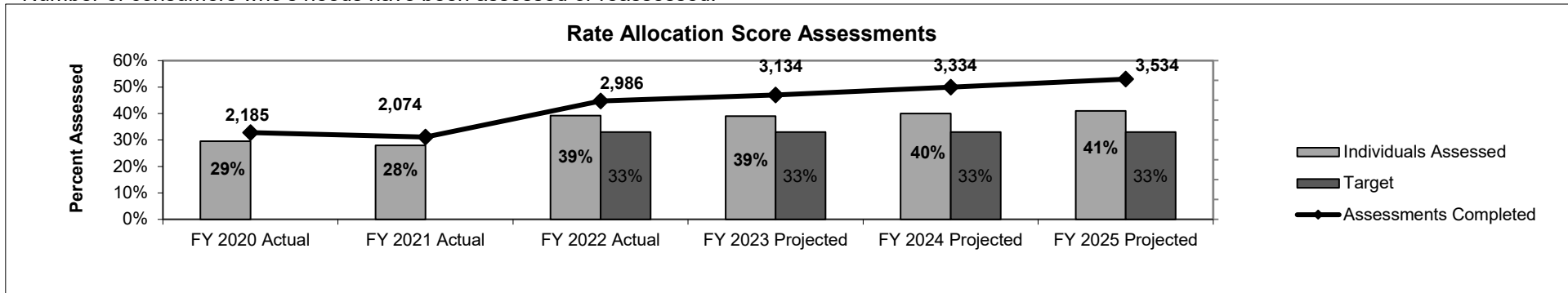
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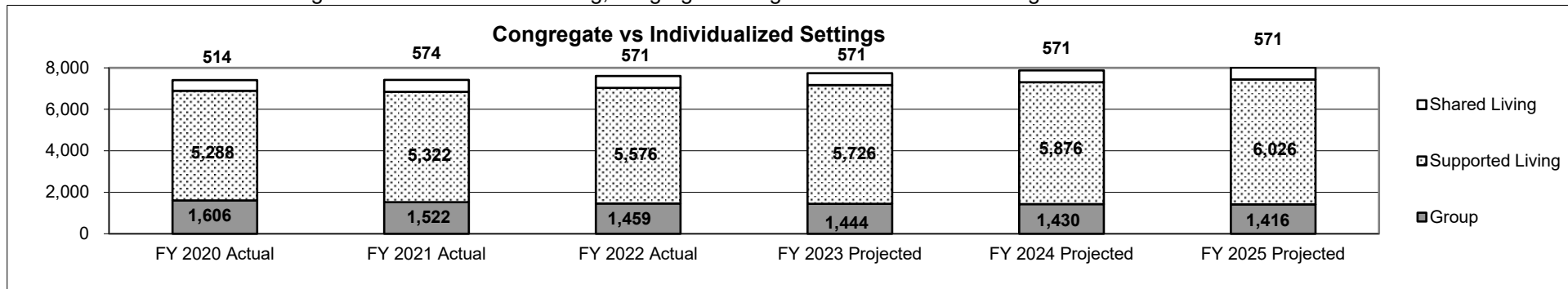
2d. Provide a measure(s) of the program's efficiency.

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



Note: The Division uses a Rate Allocation Score (RAS) to determine residential rates. The Missouri Adaptive Ability Score (MAAS) is a tool developed by the Missouri Department of Mental Health - Division of Developmental Disabilities in conjunction with the Missouri Institute on Mental Health (MIMH). The MAAS measures an individual's support needs in a variety of areas in order to identify the level of supports an individual requires. MAAS assessments are completed for the purpose of establishing a RAS every three years at a minimum for individuals receiving residential services. The Division of DD began using the MAAS in FY 2022 to set residential rates on an individual basis. From FY 2014 through FY 2021 the Supports Intensity Scale (SIS) was used for this purpose. RAS is assessed every three years.

- 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 \$332.74.

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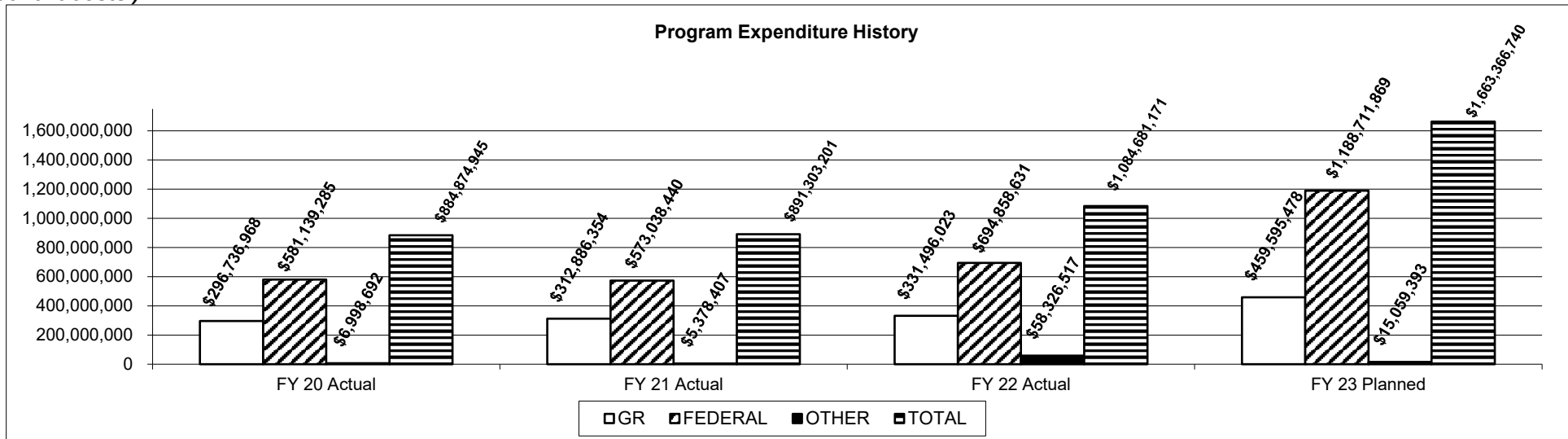
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3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



Note: FY 2023 Planned excludes \$8 M in anticipated unused federal authority and increased expenditures as a result of FY 2022 and FY 2023 provider rate increases; Federal Expenditures include funding for HCBS Enhancements and a portion of provider rate increases funded with HCBS FMAP Enhancement Fund.

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

"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 individuals.

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 Comprehensive Waiver.