State of Washington
Joint Legislative Audit and Review Committee (JLARC)

Division of Developmental Disabilities: Analysis of How Services Are Prioritized

Report 07-9

July 31, 2007

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The Joint Legislative Audit and Review Committee (JLARC) works to make state government operations more efficient and effective. The Committee is comprised of an equal number of House members and Senators, Democrats and Republicans.

JLARC's non-partisan staff auditors, under the direction of the Legislative Auditor, conduct performance audits, program evaluations, sunset reviews, and other analyses assigned by the Legislature and the Committee.

The statutory authority for JLARC, established in Chapter 44.28 RCW, requires the Legislative Auditor to ensure that JLARC studies are conducted in accordance with Generally Accepted Government Auditing Standards, as applicable to the scope of the audit. This study was conducted in accordance with those applicable standards. Those standards require auditors to plan and perform audits to obtain sufficient, appropriate evidence to provide a reasonable basis for findings and conclusions based on the audit objectives. The evidence obtained for this JLARC report provides a reasonable basis for the enclosed findings and conclusions, and any exceptions to the application of audit standards have been explicitly disclosed in the body of this report.

TABLE OF CONTENTS

Report Summary

Background on the Division of Developmental Disabilities

The Division of Developmental Disabilities provides support and services to individuals in the state with developmental disabilities. In calendar year 2006, the Division served a monthly average of approximately 36,000 clients.

An average of about 21,000 individuals were receiving paid services from the Division in any given month during 2006. Paid services include a wide variety of services such as residential care, employment assistance, assistance with daily living activities, respite care to relieve caregivers, and specialized equipment and adaptations to an individual's living space.

The remaining clients, an average of about 15,000 individuals, were not receiving a paid service from the Division during any given month. The Division has identified a total of approximately 11,000 clients who *consistently* were not receiving paid services from the Division. Those individuals received case management services from the Division, which consist primarily of information and referral services.

The Division's 2007-09 Biennial Budget is $1.7 billion ($891 million GF-S) and supports 3,367 FTE's.

Study Mandate and Approach

The 2006 Supplemental Operating Budget directed the Joint Legislative Audit and Review Committee (JLARC) to conduct a review of how the Department of Social and Health Services' Division of Developmental Disabilities prioritizes and allocates services.

As part of this study, JLARC followed up on the initiatives in progress in response to JLARC's 2003 performance audit of the Division. That audit found it impossible to accurately determine the number of Division clients, their service needs, or the case manager resources needed to serve those clients.

The Division Has Put Plans in Place to Meet JLARC's 2003 Recommendations

JLARC's 2003 audit included recommendations to:

- Develop an assessment process to be consistently applied to all of the Division's clients, and before making a determination of service need; and
- Submit a plan for implementing a case management system in the Division.

In response, the Division has developed and implemented a new intake and eligibility process and a series of assessment tools. The Division has also undertaken major initiatives to develop a standardized assessment process and a case management information system, although we cannot predict the true impact of these initiatives until they are implemented.

What JLARC Found and Recommends

No Clear Priorities in Permanent Statute

Permanent state law does not provide direction for prioritizing and allocating services to individuals with developmental disabilities within limited designated funding. State law does establish a type of priority through specific entitlement services that qualifying individuals must be provided. In addition, the Biennial Operating Budgets provide priorities, but those are limited to particular allocations of funding for specific types of services.

Primary Initiatives Scheduled To Be Implemented Soon

The Division's implementation of the standardized assessment process (Full Assessment) and case management information system (Case Management Information System) are scheduled for June 2007 and March 2008, respectively. The true impact of these initiatives will not be known until they are implemented.

Recommendation 1

The Department of Social and Health Services should provide a report to the Legislature by January 2009 on implementation of its standardized assessment process and case management information system, which should include detailed information on the following:

- Assessments completed;
- How Division staff have applied the case management information system;
- Development and implementation of future stages of the two initiatives.

The Division Has Not Effectively Managed Assessments of Clients Not Receiving Paid Services

In advance of implementing the new Full Assessment, the Division developed the interim Mini-Assessment tool for assessing clients who were not receiving paid services from the Division. The Division changed its priorities for completing the Mini-Assessment process with clients, after implementing that process, in order to remedy a predictable backlog in its system. The Division did not set up a mechanism for tracking which priority groups individual assessed clients were in. In addition, the Division will be continuing to assess clients who are not receiving paid services from the Division with either the Mini-Assessment tool (until June 2007) or the Support Assessment part of the new Full Assessment (beginning June 2007).

Recommendation 2

The Division of Developmental Disabilities should establish a clear set of priorities for case managers to follow in assessing the remaining clients who are not receiving paid services from the Division. The Division should also set up a mechanism for tracking which of the specific priorities apply to each client who has completed the assessment process.

The Division Has Not Clearly Identified Results of the Assessment Process for Clients Not Receiving Paid Services

Once clients who are not receiving paid services from the Division complete the Mini-Assessment process, the Division identifies those clients as having a high level of need if they are either:

1. Clients whose score on the Mini-Assessment tool exceeds certain thresholds; or
2. Clients who have not received a score from the Mini-Assessment tool, but who are receiving medical services through Medicaid and are interested in receiving assistance with personal care tasks through the Medicaid Personal Care program.

This means that the Division does not distinguish between clients with a documented level of need for assistance and clients who are likely eligible for a specific program on the basis of their financial status.

<u>Recommendation 3</u>

When identifying results of the Mini-Assessment process, the Division of Developmental Disabilities should clearly distinguish clients who are likely eligible for the Medicaid Personal Care program from clients whose Mini-Assessment score identifies their high level of need.

CHAPTER ONE – BACKGROUND

Background on the Division of Developmental Disabilities

The Division of Development Disabilities within the Department of Social and Health Services (DSHS) provides support and services to individuals in the state with developmental disabilities. State statute establishes eligibility for services as meeting the statutory definition of "developmental disability" (RCW 71A.16.020), which consists of:

- Having one of the following conditions: mental retardation or similar conditions, cerebral palsy, epilepsy, or autism;
- The condition originates before an individual's 18th birthday and is expected to continue indefinitely; and
- The condition constitutes a substantial handicap to the individual.

In calendar year 2006, the Division served a monthly average of approximately 36,000 clients who met this statutory definition.

An average of about 21,000 individuals were receiving paid services from the Division in any given month during 2006. Paid services include a wide variety of services such as residential care, employment assistance, assistance with daily living activities, respite care to relieve caregivers, and specialized equipment and adaptations to an individual's living space.

The remaining clients, an average of about 15,000 individuals, were not receiving a paid service from the Division during any given month in 2006. The Division has identified a total of approximately 11,000 clients who *consistently* were not receiving paid services from the Division. Those individuals received case management services from the Division, which consist primarily of information and referral services.

The Division's 2007-09 Biennial Budget is $1.7 billion ($891 million GF-S) and supports 3,367 FTE's.

Clients receive paid services from the Division through one or both of two basic sources: 1) the federal Medicaid program, which is controlled by federal law and is jointly funded by federal and state dollars; and 2) services funded solely through state dollars, which the state has full flexibility to administer. Services provided through the Medicaid program are split between services that the Division must provide to any client who qualifies for them, referred to as entitlement services, and services that the Division must only provide to a specific number of qualifying clients, referred to as non-entitlement services.

The Division provides entitlement Medicaid services to clients in the five state-operated Residential Habilitation Centers and through assistance with personal care tasks through the Medicaid Personal Care program. The Division provides non-entitlement Medicaid services through four Medicaid waivers that allow Medicaid funding to serve individuals in the community who would otherwise qualify for institutional care.

In 2006, the federal Centers for Medicare & Medicaid Services issued a favorable review of the state's current Medicaid waiver program, with a subsequent five-year renewal of the program in February 2007. The previous federal review of the state's original Medicaid waiver program, issued in 2002, was highly critical of the administration of the program and identified inappropriate expenditures of federal funds.

Interim Report Was Released January 2007

In an Interim Report (07-4) for this study, we provided our analysis of the Division's current approach to prioritizing and allocating services as its staff work to complete major operational changes. We described the new practices that the Division has already put into place, and charted the current path to services for individuals requesting services from the Division of Developmental Disabilities. We also analyzed preliminary results of the Mini-Assessment process that the Division is using to assess clients who are not receiving paid services from the Division. The Interim Report concluded that it was not possible to apply those results to the total population of clients not receiving paid services.

Study Approach

This study builds on the Interim Report, addressing four objectives:

1. We analyzed relevant permanent state statutes and Biennial Operating Budgets to identify any statutory direction for prioritizing and allocating services for individuals with developmental disabilities.

2. We analyzed the development of the Division's two primary initiatives in response to JLARC's 2003 recommendations so that we could determine how the Division will be allocating services. These initiatives include a standardized assessment process (Full Assessment) and a case management information system (Case Management Information System), which are scheduled for implementation in June 2007 and March 2008, respectively.

3. We updated our analysis of the preliminary results of the Mini-Assessment process, which we initially addressed in the Interim Report, to determine how the Division is assessing clients who are not receiving paid services.

4. In order to identify approaches that other states have taken to assessing and allocating services to individuals with disabilities that could be applied here in Washington, we looked for practices in states that had implemented an objective assessment tool for identifying individuals' needs or had implemented a strong case management information system, or both. We have incorporated our discussion of three other states' approaches into our analysis of Washington State's approach to prioritizing and allocating services.

CHAPTER TWO – PRIORITIES IN STATUTE

In looking to address the Legislature's question about how the Division of Developmental Disabilities prioritizes and allocates services, we began by examining what direction the Legislature provides to the Division. We discovered that permanent state law does not provide direction for prioritizing and allocating services to individuals with developmental disabilities within limited designated funding. State law does establish a type of priority through specific entitlement services that qualifying individuals must be provided. In addition, the Biennial Operating Budgets provide priorities, but those are limited to particular allocations of funding for specific types of services.

No Clear Priorities in Permanent Statute

State statute (RCW 71A.12.010) lays out a two-part direction to the Secretary of the Department of Social and Health Services to establish a pattern of facilities and services:

1. Sufficiently complete to meet the needs of each person with a developmental disability; and
2. Within designated funding.

Having established that services must be sufficiently complete to meet a person's needs, this statute provides no further direction for how to prioritize services within the limited designated funding.

Entitlement Services Must Be Funded

Under state and federal law, the state must provide funding to serve all individuals who qualify for Medicaid entitlement services. For individuals with developmental disabilities who meet the financial and functional requirements, these services include institutional care and assistance with personal care tasks through the Medicaid Personal Care program. This sets up a type of priority since all eligible clients who want an entitlement service can receive it.

Targeted Priorities in the State Operating Budget

The Legislature has historically provided specific amounts of new or expanded funding, and priorities for distributing that funding, in the Biennial Operating Budgets. Although there has been some variation between biennia, the types of services selected for funding and the basic priorities for that funding have remained fairly consistent.

The 2007-09 Biennial Operating Budget provides specific new or expanded funding and priorities for the following services:

- Community residential and support services ($29.2 million total, $14.2 million GF-S) for:
    - residents of state institutions (Residential Habilitation Centers);
    - clients at immediate risk of institutionalization or in crisis;
    - children at risk of institutionalization or aging out of other state services; and
    - current Medicaid waiver program clients who have been assessed as having an immediate need for increased services.

- Community services for community protection clients ($18.0 million total, $8.8 million GF-S) for:
    - clients being diverted or discharged from the state psychiatric hospitals;
    - clients participating in the Department of Corrections' Dangerous Mentally Ill Offender Program;
    - clients participating in the Division's Community Protection Program; and
    - mental health crisis diversion outplacements.
- State-only family support services ($4.9 million GF-S) in accordance with 2SSB 5467 of 2007. That legislation requires DSHS to adopt rules providing specific program elements, including:
    - providing that eligibility for services is determined solely by an assessment of individual need; and
    - providing for service priority levels to be developed specifying a maximum amount of dollars for each person per level per year.
- Employment and day services for young adult clients who are living with their family and need employment opportunities and assistance after high school graduation, including both clients served through the Medicaid waiver program and those who are not ($7.2 million total, $5.1 million GF-S).

Nebraska's Statutory Approach

Nebraska is a state that has implemented both an objective assessment tool that it administers to all clients before they receive services and maintains a single information system for the vast majority of its health and human services programs. For these reasons, Nebraska's specific approaches may serve as examples to consider as Washington's Division of Developmental Disabilities implements its reforms.

Nebraska state law provides more explicit direction than Washington does in prioritizing services to individuals with developmental disabilities. Nebraska law establishes a basic set of priorities for services:

- First Priority: ensure that all persons have sufficient food, housing, clothing, medical care, protection from abuse or neglect, and protection from harm; and
- Second Priority: ensure that all persons receive appropriate assessment of their needs, planning to meet their needs, information and referral to services available to meet their needs, coordination of services delivered, support sufficient to allow them to live in the community, and specific types of services designed to enhance their skills, increase their independence, and improve their quality of life.

Nebraska law also specifically requires that the amount of funding for any person receiving developmental disabilities services must be determined using an objective assessment process.

CHAPTER THREE – IMPLEMENTATION OF STANDARDIZED ASSESSMENT OF CLIENTS

In response to JLARC's 2003 performance audit, the Division of Developmental Disabilities has developed a new standardized assessment process, which is scheduled for implementation in June 2007. Although we cannot predict the true impact of this initiative, we have determined that the Division has put plans in place for implementing the new Full Assessment for children and adults.

Progress to Date

In October 2003, the Division provided an initial report to the Legislature in response to JLARC's 2003 recommendation that DSHS should develop an assessment process to be consistently applied to all of the Division's clients, and which would be applied before making a determination of service need. In that report, the Division stated its intention to develop the interim Mini-Assessment tool and the children's and adult Full Assessment. The Division recognized that development and implementation of these tools would require extensive definition, development, and modification of business processes, formal policies, and adopted rules.

The Division set out a three-phase plan for completing this initiative, as follows:

- Phase I: Adaptation of the CARE Assessment tool for assessing the personal care needs of children[1]
- Phase II: Development of a new intake and eligibility policy and the interim Mini-Assessment tool
- Phase III: Development of the children's and adult Full Assessment

The Division completed both Phase I and Phase II within its original timelines of October 2004 and September 2005, respectively. The Division has delayed completion of Phase III from the original date of September 2006 to June 2007 in order to accommodate the requirements of another program within DSHS and the federal Centers for Medicare & Medicaid Services, as well as feedback from case managers in the field.
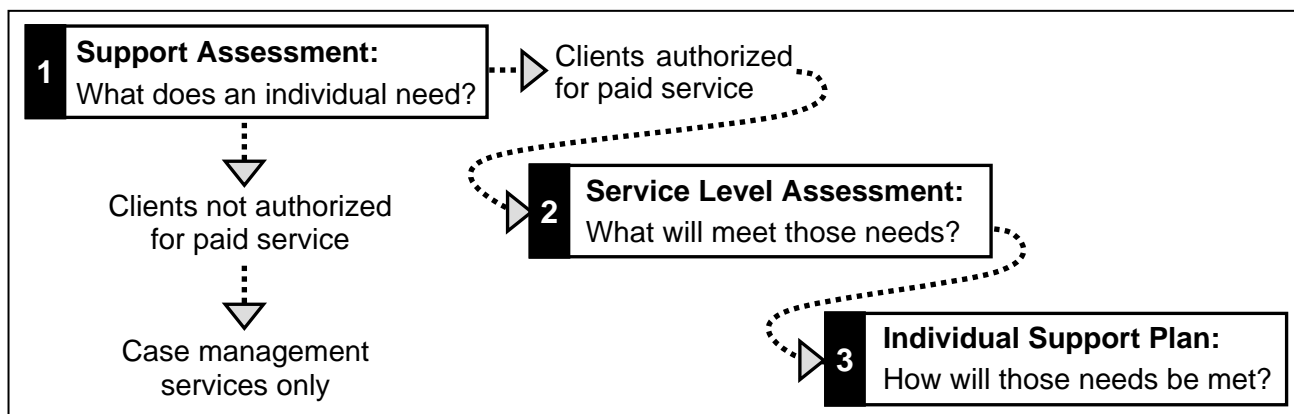
The Full Assessment's Three Parts

The Full Assessment will perform a series of functions, beginning with an assessment of individuals' needs and then building up to calculations of specific levels of services to meet those needs and the rates to be paid for nearly all services provided through the Division.[2] The Full Assessment consists of the following three parts:

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[1] The Comprehensive Assessment and Reporting Evaluation (CARE) tool was originally developed by the Department of Social and Health Services for assessing the personal care needs of adults receiving long-term care services.

[2] The Division will not initially use the Full Assessment to calculate rates for all services, but has plans in place for inclusion of nearly all services provided through the Division. The Division will base rates to be paid for residential services on the Full Assessment only after the first year of implementation, during which staff will continue to refine those calculations. The Division has no plans for incorporating service rates for county-administered employment and day services into the Full Assessment.

1	**Support Assessment:** What does an individual need?	▷ Clients authorized for paid service

Clients not authorized for paid service

| 2 | **Service Level Assessment:** What will meet those needs? |

Case management services only

| 3 | **Individual Support Plan:** How will those needs be met? |

1. Support Assessment

The Support Assessment is the core of the Full Assessment, which will **identify an individual's support needs** in seven areas: activities of daily living, interpersonal support, mobility, medical supports, behavioral supports, protective supervision, and caregiver status. The Support Assessment will eventually be administered to all clients of the Division, with a few exceptions such as current clients served in institutions.[3]

When the Full Assessment is implemented in June 2007, the Support Assessment will replace the Mini-Assessment for clients not receiving paid services. The Division will begin by assessing clients with the Support Assessment who have not completed the Mini-Assessment. After this, the Division will be re-assessing those clients who completed the Mini-Assessment prior to June 2007.

For individuals 16 years of age and older, the Support Assessment will consist primarily of the Supports Intensity Scale (SIS), which is a newly developed assessment tool designed to identify the support needs of adults with developmental disabilities. The American Association on Intellectual and Developmental Disabilities (formerly known as the American Association on Mental Retardation) commissioned the SIS, which was developed over a period of five years by a team of researchers in disabilities and psychology. Other states have already incorporated the SIS into their developmental disabilities systems, and more are considering doing so.

Until a children's version of the SIS is available, the Support Assessment for individuals under 16 years of age will consist of an adapted version of the Division's current supports needs assessment. Development of a version of the SIS for children 5 to 15 years of age is currently underway.

2. Service Level Assessment

The second part of the Full Assessment is the Service Level Assessment, which will **determine the appropriate type and levels of services** to address an individual's support needs identified in the Support Assessment.

The Service Level Assessment will only be administered to: 1) clients who are already receiving a paid service from the Division; 2) new or current clients who meet the basic criteria and request services through one of two Medicaid entitlement programs, the Medicaid Personal Care program or institutional care; and 3) clients who meet the criteria for a requested service and capacity has become available for new enrollment in that service.

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[3] The remaining two exceptions are clients receiving mental health diversion services and family support emergency services.

3. Individual Support Plan

The third part of the Full Assessment is the Individual Support Plan, which will **identify how the appropriate type and levels of services for an individual will be provided**. On the basis of the results of a client's Support Assessment and Service Level Assessment and the client's own feedback, Division case managers will develop an Individual Support Plan for each client receiving paid services from the Division.

The support plan will provide information regarding the following: a client's assessed support needs; natural supports provided by family, friends, and other unpaid caregivers; and authorized services to support the client's needs.

Implementation of the Full Assessment

The Division is planning to implement the Full Assessment all at once throughout the state. In order to prepare for this transition, the Division has developed plans for staff training and support. The Division is requiring that all Division case managers, supervisors, resource managers, and field service administrators receive system and policy training before implementation of the Full Assessment. The Division has also detailed a plan for support to staff for the three months following implementation.

In an effort to ensure the integrity of implementation of the Full Assessment, the Division plans to monitor each case manager while conducting one assessment within the first 12 weeks of implementation, and perform quality reviews of each case manager's first three assessments. The Division is also in the process of developing tools for reporting based on Full Assessment data, with some internal reports available by December 2007.

Federal Approval of the Full Assessment

As of February 2, 2007, the federal Centers for Medicare & Medicaid Services has approved a five-year renewal of the state's four Medicaid waivers that allow the Division to serve individuals with developmental disabilities in the community who would otherwise qualify for institutional care. That renewal included approval of the Division's new Full Assessment, which will be used to determine clients' eligibility for the Medicaid waivers and the specific services they will receive through the waivers.

Prioritizing Unmet Requests for Services

Whenever a client requests a service that he or she is not currently receiving, the Division requires case managers to record that request in the client's record. If the Division denies that request, they must give notice to the client as specified in state law.

Matching Clients to Available Services

In the next phase of the project, the Division is planning to develop and implement a **Capacity Management tool** as part of the Case Management Information System, which will be used to match clients with requested services when funding becomes available for new enrollment in those services. Once implemented, that tool will use information from the client's Support Assessment, service requests, and any services the client is currently receiving to identify clients who may be eligible for those newly available services.

Although the Division has not yet developed the Capacity Management tool, it appears that it will not involve a prioritization of all clients whose service requests have not been met. Rather, the tool would be used when new funding becomes available for the purpose of identifying specific recipients for that funding.

Until the Capacity Management tool is developed and implemented, when funding becomes available for new enrollment in a service, Division regional staff will identify potential recipients of that service using the following criteria: geographic location, demographic information, assessed support needs, and specific requests by clients for a particular service or program.

Waiting Lists for Specific Services

The Division maintains waiting lists for specific types of services, including Medicaid waiver services, family support services, and employment and day services. The Division is planning to incorporate management of the **Medicaid waiver waiting list**, which is governed by adopted rules, into the Case Management Information System which is scheduled for implementation in March 2008.

The Division has delayed incorporating management of the **family support services waiting list** until a future phase of the Case Management Information System since the program structure and policies for the state's family support services are uncertain at this time.[4] The Division has no plans for standardizing and incorporating the **waiting list for county-administered employment and day services** which is currently maintained informally by regional and county staff.

Assessment Approaches in Other States

Wyoming and Massachusetts are states that have implemented an objective assessment tool that is administered to all clients before they receive services. For this reason, these states' specific approaches may serve as examples to consider as Washington's Division of Developmental Disabilities implements its reforms.

Wyoming's Assessment and Service Approach

Wyoming contracts with an outside entity to administer its objective assessment tool for the state's Medicaid waiver programs. Wyoming serves virtually all of its clients through their waiver programs. Currently, a university-affiliated program holds the contract for administering the assessments. Once an individual is admitted to one of Wyoming's Medicaid waiver programs, the state calculates the amount of money that the individual can spend on services. This calculation is determined using a formula based on service history, assessment results, and economic factors. The individual is then assisted in determining how to spend his or her budget amount on specific types and levels of services. The state has developed a process for increasing individual budget amounts if needed to meet individuals' needs.

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[4] The Division is currently operating three separate family support programs, one of which is a pilot created in the 2005-07 Biennial Operating Budget. That same legislation required the Division to report on the pilot and make recommendations for a single, consolidated family support program. Legislation was enacted during the 2007 session (2SSB 5467) to replace the three current programs with the Individual and Family Services Program.

In Washington, the Division's own case managers conduct individual assessments with clients, and the type and levels of services identified to meet individual clients' needs determine the level of funding needed to support that client. The state does not provide clients with budget amounts within which they must prioritize services to meet their needs.

Massachusetts' Approach to Prioritizing

Massachusetts prioritizes clients to receive developmental disabilities services according to the following two categories established in rule:

- First Priority: services are necessary to protect the health or safety of an individual client or others;
- Second Priority: services are necessary to meet one or more of the individual client's needs.

Particularly for clients who are eligible for services through the state's Medicaid waiver program, these two priorities are interpreted as: 1) clients needing services within 90 days; and 2) clients needing services within 12 to 18 months. As time goes by and clients' need for services becomes more urgent, they move up from the second priority to the first priority.

In practice, there is also a third category consisting of clients who are eligible for services but are not currently accepting the service offered, such as out-of-home residential services. Those clients remain in the system in anticipation of future acceptance of available services.

CHAPTER FOUR – IMPLEMENTATION OF CASE MANAGEMENT INFORMATION SYSTEM

In response to JLARC's 2003 performance audit, the Division of Developmental Disabilities is developing a case management information system, which is scheduled for implementation in March 2008. Although we cannot predict the true impact of this initiative, we have determined that the Division has developed plans for building the new Case Management Information System.

Progress to Date

In December 2003, the Division provided an initial report to the Legislature in response to JLARC's 2003 recommendation that DSHS should submit a plan for implementing a case management system in the Division. In that report, the Division stated its intention to develop a Case Management Information System (CMIS) by building on an existing application framework.

The Division plans to implement the CMIS following substantial completion of the Full Assessment project, and considers it to be the fourth and fifth phases of the project:

- Phase IV: Automated support for individual care planning and monitoring, including development of ticklers and alerts for case managers; interface with incident reporting; data collection for quality assurance; and development of case monitoring functions and management and field reports;

- Phase V: Development of additional case management functionality, an interface to DSHS' Medicaid Management Information Services (Provider One) system for payments to service providers, and the Capacity Management tool; integration of the new family support program; and completion of quality assurance components.

The Division has postponed completion of Phase IV from the original date of June 2007 to March 2008, due to delays in the Full Assessment and complications with integrating the counties. The project is subject to oversight by the Department of Information Services, and has maintained compliance with applicable oversight requirements.

The Division has received approximately $2 million in the 2007-09 Biennial Operating Budget for Phase V, which is scheduled for completion by June 2009.

Caseload Management

According to the Division's project charter, the overarching goal of the CMIS project is "to continue to improve on, and automate, the generally accepted case management tasks" identified by JLARC:

- Intake and eligibility assessment;
- Individual care plan development and monitoring;
- Crisis intervention and placement;
- Health care and clinical care coordination;
- Incident reporting and review;
- Quality assurance and assessment of providers.

By automating these practices in a single system, the Division expects to improve statewide consistency of business processes and the Division's ability to document caseloads more accurately, ultimately leading to better caseload forecasts.

Division Plans to Build a Centralized Information System

The Division's current plans are to build a centralized case management information system that will assist case managers, Division managers at the state and regional levels, and county staff in assisting clients and planning for their future needs.

Case Managers

Case Managers currently must access several information systems to effectively assist their clients. When Phase IV of the project is fully implemented, the CMIS is expected to be the primary interface for case managers to enter, review, and manage case information, thereby reducing or eliminating their need to access multiple information systems.

The Division states that new system components will assist case managers in effectively managing their caseloads. The Division plans to develop ticklers and alerts to help case managers plan for and schedule activities in advance, so that they may more effectively manage their time and ensure they meet mandated reviews and other requirements.

Headquarters & Regional Management

The Division indicates that the CMIS will have reporting capability for Division managers at headquarters and regional levels, as well as performance indicator data to assist management in quality assurance. The system is expected to include quality assurance data and reports to help the Division determine whether services are delivered in the most timely and cost-effective manner and whether federal and state program requirements are being met.

Currently the Division uses small, independent applications to manage information such as compliance data for past lawsuits and waiting lists for Medicaid waiver and family support services. The Division plans to integrate these into the CMIS in Phases IV and V of the project.

Counties

Counties currently utilize the Division's primary information system to enter service and billing data and to review information on the clients they serve through their employment and day programs. The Division convened a group of county and Division staff to review county business and billing processes associated with employment and day programs. The group identified the level of access to information necessary for county providers to work in the new system, and recommended retaining and streamlining certain business and billing processes. The group's recommendations have been incorporated into the programming requirements for the CMIS. When the CMIS is fully implemented, counties expect to input data into the system through an Internet-based application.

Nebraska's Information System Approach

Nebraska maintains a single information system for the vast majority of its health and human services programs. The system determines client eligibility and performs case management functions for at least 25 human services programs, and is used to make payments to clients and providers. However, the system is not used for all case management functions relating to developmental disabilities services. Some of those functions are still handled through other processes.

In contrast, Washington's Division of Developmental Disabilities is developing a case management information system that is dedicated solely to the Division's clients, although the vast majority of their clients also use services provided through other sections of DSHS. The Division's plans for the next phase of the CMIS include an interface with the system DSHS is developing to handle payments to service providers. Information and referral services will not be integrated into the CMIS.

Nebraska's approach to information systems may serve as an example to consider as Washington's Division of Developmental Disabilities implements its reforms.

Finding: Primary Initiatives Scheduled To Be Implemented Soon

The Division's implementation of the standardized assessment process (Full Assessment) and case management information system (Case Management Information System) are scheduled for June 2007 and March 2008, respectively. The true impact of these initiatives will not be known until they are implemented.

Recommendation 1

The Department of Social and Health Services should provide a report to the Legislature by January 2009 on implementation of its standardized assessment process and case management information system, which should include detailed information on the following:

- Assessments completed;
- How Division staff have applied the case management information system;
- Development and implementation of future stages of the two initiatives.

CHAPTER FIVE – ASSESSMENTS OF CLIENTS NOT RECEIVING PAID SERVICES FROM THE DIVISION

In response to JLARC's 2003 recommendations, the Division of Developmental Disabilities undertook an interim approach to assessing clients who are not receiving paid services from the Division. The Division has now completed the Mini-Assessment process with approximately one-third of these clients, which allows us to update our initial analysis of the process that we provided in our Interim Report. We have also determined that the way the Division has handled this assessment process to date provides important lessons to be applied to the Division's continuing efforts.

Mini-Assessment Process

The Division of Developmental Disabilities has identified a total of approximately 11,000 individual clients who are consistently not receiving paid services from the Division. In September 2005, the Division began using its newly developed Mini-Assessment process with those clients as an interim measure, until the Full Assessment is implemented.

As of February 28, 2007, Division staff have completed this Mini-Assessment process with 3,703 individual clients. Division staff will continue administering the Mini-Assessment process with clients not receiving paid services until the new Full Assessment is implemented in June 2007. At that time, the Mini-Assessment tool will be replaced with the Support Assessment part of the Full Assessment.

Not all clients who are taken through the Mini-Assessment process receive a score from the Mini-Assessment tool identifying their level of need. Clients who are already receiving medical services through Medicaid and are interested in the Medicaid Personal Care entitlement program are immediately referred for an assessment to determine their functional eligibility for that program. As discussed in more detail below, the Division categorically identifies these clients as having a high level of need.

Prioritizing Clients for the Mini-Assessment Process

The Division has provided case managers with a list of priorities identifying categories of clients for completing the Mini-Assessment process. Case managers are to apply these categories to the specific clients on their caseloads in determining the order to conduct the Mini-Assessment process with their clients. However, the Division did not set up a mechanism for reporting and tracking which priority groups individual clients were in.

In the course of interviews with case managers and supervisors administering the Mini-Assessment process throughout the state, we learned that: 1) the Division changed the priorities after the process was underway; and 2) case managers were not consistently following the priority list.

The Division changed the priorities for completing the Mini-Assessment process to de-prioritize clients enrolled in Medicaid. The Division took this action in response to the workload impact on case managers of clients being referred for an assessment for the Medicaid Personal Care program.

Although the Division could not have predicted how many clients already enrolled in Medicaid would be interested in the Medicaid Personal Care program, staff could have identified the number of clients who were already enrolled in Medicaid. The Division has subsequently done so, identifying approximately 50 percent of clients not receiving paid services from the Division as enrolled in Medicaid, and thereby likely eligible for the Medicaid Personal Care program.

Finding: The Division Has Not Effectively Managed Assessments of Clients Not Receiving Paid Services

The Division changed its priorities for completing the Mini-Assessment process with clients, after implementing that process, in order to remedy a predictable backlog in its system. The Division did not set up a mechanism for tracking which priority groups individual assessed clients were in. In addition, the Division will be continuing to assess clients who are not receiving paid services from the Division with either the Mini-Assessment tool (until June 2007) or the Support Assessment part of the new Full Assessment (beginning June 2007).

Recommendation 2

The Division of Developmental Disabilities should establish a clear set of priorities for case managers to follow in assessing the remaining clients who are not receiving paid services from the Division. The Division should also set up a mechanism for tracking which of the specific priorities apply to each client who has completed the assessment process.

Mini-Assessment Results

Once a client completes the Mini-Assessment process, the Division identifies him or her as having a high, medium, or low level of need. A client can be identified as having a high level of need in two ways: 1) current enrollment in Medicaid; or 2) a score based on the Mini-Assessment tool. For all clients identified as having a high level of need who meet the income eligibility requirement for Medicaid, case managers conduct a CARE Assessment to determine eligibility for the Medicaid Personal Care entitlement program as soon as possible. Clients identified as having a medium or low level of need by their scores continue to receive only case management services from the Division.

It is important to note that the Division does not distinguish in their data between those clients who were categorically assigned to have a high level of need based solely on their enrollment in Medicaid, and those who are identified by an assessment tool to have a high level of need. This means that the Division does not distinguish between clients with a documented level of need for assistance and clients who are likely eligible for a specific program on the basis of their financial status. For the Interim Report, and again for this report, JLARC staff have analyzed the data to determine how many clients were determined by the Mini-Assessment tool to have a high level of need, and how many were determined likely to be eligible for the Medicaid Personal Care program because they were already enrolled in Medicaid.

As of February 28, 2007, the Division has completed the Mini-Assessment process with a total of 3,703 clients. This is an increase of 1,064 clients from the data that we analyzed for the Interim Report in January 2007, which included assessments completed by September 5, 2006. While we still cannot conclude whether the preliminary results of the Mini-Assessment process are representative of the entire population of approximately 11,000 clients not receiving paid services, the following chart provides information on those updated preliminary results. Figure 1 illustrates how many clients have

been identified at each of the three levels of need, and how many clients identified as having a high level of need have completed the CARE Assessment and have been enrolled in the Medicaid Personal Care program.

Figure 1 – The Mini-Assessment Process Has Identified Clients Who Are Eligible for Medicaid Personal Care, But Most Who Are Likely Eligible Are Still Waiting for Necessary CARE Assessment
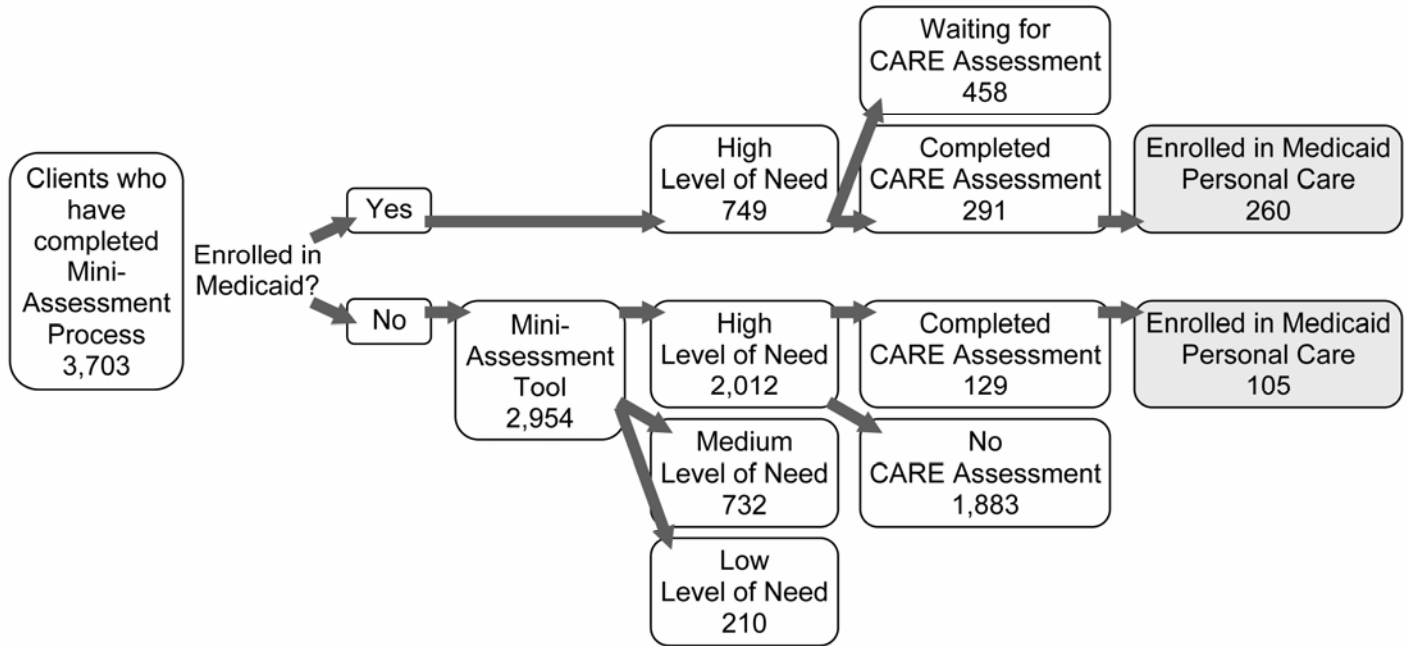
Source: JLARC analysis of information provided by DSHS for clients assessed through February 2007.

Finding: The Division Has Not Clearly Identified Results of the Assessment Process for Clients Not Receiving Paid Services

Once clients who are not receiving paid services from the Division complete the Mini-Assessment process, the Division identifies those clients as having a high level of need if they are either:

1. Clients whose score on the Mini-Assessment tool exceeds certain thresholds; or

2. Clients who have not received a score from the Mini-Assessment tool, but who are receiving medical services through Medicaid and are interested in receiving assistance with personal care tasks through the Medicaid Personal Care program.

This means that the Division does not distinguish between clients with a documented level of need for assistance and clients who are likely eligible for a specific program on the basis of their financial status.

Recommendation 3

When identifying results of the Mini-Assessment process, the Division of Developmental Disabilities should clearly distinguish clients who are likely eligible for the Medicaid Personal Care program from clients whose Mini-Assessment score identifies their high level of need.

CHAPTER SIX – SUMMARY OF FINDINGS AND RECOMMENDATIONS

JLARC's 2003 performance audit of the Division of Developmental Disabilities identified the need for dramatic changes in the management practices of the Division. In the absence of a consistent client assessment process and an effective automated case management system, the audit found it impossible to accurately determine the number of Division clients, their service needs, or the case manager resources needed to serve those clients.

On the basis of JLARC's findings, the 2003 report included recommendations directing the Department of Social and Health Services to:

- Develop an assessment process to be consistently applied to all of the Division's clients, and before making a determination of service need; and
- Submit a plan for implementing a case management system in the Division.

In response, the Division has developed and implemented a new intake and eligibility process and a series of assessment tools. The Division has also undertaken major initiatives to develop a standardized assessment process and a case management information system, which are scheduled for implementation in June 2007 and March 2008, respectively. Although we cannot predict the true impact of these initiatives once they are implemented, we have determined that the Division has put plans in place to meet JLARC's 2003 recommendations. Information about how the Division uses these systems, once they are up and running, will be valuable in determining their ultimate impact.

No Clear Priorities in Permanent Statute

Permanent state law does not provide direction for prioritizing and allocating services to individuals with developmental disabilities within limited designated funding. State law does establish a type of priority through specific entitlement services that qualifying individuals must be provided. In addition, the Biennial Operating Budgets provide priorities, but those are limited to particular allocations of funding for specific types of services.

Finding: Primary Initiatives Scheduled To Be Implemented Soon

The Division's implementation of the standardized assessment process and case management information system are scheduled for June 2007 and March 2008, respectively. The true impact of these initiatives will not be known until they are implemented.

<u>**Recommendation 1**</u>

The Department of Social and Health Services should provide a report to the Legislature on implementation of its standardized assessment process and case management information system, which should include detailed information on the following:

- **Assessments completed;**
- **How Division staff have applied the case management information system;**
- **Development and implementation of future stages of the two initiatives.**

Legislation Required:	None
Fiscal Impact:	JLARC assumes that this can be completed within existing resources.
Reporting Date:	Interim status report by January 2008 Final report by January 2009

Finding: The Division Has Not Effectively Managed Assessments of Clients Not Receiving Paid Services

In advance of implementing the new Full Assessment, the Division developed the interim Mini-Assessment tool for assessing clients who were not receiving paid services from the Division. The Division changed its priorities for completing the Mini-Assessment process with clients, after implementing that process, in order to remedy a predictable backlog in its system. The Division did not set up a mechanism for tracking which priority groups individual assessed clients were in. In addition, the Division will be continuing to assess clients who are not receiving paid services from the Division with either the Mini-Assessment tool (until June 2007) or the Support Assessment part of the new Full Assessment (beginning June 2007).

<u>**Recommendation 2**</u>

The Division of Developmental Disabilities should establish a clear set of priorities for case managers to follow in assessing the remaining clients who are not receiving paid services from the Division. The Division should also set up a mechanism for tracking which of the specific priorities apply to each client who has completed the assessment process.

Legislation Required:	None
Fiscal Impact:	JLARC assumes that this can be completed within existing resources.
Reporting Date:	August 2007

Finding: The Division Has Not Clearly Identified Results of the Assessment Process for Clients Not Receiving Paid Services

Once clients who are not receiving paid services from the Division complete the Mini-Assessment process, the Division identifies those clients as having a high level of need if they are either:

1. Clients whose score on the Mini-Assessment tool exceeds certain thresholds; or

2. Clients who have not received a score from the Mini-Assessment tool, but who are receiving medical services through Medicaid and are interested in receiving assistance with personal care tasks through the Medicaid Personal Care program.

This means that the Division does not distinguish between clients with a documented level of need for assistance and clients who are likely eligible for a specific program on the basis of their financial status.

Recommendation 3

When identifying results of the Mini-Assessment process, the Division of Developmental Disabilities should clearly distinguish clients who are likely eligible for the Medicaid Personal Care program from clients whose Mini-Assessment score identifies their high level of need.

Legislation Required:	None
Fiscal Impact:	JLARC assumes that this can be completed within existing resources.
Reporting Date:	August 2007

APPENDIX 1 – SCOPE AND OBJECTIVES

DIVISION OF DEVELOPMENTAL DISABILITIES: ANALYSIS OF HOW SERVICES ARE PRIORITIZED

SCOPE AND OBJECTIVES

SEPTEMBER 20, 2006

STATE OF WASHINGTON
JOINT LEGISLATIVE AUDIT AND
REVIEW COMMITTEE

STUDY TEAM

CYNTHIA L. FORLAND, PH.D.

LEGISLATIVE AUDITOR

RUTA FANNING

Joint Legislative Audit & Review
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WHY AN ANALYSIS OF SERVICE PRIORITIZATION IN DEVELOPMENTAL DISABILITIES DIVISION?

The 2005-07 Supplemental Operating Budget directs the Joint Legislative Audit and Review Committee (JLARC) to conduct a review of how the Department of Social and Health Services' Division of Developmental Disabilities prioritizes and allocates services.

BACKGROUND

The Division of Development Disabilities in the Department of Social and Health Services provides support and services to individuals in the state with developmental disabilities. For the month of June 2006, the Division was serving approximately 36,000 clients. About 20,000 individuals were receiving paid services from the Division, which include a wide variety of services such as residential care, employment assistance, assistance with daily living activities, respite care to relieve caregivers, and specialized equipment and adaptations to an individual's living space. About 16,000 individuals were receiving only case management services from the Division, which consist primarily of information and referral services. The Division's 2005-07 Biennial Budget is $1.4 billion ($770 million GF-S) and it employs 3,320 FTE's.

In 2003, JLARC conducted a performance audit of the Division of Developmental Disabilities (Report 03-6). That audit focused on community-based services provided to individuals with developmental disabilities and looked specifically at the services that are provided, the case management of those services, and the role of the federal Medicaid program in providing those services. The audit's recommendations included directing the Department of Social and Health Services to:

- Develop an assessment process to be consistently applied to all of the Division's clients, and which would be applied before making a determination of service need; and

- Submit a plan for implementing a case management system in the Division.

In response to JLARC's performance audit, the Division of Developmental Disabilities has been developing a standardized assessment process and a case management information system. Implementation of the new assessment is scheduled for March 2007, and initial implementation of the new case management information system is scheduled for November 2007.

STUDY SCOPE

As directed by the Legislature, JLARC will review how the Department of Social and Health Services' Division of Developmental Disabilities prioritizes and allocates services. This review will provide the opportunity to follow up on the initiatives that are in progress within the Division in response to JLARC's previous performance audit. The study will focus, in particular, on the Division's approach currently underway for assessing the service needs of their clients who are not currently receiving paid services from the Division.

For the purposes of this JLARC analysis, paid services are considered any services other then case management services provided by the Division of Developmental Disabilities.

STUDY OBJECTIVES

In response to the legislative directive, the study will answer the following questions:

(1)   What direction is provided in statute for prioritizing and allocating services for individuals with developmental disabilities?

(2)   How does the Division of Developmental Disabilities allocate services to individuals with developmental disabilities? Do they perform a formal assessment of the service needs of their clients? If so, how do they allocate services on the basis of that assessment?

(3)   How is the Division assessing clients who are not receiving paid services from the Division? What are the outcomes of those assessments?

(4)   Have other states taken alternative approaches to assessing service needs and allocating services to individuals with developmental disabilities that could be applied here in Washington?

Interim Report

This study will include an interim report that will provide a brief overview of the following:

- Statutory direction for prioritizing and allocating services to individuals with developmental disabilities (Objective 1); and

- The Division's approach to allocating services to individuals with developmental disabilities (Objective 2).

The interim report will also provide information on recent assessments of individuals with developmental disabilities who were not receiving paid services from the Division (Objective 3).

Full Report

The full report will address each of the study objectives in depth, including the three objectives that will be initially addressed in the interim report.
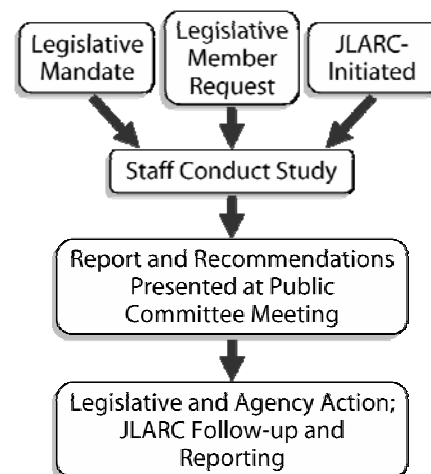
TIMEFRAME FOR THE STUDY

Staff will present the interim report to JLARC in January 2007, the preliminary report in May 2007, and the proposed final report in June 2007.

JLARC STAFF CONTACT FOR THE STUDY

Cynthia L. Forland, Ph.D.   (360) 786-5178   forland.cynthia@leg.wa.gov

JLARC Study Process

Criteria for Establishing JLARC

Work Program Priorities

➤ Is study consistent with JLARC mission? Is it mandated?

➤ Is this an area of significant fiscal or program impact, a major policy issue facing the state, or otherwise of compelling public interest?

➤ Will there likely be substantive findings and recommendations?

➤ Is this the best use of JLARC resources: For example:

- Is JLARC the most appropriate agency to perform the work?

- Would the study be nonduplicating?

- Would this study be cost-effective compared to other projects (e.g., larger, more substantive studies take longer and cost more, but might also yield more useful results)?

➤ Is funding available to carry out the project?

APPENDIX 2 – AGENCY RESPONSES

- Department of Social and Health Services
- Office of Financial Management

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
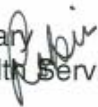P.O. Box 45010, Olympia, Washington 98504-5010

June 5, 2007

TO: Ruta Fanning, Legislative Auditor
Joint Legislative Audit and Review Committee

FROM: Robin Arnold-Williams, Secretary
Department of Social and Health Services

SUBJECT: DIVISION OF DEVELOPMENTAL DISABILITIES—ANALYSIS OF HOW
SERVICES ARE PRIORITIZED

Thank you for the opportunity to respond to the recommendations made by Joint
Legislative Audit and Review Committee (JLARC) Report on Analysis of How Services
are Prioritized by the Division of Developmental Disabilities (DDD).

Recommendation 1

*The Department of Social and Health Services should provide a report to the
Legislature by January 2009 on implementation of its standardized assessment process
and case management information system, which should include detailed information
on the following:*

- *Assessments completed.*
- *How Division staff have applied the case management information system.*
- *Development and implementation of future stages of the two initiatives.*

The Department concurs with the recommendation and will provide the following report:

1. Total number of assessments for No Paid Services clients; Support Assessment
   Module only.

2. Total number of assessments for Paid Services Clients; Support Assessment,
   Service Level Assessment and Individual Support Plan included.

3. Acuity Levels (high, medium and low) for all clients including assessed support
   needs in:
   a. Functional Activities of Daily Living
   b. Behavior
   c. Caregiver
   d. Protective Supervision
   e. Medical
   f. Mobility
   g. Interpersonal Support

4. Provide data on the number of programs and service requests recorded by the DDD Assessment. A comprehensive list of Programs and Services is attached.

5. The Division will report on the integration of the following client information through the development of the Case Management Information System (CMIS).
   a. Medically Intensive
   b. Specialized Clients including quarterly visits data
   c. State Supplementary Payment (SSP)
   d. Voluntary Placement Program database and quarterly visit data
   e. Waiver Participants and Waiver Requests
   f. ETP/ETR
   g. County Billing and Performance data
   h. RHC/SOLA Short Term Stay
   i. Number and types of documents/forms integrated into the system
   j. Ticklers and Alerts Integration

Recommendation 2

The Division of Developmental Disabilities should establish a clear set of priorities for case managers to follow in assessing the remaining clients who are not receiving paid services from the Division. The Division should also set up a mechanism for tracking which of the specific priorities apply to each client who has completed the assessment process.

The department concurs with this recommendation. The Division has established the priority for assessment of persons not receiving paid services as the following:

1. People who request an assessment.

2. People as they reach age 17 in preparation for access to Medicaid Personal Care and in preparation for participation in Transition programs at school.

3. To the extent they can be identified, people who would qualify for services based on specific Budget Proviso language; i.e., transition to employment students at age 21.

The Division will identify the specific priority group which applies to each no paid services client who completes the assessment process. To determine the specific priority grouping the division will use information from Service Episode Request (SER) or Client date of birth or comparison of client characteristics to budget proviso specified populations.

Recommendation 3

When identifying results of the Mini-Assessment process, the Division of Developmental Disabilities should clearly distinguish clients who are likely eligible for the Medicaid Personal Care program from clients whose Mini-Assessment score identifies their high level of need.

The department partially concurs with this recommendation. In the mini-assessment process, clients were designated as high priority by either the results of the mini-assessment or their eligibility for Medicaid Personal Care which is an entitlement service based on documentation of income and needs-based eligibility. It is possible that a person could have achieved a high priority rating both because of the results of the assessment and her or his income and needs-based profile. The department has always been able to distinguish the reason for the high priority rating. The department agrees, however, that the reason for achievement of a high priority rating should be easily discernible and reportable.

cc: Kathy Leitch, Assistant Secretary
       Linda Rolfe, Director

ATTACHMENT

Programs

Adult Day Health
Basic Plus Waiver
Basic Plus Waiver with Personal Care
Basic Waiver
Basic Waiver with Personal Care
Community Protection Waiver
Community Options Program Entry System (COPES) Waiver Services
Core Waiver
Core Waiver with Personal Care
Dangerously Mentally Ill Offender (DMIO)
Family Support Opportunities*
Family Support Pilot*
Family Support Traditional*
Intermediate Care Facility for the Mentally Retarded (ICF/MR)
Medically Intensive Program
Medically Needy Waiver Services
Medicaid Personal Care (MPC)
Nursing Home Services
Private Duty Nursing
Professional Services
Residential
Voluntary Placement

Services

Adult Day Health
Alternative Living
Child Care
Child Development Services
Community Access
Community Activities
Community Guide
Companion Home
Community Options Program Entry System (COPES)
Dangerously Mentally Ill Offender (DMIO)
Emergency Assistance – Behavior Management & Consulting
Emergency Assistance – Community Guide
Emergency Assistance – Environmental Modifications
Emergency Assistance – Extended State Plan Services (OT, PT, & Speech)
Emergency Assistance – Medical Equipment/Supplies/Specialized Aids
Emergency Assistance – Nursing Services (also Skilled Nursing)
Emergency Assistance – Professional/Psychiatric Services
Emergency Assistance – Staff/Family Consulting & Training
Emergency Assistance – Transportation
Environmental Modifications
Evaluation – Behavior Management & Consulting
Evaluation – Extended State Plan Services (OT, PT, & Speech)

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* SSB5467 instructed DSHS to consolidate these programs into the Individual and Family Services (IFS) Program.
The change to the DDD Full Assessment will be accomplished through the change control process.

Evaluation – Nursing Service (also Skilled Nursing)
Evaluation – Professional/Psychiatric Services
Evaluation – Psychological Services
Evaluation - Staff/Family Consulting and Training
Family Support – Other Services
Foster Care
Foster Group Home
Group Home
Group Supported Employment
Intermediate Care Facility for the Mentally Retarded - ICF/MR (Community IMR)
Individual and Family Assistance
Licensed Staffed Residential
Medical Equipment/Supplies/Specialized Aids
Medically Intensive Program
Medically Needy Residential Waiver
Medically Related Services
Mental Health Stabilization Services
Nurse Delegation
Nursing Facility
Nursing Services (also Skilled Nursing)
Person to Person
Personal Care
Pre-Vocational Employment
Private Duty Nursing
Professional/Psychiatric Services
Respite at RHC
Respite Care (FS, VPP)
Respite Care (Waiver)
Residential Habilitation Center
Supportive Living Allowance
SOLA
Staff/Family Consult and Training
Summer Program
Supported Living
Therapy - Behavioral Management and Consulting
Therapy – Extended State Plan Services (OT, PT, & Speech)
Transportation
VPP – Other Services

June 6, 2007

TO: Ruta Fanning, Legislative Auditor
               Joint Legislative Audit and Review Committee

FROM: Victor A. Moore, Director

SUBJECT: **PRELIMINARY REPORT – DIVISION OF DEVELOPMENTAL
                  DISABILITIES: ANALYSIS OF HOW SERVICES ARE PRIORITIZED**

Thank you for giving the Office of Financial Management (OFM) the opportunity to review JLARC's preliminary report on *Division of Developmental Disabilities: Analysis of How Services are Prioritized.* Here is our response to the three recommendations in the report.

Recommendation	Agency Position	Comments
1. The Department of Social and Health Services should provide a report to the Legislature by January 2009 on implementation of its standardized assessment process and case management information system, which should include detailed information on the following: • Assessments completed; • How Division staff have applied the case management information system; • Development and implementation of future stages of the two initiatives.	Concur	
2. The Division of Developmental Disabilities should establish a clear set of priorities for case managers to follow in assessing the remaining clients who are not receiving paid services from the Division. The Division should also set up a mechanism for tracking which of the specific priorities apply to each client who has completed the assessment process.	Concur	

3. When identifying results of the Mini-Assessment process, the Division of Developmental Disabilities should clearly distinguish clients who are likely eligible for the Medicaid Personal Care program from clients whose Mini-Assessment score identifies their high level of need.	Concur	

We look forward to your final report. If you have any questions, please contact Eric Mandt at (360) 902-0543.