

# How the Alabama Department of Mental Health Currently “Manages” Long Term Care for its Stakeholders

A Summary of ADMH Transformation and Future Plans

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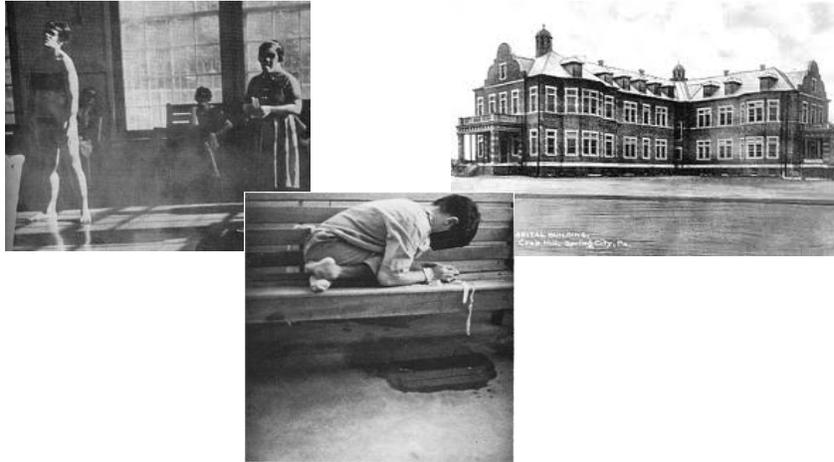
Associate Commissioner for the Division of Developmental Disabilities

Alabama Department of Mental Health

2-2-2015

Where We've Been.....

## From this.....



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## Timeline Recap

- Pre-1950's—Large Institutions, Ltd. Treatment Resources, Unpaid Work
- 1950's-60's—Civil Rights Movement leading to Non-Discrimination Legislation based on several impermissible factors
- 1960's—Better Mental Health Treatment is Recognized and Funding Provided for Smaller, Community Based/"Least Restrictive Settings"
- 1970's—Media Focus Reveals Squalid Conditions in Large Facilities Housing People with Mental Disabilities and Forces Treatment, Establishes Rights and De-Institutionalization Begins
- 1980's—Home & Community-Based Services and Out-patient Care Funded through Medicaid
- 1990's—ADA passed, *Olmstead* decided in 1999, Facility-based Cases Cont.
- 2000—Decade Ends with 10<sup>th</sup> Anniversary of *Olmstead* & Presidential Declaration of the "Year of Community Living"

## Enactment of the ADA in 1990



## Initial ADA Implementation Focus was Physical Accessibility in Public Accommodations



## Times Have Changed!!

- VR Trial Work x 3 Before Services Denied to Get Informed Decisions on Work, & at Least 15% of budget on Transitioning Youth
- Trial Work within Schools before Graduation
- Medicaid Rules Changes in Effect Defining HCBS & requiring More Integration, Ending Funding for Sheltered Work & Segregated Day Svcs.
- New Presidential Executive Order Requiring at Least Minimum Wage at New Level be also Paid for People with Disabilities working for Federal Contractors
- Private Living Quarters Still Can't be Segregated by Disability when supported by the State (U.S. v. NY settlement following DAI case). Per se rule emerging that NMT 25% of disability residents to be integrated (Melville Act)

Where We Are....

## 12 States Have No State I/DD Institutions

	Closure Date	State	General Population
1	1991	New Hampshire	1,315,000
2	1991	District of Columbia	582,000
3	1993	Vermont	624,000
4	1994	Rhode Island	1,068,000
5	1996	Maine	1,322,000
6	1997	Alaska	670,000
7	1997	New Mexico	1,955,000
8	1998	West Virginia	1,818,000
9	1999	Hawaii	1,285,000
10	2009	Oregon	3,641,000
11	2010	Michigan	10,079,985
12	2011	Alabama	4,779,736



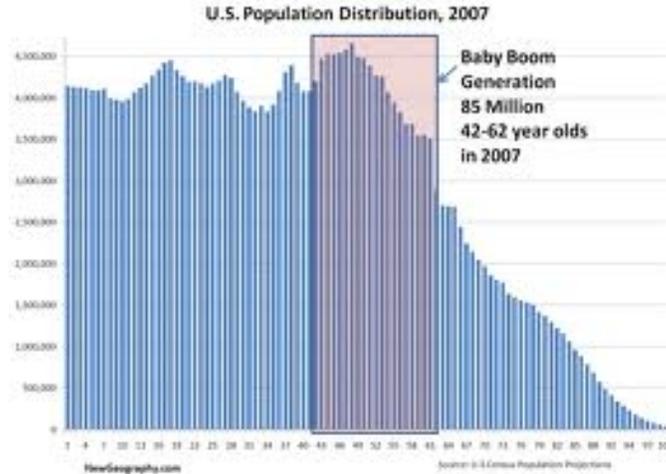
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## The Changing Landscape Ahead

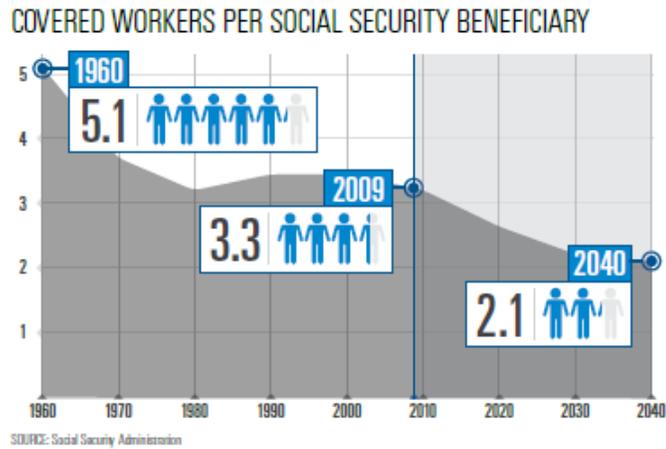
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# # 1 The Aging Baby Boomers



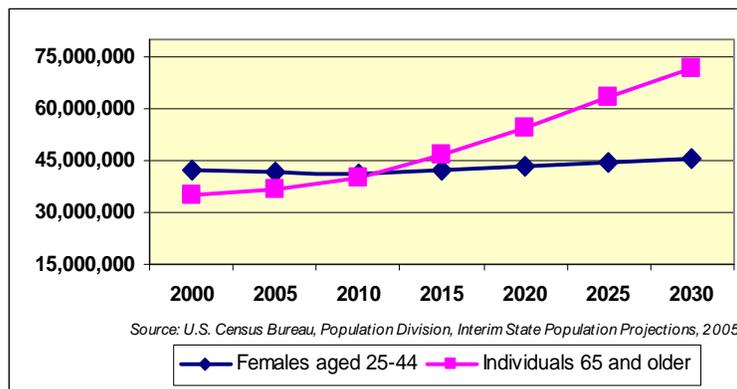
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# Aging Baby Boomers -Demographic Shift



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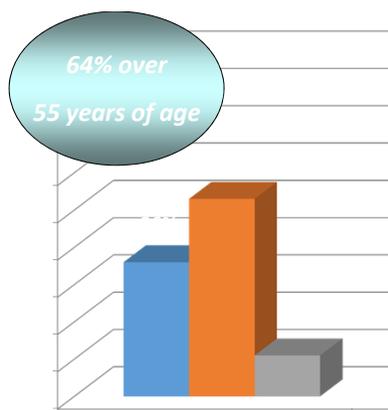
## Demographic Shift - Not Enough Workers to Take Care of the Baby Boomers



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## Many Caregivers are over 55



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National Core Indicators

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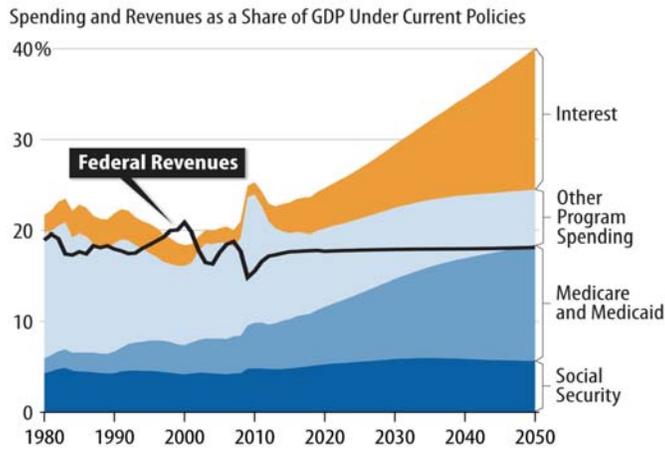
## # 2 National Debt



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## Current Policies Are Not Fiscally Sustainable: Change is Coming No Matter Who Wins the Next Election



Source: CBPP projections based on CBO data.

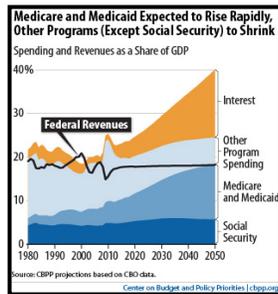
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# # 3 Waiting Lists Don't Go Away

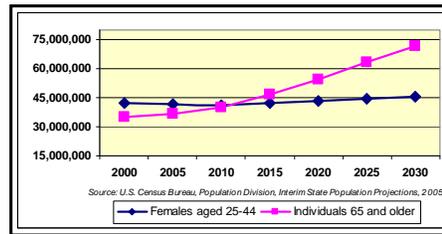
People Waiting	Residential Capacity	Growth Needed
115,059 Lakin	466,809	24.6%
240,000 Kaiser		
<b>OK 5,737 Lakin</b>	<b>4,360</b>	<b>131.6%</b>

# Confronting Reality

Growth in public funding will slow



Workforce will not keep pace with demand



People Waiting	Residential Capacity	Growth Needed
155,059 Lakin 240,000 Kaiser	466,809	2%

# State Response to the Challenge

## Focus on Sustainability

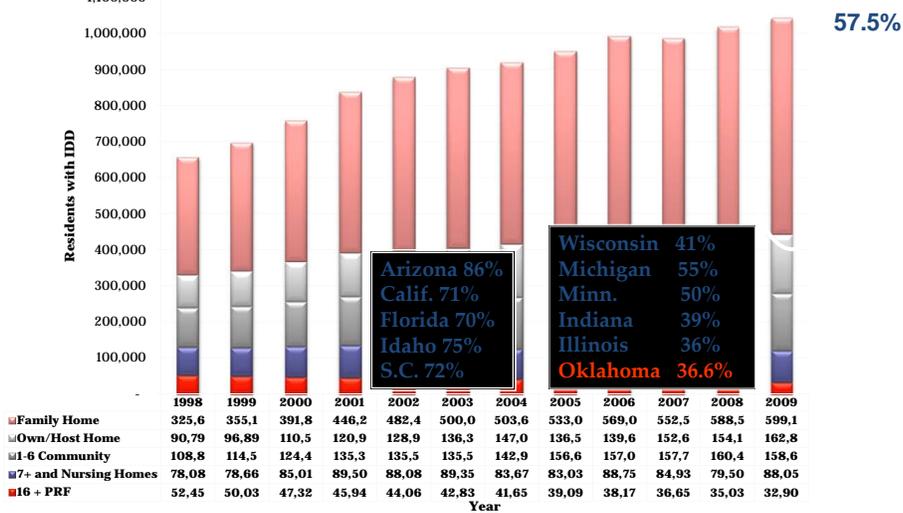
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# More People Living with Family

Residence of all IDD Service Recipients 1998 to 2009



Lakin et.al. RISP 2009 -UMinn.

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# How Can We Shape the Future?

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## The Questions Is.....

- ❖ **Not whether people who have developmental disabilities will be living with and relying on their families for support but..... whether people and their families will struggle alone or have a great life because the supports are there for them and they are part of their community.**

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**Sustainability  
depends  
on how well we  
support  
families and get  
people  
Jobs.**



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## A New Service Paradigm

- ❖ Supporting individuals and families is the core mission
- ❖ Family includes grandparents, aunts, uncles, siblings, cousins and people who “are like family”
- ❖ New services: e.g. “family helpers”; technical support for assistive technology; navigators; logistics management; health and medical appt. management
- ❖ Employment services and alternatives when people aren’t working
- ❖ Adapt Person-Centered Planning to Family-Centered Planning to include financial planning & succession planning for care giving
- ❖ Tech support services to support the use of technology

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## National Takeaways



- Feds are REALLY focused on helping states:
  - HHS/OCL w/AI/DD, DOJ & OCR listening to “helpers”
  - CMS-All key ofc. heads from states,
  - DOL engaged w/\$ (See Workforce Development Agencies)
  - Funding for TA & Demonstration Grants w/Natl. Agencies-NASDDDS, ODEP, SELN, EFSLMP/Vision Quest, DEI Grant
- Managed Care Becoming Mandatory
  - 1115 [and 1915(b)(c) authority] [**BUT Consider 1915(a) (Voluntary Managed Care as at least a transition into MLTSS)**]
  - New CMS Ofc on how to make MLTSS work
- Creativity is Encouraged and Rewarded
  - Use of any & all tools encouraged like 1915(i), (j) & (k)
  - MFP/ACT II in AL

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## Challenges



- Continued Education of Public, Policy-makers and Families to show Dis-Ability;
- Keeping as a Priority, Medicaid Operating Agency Populations w/Medicaid;
- Stagnant State Dollars Forcing Serving More with Less;
- Paradigm Shift/Culture Change in Service Models from Congregate to Person/Family-Centered Supports;
- Expansion of Broad Services to More People with DD, Not Only ID, Conditions
- NEW CMS REGULATIONS NOW IN EFFECT w/reqd. COMPLIANCE PLANS\*\*\*\*\*

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## HELP for US



- NASDDDS (all fm states), NASMHPD, NASUAD other NA's
- SELN
- HSRI
- CQL
- DOL/ODEP (w/\$\$)(\*\*\*)Already Piloting with a DEI Grant)
- HUD+ Local PHA's, Regional HA's, & Fed Level
- Other States Including, but not only those like us (GA TN, SC, VA, DC) (but also, MD, AZ, CO, WI, WA, OK)
- Sister State Agencies, especially ADRS, ADSS, Medicaid, Education, ADECA, AIDT, ASES, AHFA, DOT
- FED DD Partners in AL: UCEDD, DD Council, ADAP
- ADMH & other Divisions
- Each Other as Individuals, Family Members, Advocates & Service Providers

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## BUT...IF NO CHANGE, ENFORCEMENT

- DOJ (AL Unit)
- HHS, OCR or OIG
- CMS Program Integrity
- DOL
- HUD



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## Current Emphasis/Enforcement

- **Bad News: New, Vigorous Coordination by US Agencies (That Can Lead to Adverse Enforcement Actions for Non-Compliance)**
  - Coordinated Employment Investigations between multiple agencies like EEOC, DOL Wage & Hour, HHS/CMS for compliance on integration and with Medicaid Rules, and DOJ on litigation
  - No Longer Focused Primarily on State Agencies but also Private Employers/Service Providers, Local Schools, School Boards, Mental Health, and Rehabilitation Agencies along with the State
  - Highest Verdict is EEOC history of close to \$300 M in a disability wage case

## Alabama Reform Generally

- **Affordable Care Act Implementation???**
  - Declined State Insurance Exchange
  - No Expansion To Date
- **Alabama Medicaid Reform**
  - Unique Structure and Counter-productivity
  - Legislation Now on RCO's (& later, MCO's if needed)
  - 1115 Demo Waiver in Process for Submission
  - Behavioral Health Included up front, I/DD excluded  
But being studied over 3 years



## Fiscal State



- 8<sup>th</sup> year of state dollar decline or stagnation
- ¼ + \$B hole to be filled
- Federal Budget Not Likely to Get Better (though some niche grants for the short term)

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## Actual & Potential Alabama Changes



- Major AL Medicaid Overhaul-(1115?)
- Managed Care in some Form, Possible MLTSS
- Some State Agency Consolidation?
- Some Waiver Consolidation/Coordination? (E & D already)
- New Waiver w/AMA dollars (We operate ACT II)
- Some DMH Reorganization/Re-alignment with Federal Law (MHSA already)
- Sluggish State Revenue
- Feds Shifting Costs to States (More P.I. Audits)



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# Strategies for Getting More w/Same or Less

Reduce:

Residential as Primary Home Choice

Sheltered Work & Day Hab

Low Quality & Conflicted Case Management

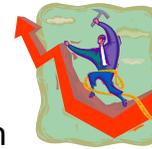
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Increase:

Individual Home Ownership/Rental

Integrated, Competitive, Customized Employment

High Quality, De-conflicted CM/Svc Coordination/Navigation



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# Resources Not Yet Fully Tapped

- Money Follows the Person Grant
- Some State Agencies (AMA-New Waiver \$\$, SDE, DPE, ADECA, AHFA, AIDT, ASES, ADRS, COMMERCE)
- SSA (Employment Network)
- UCEDD
- HUD/USDA
- Ourselves & Pvt. Partners



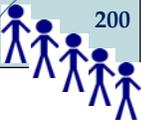
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## Results of Shifting to Integration

- **What Happens If We Change to Make The Most Integrated Living and Working the Priority?**

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## Re-evaluating current services – How many could we serve?

Type of Service	Cost per Person	Cost to Serve the Waiting List 122,870	People Served with \$5 M
ICF/MR	\$128,275	\$15,761,114,925	 39
Non-family HCBS	\$70,133	\$8,617,241,710	 71
Host Family	\$44,122	\$5,421,270,140	 113
Own Family	\$25,072	\$3,080,596,640	 200

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# Thinking for the Long Term

Type of Service	Cost per Person	20 yrs. Cost	30 yrs. Cost
ICF/MR Institution	\$128,273	\$2,565,600	\$3,848,250
HCBS 24hr staffed Residential	\$70,133	\$1,402,660	\$2,103,990
Shared Living (Adult Foster Care)	\$44,122	\$882,440	\$1,323,660
Supports in Own or Family Home	\$25,072	\$502,440	\$752,160

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# Thinking for the Long Term

Type of Service	1 yr. Cost	3 yrs. Cost	10 yrs. Cost	Experience
Sheltered Work Day Habilitation	\$15,000	\$45,000	\$150,000	No money Segregation Dependence
Employment Services	\$20,000	\$50,000 (\$20,000 yr. 1 \$20,000 yr. 2 \$10,000 yr. 3)	\$75,000 (\$50,000 1-3 yrs. \$25,000 3-10 yrs.)	Makes money Pays Taxes Meets People Sense of Independence and Accomplishment

Estimated figures – use your own figures and do the math

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## Where We're Going....

## Future Changes

- Elimination of Medicaid Funding for Sheltered Employment
  - Planned Date: October 1, 2015 since FY '12
  - Individuals participate in Pre-Voc services to create a pathway for employment. Along this pathway, individuals receive informed choice about work and life in their communities
  - Families are educated on employment benefitting individual & family
    - Housing is also on the radar screen where more individuals receive support in their own homes
  - In not seeking employment, then day svcs. community experiences, not just 4-wall day program

## Waiver Services

- Supporting Work
  - Benefits & Career Counseling
  - Supported Employment Per Diem (Small Group Placements)
  - Supported Employment Individual
    - Job Coaching
    - Job Development
  - Personal Care at the Worksite
  - Supported Employment Emergency Transportation

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## Waiver Changes

- Shifting from per diem payment (one place for the day) to hourly & 15 min. unit-billed services
  - All previously listed services plus
  - Day Hab (all four levels)

This way, part-time work or work some days, community experience, companion care or day hab for those who really need it can be shaped to fit the individuals goals & outcomes.

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## Other HCBS Waiver Initiatives

- ACT II --(Targeting Alternatives to Nursing Home Placement for People with DD and MI Needs),
- Proposing cumulatively increased funding to virtually eliminate waiting lists for the existing over 3000 people with ID within 5 years,
- Proposing extending the timeline long term to approx. 20 years to add DD (for non-nursing home targeted individuals)(people on the Autism Spectrum, Cerebral Palsy, Rett's Syndrome, etc.)
- Again, Consider Voluntary MLTSS if existing and proposed waiver structure is still deemed insufficient

## Other DMH Initiatives

## Mental Health Programs

- SAMHSA Grant for MH Recovery Model for Employment
- Housing & Transition Coordination for MFP Grant/ACT II
- ODEP/DOL “Core State TA on Employment Transformation
- Continued DETA Program for Nursing Home Education/Training
- Policy Work from Alzheimer’s Task Force

## Coordinating and Making Flexible, Services and Dollars

### • **Improvements**

- Making More Flexible Waiver Service Definitions
- Adjusting Rates to Provide Correct Priorities and Incentives, Outcome Driven
- Coordinating Plans & Operations to Braid Dollars & Services with All Relevant Agencies & Partners



Olmstead Clarified that People with Mental Illness, Cognitive and all Disabilities Must be Considered in State Practices & With Public \$\$ & Included in **“the most integrated setting”** for living, working and recreation



## What Does This Mean

- State and Local Collaboration Are Critical to Maximize Resources and Coordinate Planning
- Examples Include Alabama's Creation of Our Employment First State Leadership Mentoring Program (EFSLMP)(SDE, DPE, AMA, DMH, ADECA, ADRS, & ACDD To Date, But More Likely To Be Added Soon)
- AMA Money Follows the Person and ACT II Waiver Development with DMH
- Transition Programs Expanded like Project Search (Already at 6 Alabama Programs with a Seventh being Developed)
- Including People With Disabilities in all Programs for School Work Experiences As For Children Without Disabilities
- Creative Thinking on Braiding/Repurposing Existing \$\$ to Maximize Resources Across Agencies

### BOTTOM LINE:

### Creating /Fulfilling the Expectation That People with Disabilities Will Work and Live Like Everyone Else

- IEP's focused early on, on skills needed to learn and work, beyond school, just like all other children & youth.
- Developing Work or Job-Training Focused Plans to Meet All Students' Goals
- Discontinue Practice of Only Thinking and Referring to Mental Health Agencies for "Residential Placement and/or Day Habilitation Programs
- Focus on Molding Supports (Medicaid Waiver, VR, Special Ed/IDEA, State Funds) to Fit the Individual's Goals, Not Fitting the Person into a Preset Program
- Take Services to Where Individuals Live or Will Work or Spend Their Days, **BUILDING RELATIONSHIPS WITH PEOPLE OTHER THAN THOSE WITH DISABILITIES**

# Questions

