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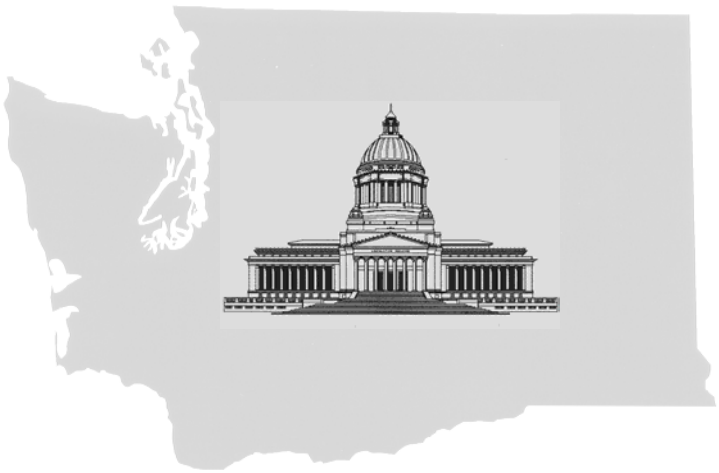
Joint Legislative Audit and Review Committee (JLARC)



DEVELOPMENTAL DISABILITIES DIVISION: Caseload and Staffing Issues

Interim Report 02-3

May 22, 2002

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in alternative formats for persons with disabilities.

JOINT LEGISLATIVE AUDIT AND REVIEW COMMITTEE
506 16th Avenue SE
PO Box 40910
Olympia, WA 98501-2323
(360) 786-5171
(360) 786-5180 Fax
http://jlarc.leg.wa.gov

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The Joint Legislative Audit and Review Committee (JLARC) carries out oversight, review and evaluation of state-funded programs and activities on behalf of the Legislature and the citizens of Washington State. This joint, bipartisan committee consists of eight senators and eight representatives, equally divided between the two major political parties. Its statutory authority is established in RCW 44.28.

JLARC staff, under the direction of the Committee and the Legislative Auditor, conduct performance audits, program evaluations, sunset reviews and other policy and fiscal studies. These studies assess the efficiency and effectiveness of agency operations, impacts and outcomes of state programs, and levels of compliance with legislative direction and intent. The Committee makes recommendations to improve state government performance and to correct problems it identifies. The Committee also follows up on these recommendations to determine how they have been implemented. JLARC has, in recent years, received national recognition for a number of its major studies.

DEVELOPMENTAL DISABILITIES DIVISION: CASELOAD AND STAFFING ISSUES

Report 02-3

INTERIM REPORT

MAY 22, 2002

STATE OF WASHINGTON
JOINT LEGISLATIVE AUDIT AND REVIEW COMMITTEE

Study Team

John Woolley
Lead Analyst

Shayne Frost
Analyst

LEGISLATIVE AUDITOR

Tom Sykes

Copies of Final reports and Digests are available on the JLARC website at:

http://jlarc.leg.wa.gov

or contact

Joint Legislative Audit & Review Committee
506 16th Avenue SE
Olympia, WA 98501-2323
(360) 786-5171
(360) 786-5180 FAX

DEVELOPMENTAL DISABILITIES DIVISION: CASELOAD AND STAFFING ISSUES

The Developmental Disabilities Division (DDD), within the Department of Social and Health Services, requested a substantial increase in its field staff for the 2001-2003 Biennial Budget. This request was based on the Division's desire to lower its staff-to-case ratios. The Legislature funded part of the request, but also directed JLARC to review the reliability of the caseload and staff numbers driving the request. This briefing report responds to that legislative directive.

JLARC finds that the Division does not have reliable information about its caseloads and staffing. Consequently, the Legislature cannot rely upon the Division's information for decision making.

The lack of effective management controls within the Division contributes to the absence of credible caseload and staffing information. Some of the immediate impacts of the lack of effective controls are that:

- Some clients who are ineligible for services are receiving services;
- Information on the number of cases is inaccurate;
- There is poor linkage between client data and payments for services provided; and
- Accurate estimates of caseload growth and staffing requirements cannot be made.

JLARC recommends:

- DDD take immediate steps to ensure that only eligible clients are on its caseload.
- DDD submit a plan to the Legislature to develop and implement practices and controls to ensure it can monitor its caseload, plan for future needs, and properly allocate resources.

BACKGROUND

The Division of Developmental Disabilities (DDD) of the Department of Social and Health Services provides services and support to individuals with developmental disabilities and their families. The Division counts its caseload as comprising approximately 30,000 community clients and 1,100 clients served in institutions (Residential Habilitation Centers).

"Developmental Disability" is defined in statute. As **Figure 1** illustrates, the majority (71%) of the caseload are diagnosed as mentally retarded or developmentally delayed. (*Note: Clients may have more than one disability listed so the total exceeds the number of clients.*)

DDD provides or purchases a broad range of residential, therapy, employment, family support, and nursing services for eligible persons and their families. These services are both institutional and community based.

Figure 1: DISABILITY COUNTS IN DDD

Mental Retardation	17,864	47%
Developmentally Delayed: (Under Age 6)	8,950	24%
Other Condition (ICAP Only)*	2,963	8%
Cerebral Palsy	2,950	8%
Epilepsy	2,450	6%
Autism	1,329	3%
Child Under Age 6: Down's Syndrome	556	1%
Dual Diagnosis	451	1%
Another Neurological Condition	420	1%
Policy Exception*	97	0.3%
TOTAL	38,030	100%

**"Other Condition (ICAP Only)" refers to individuals who have a substantial handicap as determined by their score on the "Inventory for Client and Agency Planning (ICAP)". Policy Exception are those clients who do not meet any of the other eligibility criteria but through an "Exception to Policy" process are determined eligible for services.*

Source: DSHS-DDD: Common Client Database. August 1, 2001.

The Division's 2001-03 biennial budget of $1.2 billion includes 3,494 full-time equivalent (FTE) positions. About 391 of these FTEs—the field-based staff—provide case and resource management services to clients and manage a community services biennial budget of $873 million. The remaining staff either work in the five state institutions, in directly providing residential services through the State Operated Living Alternatives (SOLA), or in program support.

The focus of this analysis is on the 391 FTEs providing case management and other services to the approximately 30,000 community-based clients.

HOW MANY CASES?

Defining a Case

In DDD, a "case" refers to each individual who has applied for and been determined eligible (under eligibility criteria defined in statute) for services.

Once determined eligible, a client is to be assigned a unique case number (client ID), and the case is entered into the case management database, the Common Client Database (CCDB).

DDD uses the CCDB to record information on eligible clients and to "count" cases. On August 1, 2001, there were 31,759 active clients in the CCDB.

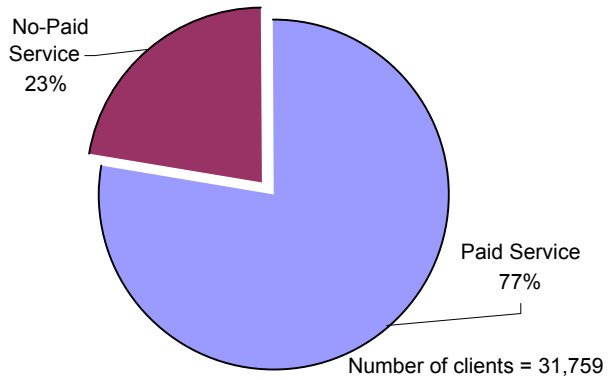
We found that the Division does not categorize clients as active or inactive, and there is no process for categorizing cases by the level of effort required to provide services. Similarly, staff caseloads (the average number of cases per staff) are not typically adjusted based on levels of case management activity.

One indicator of activity is the number of clients receiving a paid service. **Figure 2** shows that just over three-quarters of community-based clients are receiving a paid service.

Counting Cases

For some areas of DSHS, counting cases is based on counting the number of "checks written" for services or grants, such as public assistance. For other areas, such as DDD, cases cannot be counted by "checks written" since services may be provided exclusively by state caseworkers.

Figure 2: PERCENT OF DDD CLIENTS RECEIVING PAID SERVICE



Source: DSHS-DDD, CCDB.

In DDD, the CCDB is used to provide case counts. Generally, case management systems like the CCDB are not subject to the same controls and scrutiny as financial systems (such as those that produce welfare checks). Thus, we conducted an extensive analysis of DDD's Common Client Database.

Case Count Problems

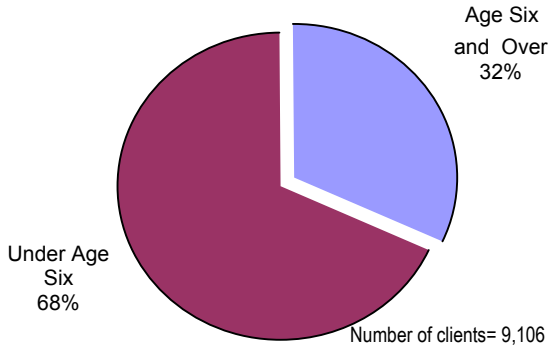
Our analysis of the CCDB revealed serious problems. We encountered errors ranging from thousands of ineligible clients receiving services, problems with identifying and counting clients, and weaknesses in how client data is linked to the payment for services.

Ineligible Clients

A detailed analysis of the accuracy of all eligibility determinations within the Division would require reviews of each case file. We were able, however, to review data involving cases where the eligibility is based solely on the client being under the age of six: Down's Syndrome Under Age 6 or Developmentally Delayed (Under Age 6).

DDD is required by Washington State Administrative Code to conduct eligibility reviews for these clients at least upon their reaching the age of three and the age of six. But as **Figure 3** on the following page illustrates, a check of records in the CCDB showed that of the 9,106 clients who have one of these two disabilities (and no other), 2,898, or 32 percent of the total, were six years of age or older.

Figure 3: CLIENTS WHO MUST BE UNDER AGE SIX TO BE ELIGIBLE FOR SERVICES



Source: DSHS-DDD CCDB.

Under these clients' current eligibility category, they would not be eligible for DDD services. During the three-month period of May through July 2001, these age six and over clients received $1.8 million in paid services, or 53 percent of the money expended on the 9,106 individuals in this client category.

DDD has reviewed this finding, focusing only on those receiving a paid service. DDD states that 747 of the 932 clients who were receiving a paid service (or 26 percent of the total of 2,898 ineligible clients) would be found eligible under another category. DDD arrived at this conclusion by surveying the regions and asking if these clients might be eligible under another category; the estimate was not the result of actual eligibility reviews. No attempt was made to analyze the eligibility status of the 1,966 clients not receiving a paid service.

Inaccurate Case Counts

Among groups of people, there may be several individuals with the same name. Data systems therefore require some other "unique identifier" to identify a specific person. A common unique identifier is the Social Security Number (SSN).

Our review of the CCDB revealed instances where a client has more that one case open in different offices at the same time, and where two or more client records share the same SSN.

- Out of the 31,759 individuals in the CCDB data we reviewed, approximately 2,300 had obviously "made up" social security numbers.
- Among these 2,300 clients, 2,055 had the SSN of "123-45-6789." DSHS guidelines specifically state that the SSN of 123-45-6789 can only be used for 60 days for clients who are undocumented aliens.
- There were over 100 instances of multiple clients sharing the same social security number.
- In a random review of 133 records that shared the same SSN, 32 records appeared to be duplicates. When asked to comment, the Division agreed that these were duplicates.

Without valid social security numbers, or some other type of unique identifier, no reliable way exists to check for duplication when clients apply for services, or to ensure that the data in a record belongs to the correct client.

The SSN is also needed to identify clients who receive Social Security benefits, such as Supplemental Security Income (SSI). SSI may be available to offset the state's share of payments for services.

With regard to another case count issue, we found that approximately 1,100 clients living in DDD institutions (Residential Habilitation Centers) were included in the caseload numbers used to request **field-based** staff. When notified, the Division agreed these clients should not have been included. But these 1,100 clients were included to justify 2001-2003 budget requests.

Finally, a check on client IDs in the CCDB showed that over 200 cases—many receiving paid services—had no case manager assigned to them. It is unclear how DDD can monitor cases and the allocation of paid services when a client has no case manager.

Poor Linkage to Payment Systems

DDD uses separate systems to record eligibility and make payments for services; data must be entered into each system separately.

The CCDB contains information on client demographics, eligibility, and case management data. The Social Services Payment System (SSPS) contains data on purchased services, payments made for these services, and information

on service providers. The County Human Resource Information System (CHRIS) contains data on services provided through contracts with the counties.

In order to monitor service levels and ensure data accuracy, a linkage must be maintained between the systems used to record whether or not a client is eligible (CCDB) and the systems used to make or record payment for services (SSPS and CHRIS). Our analysis focused on linkage with the SSPS system, since it is used for the majority of services.

DDD uses the Client ID to link the payment data in SSPS to the client data in CCDB. For this link to be accurate, the Client IDs must be the same in each system.

This linkage is not always present. JLARC found instances where the same Client ID is used to authorize payments for different client names, and approximately 300 instances where payments are being made using an SSPS Client ID with no corresponding CCDB Client ID. Without the CCDB Client ID, it is difficult to determine if payments were made for eligible persons.

DDD maintains that many of these 300 clients are in the CCDB, but under different client IDs. However, the fact that manual matching must take place to check for eligible payments is a strong indicator that the linkages, and thus the information contained in the databases, are subject to considerable error.

The Impact of Inaccurate Information

In addition to the problem of ineligible clients receiving services, the inclusion of ineligible and duplicate clients in the case counts can have serious impacts on the forecast of caseload growth, the measurement of staff required for that caseload, and the appropriation of resources for serving that caseload:

- The Caseload Forecast Council forecasts the DDD Children's Personal Care program. If ineligible clients are included in the forecast base, forecasts of likely demand will be inaccurate and may be exaggerated.
- Statewide statements on per-client expenditures may be wrong.
- The inability to accurately reconcile payments makes it difficult to verify what the state is paying out in services, as well as the amount of payments made on behalf of a given client.

We were unable to find management practices that would prevent duplications or routinely seek to eliminate them, such as standard reports or methods designed to specifically find duplications.

Because of these data issues and the absence of management controls, DDD is unable to produce a reliable count of how many cases it has.

HOW MANY CASE MANAGERS?

JLARC asked how many staff, and how many "case-carrying" staff, make up the DDD field-based staff. An analysis of the data provided by the Division shows that of 391 field-based staff, only 51 percent were considered by the division to be "case-carrying".

Counting DDD Case Management Staff

No formal count is kept of the number of FTEs in case-carrying versus non-case-carrying functions. JLARC was able, however, to analyze a special report prepared by DDD.

Four classifications of workers are considered by DDD to perform case management functions: Case/Resource Manager, Case/Resource Manager Trainee, Outstation Manager, and Social Worker. Social Workers carry specialized caseloads for children and youth served by the Voluntary Placement Program.[1]

Figure 4 on the following page presents information on the number of staff considered by DDD to be involved in case management activities. Two hundred and one (201) are considered to be case-carrying—51 percent of all field-based staff.

However, DDD uses the larger 265 number—68 percent of all field-based staff—when calculating ratios. By using the larger number, more staff are considered available for case management duties, thereby reducing the number of client cases assumed for each staff person.

[1] Established in 1998, the Voluntary Placement Program (VPP) allows parents to place their children in an out-of-home placement without giving up custody of their children. JLARC completed an analysis of this program in February 2001 (Report 01-4).

Figure 4: DDD CASE MANAGEMENT AND TOTAL FIELD STAFF			
Staff Type	*Case Carrying*	*Non Case Carrying*	*Total*
Case/Resource Manager	167	58	225
Case/Resource Manager Trainee	2	0	2
Outstation Manager	16	5	21
Social Worker	16	1	17
TOTAL	**201**	**64**	**265**
TOTAL FIELD STAFF			391
% CASE-CARRYING			**51%**
% ENGAGED IN CASE MANAGEMENT FUNCTIONS			**68%**

Source: DSHS-DDD.

Appendix 1 presents a complete listing of all field-based staff.

1997 Workload Standards Study

In calculating the staff "needed"—the desired ratio—to manage its caseload for the 2001-2003 budget, DDD relied upon data from a study conducted for it by the DSHS Office of Research and Data Analysis (RDA), begun in 1997.[2] JLARC analyzed the study to determine its usefulness for budgeting purposes.

The study included processes to identify the detailed tasks and activities that comprise case work in DDD and provided useful descriptions of the activities of field-based staff. We have, however, a number of concerns about its use for budgeting purposes, and continue to have those concerns after discussions with RDA.

- The study is now about five years old. There have been a number of policy changes in DDD during that time, such as its new Voluntary Placement Program and the impacts of the Supreme Court decision in the Olmstead case[3]. Indeed, the 2002 Supplemental Budget contains another significant change in its use of supplemental security income (SSI) state supplemental payment in the Family Support services area. Both the time measurement of activities, and statements of essential standards, are based on guidance provided by staff and consultants five years ago, and do not take into consideration these significant new policies.
- Excluded from the scope of the study was analysis of more efficient means to accomplish the measured tasks and activities. The tasks and activities that were measured as part of the study took place within a system that lacked guidelines, and had only minimum requirements, concerning the intensity and frequency of case management.[4]
- Workload studies require accurate information regarding cases, staff assignments, and services provided. We believe a sound study cannot be developed until DDD has information systems in place that will ensure accurate and timely caseload and staffing information. DDD's information systems have, as this JLARC analysis points out, significant weaknesses. Even though RDA relied on data from its Trends and Patterns database, that database is highly dependent on information supplied by DDD.

Thus, JLARC finds that the age of the study, limitations in its scope, and difficulties with management information systems render it of limited use for budgeting purposes.

SUMMARY

The number of eligible clients counted by DDD is **over-stated**. We believe that fewer clients are eligible than are claimed, services are being provided to those ineligible clients, and thus, fewer staff are likely required to manage the actual caseload.

We cannot say with any degree of reliability how many eligible cases DDD has. We have major concerns with the accuracy of their caseload information and whether or not thousands of clients are indeed eligible for services. Effective

[2] Workload Standards Study Technical Report: Case/Resource Management in the Division of Developmental Disabilities. DSHS, Administrative Services Division: Research and Data Analysis, March 1999.

[3] Olmstead v. L.C. (527 U.S. 581, 1999).

[4] A subsequent report conducted by RDA at the request of the Office of the Attorney General recommended that the level of case management should be client-centered and be determined as part of an annual planning process, subject to change as situations change. The report found that such a process was then currently not in place. See Washington State CAP Waiver Simulated Audit Report. DSHS Administrative Services Division: Research and Data Analysis, June 2000.

management practices required to ensure accurate information do not appear to be in place. Our conclusion is that DDD provides information about their caseload that the Legislature cannot rely upon to make decisions.

In responding to JLARC's analysis, DSHS concluded that its case management information systems in DDD are inefficient and inadequate. However, they have both short- and long-term plans to address the structure of the information systems.

Efforts at improving management practices and information credibility will be welcomed. But the problems we have identified are not just information system problems. Until steps are made to adopt management practices to ensure consistently reliable information, it is not possible for decision makers to accurately determine the number of cases and the staff needed to manage those cases.

RECOMMENDATIONS

Recommendation 1

The Division of Developmental Disabilities should immediately take specific steps to verify that only eligible clients are on its caseload. This should be prioritized so that those clients who are receiving paid services are reviewed first, with particular attention given to those clients receiving services costing the most. These reviews should meet the requirements of current statute and administrative codes in regard to the process of eligibility determinations.

Legislation Required: None
Fiscal Impact: None
Completion Date: November 1, 2002

Recommendation 2

The Division of Developmental Disabilities should submit a plan to JLARC, by November 1, 2002, to develop and implement effective practices and controls to ensure it can monitor its caseloads, plan for future needs, and properly allocate resources. At a minimum this should include:

- ***Practices that will provide an accurate count of eligible clients.***
- ***Identification of staff types and functions in relation to the caseload.***
- ***Methods for routinely determining if clients require active or inactive case management.***
- ***Automatic linkage of data systems to eliminate duplicate data entry.***

Legislation Required: None
Fiscal Impact: None
Completion Date: November 1, 2002

APPENDIX 1

DDD Field-Based Staff Detail				
Description	**Regions Total**		**Description**	**Regions Total**
DD Regional Administrator	3		Data Compiler 3	1
DD Case Resource Manager	218		Customer Services Specialist 2	5
DD Outstation Manager	20		Administrative Assistant 3	1
DD Case Resource Manager Trainee	1		Accountant 3	2
Psychologist 3	2		Accountant 2	1
Psychologist 6	Less than 1		Community Resource Program Manager	1
WMS Band 1	Less than 1		Human Resources Consultant Assistant	2
WMS Band 2	41		Human Resources Consultant 2	Less than 1
WMS Band 3	10		Attendant Counselor 3	5
Office Assistant	4		Counselor Aide	2
Office Assistant Senior	28		Contracts Asst	1
Office Support Supervisor 1	1		Community Worker	1
Secretary Senior	8		Office Trainee	3
Secretary Administration	3		Supply Control Tech	1
Sec Supervisor	1		Auto/Truck Driver 1	Less than 1
Info Tech S S 4	3		Social Worker 3	18
Info Tech S S 3	2			
Info Tech S S 2	1			
College Career Graduate- SS	1		**TOTAL OCTOBER 2001 PAYROLL**	**391**

APPENDIX 2 – AGENCY RESPONSE & JLARC STAFF COMMENTS TO AGENCY RESPONSE

- DSHS Division of Developmental Disabilities
- JLARC Staff Comments to Agency Response

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Olympia WA 98504-5000

RECEIVED

MAR 27 2002

JLARC

March 26, 2002

TO: Thomas M. Sykes, Legislative Auditor

FROM: Linda Rolfe, Director
Division of Developmental Disabilities

SUBJECT: CASELOAD AND STAFFING ANALYSES—TECHNICAL REVIEW

Attached please find the division's response to the JLARC Interim Report 02-3. The report summarizes the findings made in the Interim Report and includes the division's response.

Our response also addresses the recommendations made by JLARC and includes concurrence or partial concurrence with the recommendations.

If you have questions please call me at 902-8484 or Pat Buker at 902-8460.

cc: Dennis Braddock, Secretary, DSHS
Stan Marshburn, Director, DSHS Budget Division
Tim Brown, Assistant Secretary, Health and Rehabilitative Services
Rosie Oreskovich, Assistant Secretary, Children's Administration
Pat Buker, Chief, Office of Operations Support, DDD
Legislative Committee Staff

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
DIVISION OF DEVELOPMENTAL DISABILITIES

RESPONSE TO JLARC CASELOAD AND STAFFING ANALYSES
March 26, 2002

HOW MANY CASES?

- **Defining a Case**

Finding:
"We found that the Division does not categorize clients as active or inactive, and there is no process for categorizing cases by the level of effort required to provide services. Similarly, staff caseloads (the average number of cases per staff) are not typically adjusted based on levels of case management activity."

"One indicator of activity is the number of clients receiving a paid service. Figure 2 shows that just over three-quarters of community-based clients are receiving a paid service."

Response:
Across all regions, there are specialized smaller caseloads based on legislative appropriation for persons with intensive mental health needs and participants in the Voluntary Placement Program. Some consideration is also given to smaller caseloads for persons with community protection issues. Regions also consider individual case manager workload when organizing and assigning cases.

The division does not designate any clients as inactive. Division clients are vulnerable and require at least active case management support to monitor loss of caretaker, change in life circumstances, etc. Essential standards indicate that all clients should be contacted by a CRM at least once a year. Please refer to the Workload Standard Study Technical Report – Appendix F that established a standard level of FTEs needed to perform minimum case management activities.

All registered clients receive case management services. The division defines "unserved" as any client who is not receiving DVR, AASA, CA or DDD funded services. A significant number of "unserved" individuals require higher levels of case management activities; typically crisis management, assisting with medical access, legal support, access to basic food and shelter, because they and their families have no other support in their lives.

In the 1999 Analysis of Unmet Service Needs (page 13), 11% of the division's clients self-reported needing no paid service at a specific point in time (i.e., no service other than case management support), but chose to remain active clients. The defined essential workload standard for them is case management contact at

least once a year. The Study (page 13), also identified 11% of the division's clients as receiving only case management services but needing paid services. These clients are regarded as "unserved". The Study identified 16% as receiving a DVR, AASA, CA or DDD service but need different or additional services. These clients are regarded as "underserved."

- **Case Count Problems - Ineligible Clients**

Finding:
"CCDB records 2898 clients with an ineligible diagnosis, 932 clients with an ineligible diagnosis receive services—spending $1.8 million dollars—Preliminary review by DDD that 747 of the 932 would be eligible based on a survey not an actual review."

Response:
On February 12, the Division responded that the JLARC Draft Report does not reflect that the great majority of these children (an estimated 83%) will remain eligible under criteria used for people age 6 and above.

DDD will complete eligibility reviews on all clients receiving services who have an ineligible diagnosis. In the last few weeks, DDD has completed (a full eligibility review) 276 of the 932 reviews. Of the 276, 81% remain eligible.

Based on these results, the JLARC findings on the number of ineligible clients and spending may be substantially over estimated.

Finding:
"No attempt by DDD to analyze the eligibility status of the other 1,966 people not receiving a paid service."

Response:
The division decided (JLARC recommended same in this report) that its priority is the reviews of clients with an ineligible diagnosis that receive a paid service.

Currently eligibility reviews must occur at ages three (3) and six (6). An average of at least 250 reviews are required every month and every review requires an average of 3 hours 6 minutes of case manager time to complete.

Current workload does not allow division staff to keep up-to-date on all required reviews and still meet all other case management requirements. The division has established priorities and directed regional personnel to complete eligibility review as follows:

1. Persons with an ineligible diagnosis receiving a paid service
2. Persons with an ineligible diagnosis not receiving a paid service

The division has in place processes to ensure that no new services are authorized for clients with an ineligible diagnosis.

- **Case Count Problems – Inaccurate Case Counts**

  Finding:
  "There is no link between the CCDB and the SSPS or other payment systems."

  Response:
  The division will connect the CCDB and the SSPS system by August 31, 2002.

  Findings:
  "A common unique identifier is the Social Security Number (SSN)."
  "Two or more client records share the same SSN."
  "2300 clients had obviously "made up" SSNs."
  "Among the 2300 clients, 2055 had the SSN 123-45-6789 which may only be used for 60 days for clients who are undocumented aliens."
  "There are over 100 instances of multiple clients sharing the same SSN."
  "In a random review of 133 records sharing the same SSN, 32 appeared to be duplicates."
  "The SSN is also needed to identify clients who receive Social Security benefits such as Supplemental Security Income (SSI) that may be available to offset the state's share of payments for services."

  Response:
  The SSN cannot be used in DDD as a unique identifier.

  DDD is required by law to establish eligibility but services are delivered within available funding. As JLARC pointed out, at least 25% of the people do not receive a service.

  People cannot be required to give their SSN. Although 75% of the division's clients receive a paid service, receipt of a service may or may not (depending on the service) give the division access to the clients SSN. The SSN is not a viable unique identifier for division clients.

  The Initial Response to the Draft JLARC report explained that the division uses a case number as a unique identifier, not the SSN. JLARC was able to identify less than 25 people (of 31,000+) whose unique identifiers were the same. Duplications are corrected.

  DDD has an excellent record of assisting clients to obtain Supplemental Security Income (SSI) benefits. Income eligible clients also have access to Medicaid Personal Care (MPC), which is often the only service available.

  On January 8, 2002, DDD informed JLARC that client income is also determined in authorizing services requiring client participation in room and board expenses.

This is reviewed at the time of placement and at least annually. If a person's income fluctuates due to earned income, etc., reviews may occur as often as monthly.

Finding:
"A client has more than one case open in different offices at the same time."

Response:
DDD has instructed Intake staff to ensure that a search of the CCDB occurs prior to establishing a new open case for any client.

Finding:
"1100 clients living in DDD institutions were included in the caseload numbers when the request for additional field services staff was developed."

Response:
DDD will remove institution residents from any future request relating to community caseload staff to client ratios.

Finding:
"200 clients were found to be receiving paid services with no assigned case manager—not clear how DDD can monitor."

Response:
On January 8, 2002, DDD provided the information that when a case manager position becomes vacant either another CRM or a supervisor assumes temporary responsibility for the caseload until a new case manager is hired/assigned.

When a person enters an RHC for a short-term stay, the CCDB is changed to indicate they are in residence at the RHC and the case manager is removed from the CCDB. When the client returns to their community placement the assigned case/resource manager is re-entered into the CCDB. The 200 clients in question were either covered by a supervisor/temporary case manager or were in a short-term RHC stay.

- **Poor Linkage to Payment Systems**

Finding:
"DDD uses separate systems to record eligibility and make payments for services; data must be entered into each system separately."

"In order to monitor service levels and ensure data accuracy, a linkage must be maintained between systems used to record eligibility and systems used to record payment."

Response:
DDD agrees. The division has been working on both a short-term and long-term fix for this problem. For the short-term an application that connects the SSPS and the CCDB will be in place by August 31, 2002.

Finding:
"Instances found where the same ID # is used to authorize payments for different client names and approximately 300 instances where SSPS payments are made on an SSPS ID number with no corresponding CCDB client ID number. If the numbers do not correspond, it is difficult to determine if the payments were made for eligible people. Since manual matching is required, results are subject to considerable error."

Response:
There are a number of ways without requiring manual matches to compare the CCDB with SSPS. The division agrees, however, that the systems will work better when they are connected.

- **Impact of Inaccurate Information**

The inclusion of ineligible and duplicate clients receiving services can have serious impact on the forecast of caseload growth, staff required and appropriation of resources.

Finding:
"The Caseload Forecast Council forecasts the DDD Children's Personal Care program. If ineligible clients are included, forecasts of likely demand will be inaccurate and exaggerated and statewide statements on per client expenditures may be wrong."

"Inability to reconcile payments makes it difficult to verify what the state is paying out in services as well as the amount of payments made on behalf of a given clients."

Response:
By August 31, 2002, DDD will have an application that ensures the CCDB and the SSPS systems communicate thereby eliminating the need to reconcile information and data-entry errors.

JLARC does not recognize that the great majority of clients who enter the DDD service system remain eligible over the course of their lives. There are very few instances of duplications. DDD has corrected the duplications. DDD has taken steps to ensure that no client with an ineligible diagnosis will receive a paid service.

DDD agrees that a problem exists and intends to address and fix it.

Finding:
"Unable to find management practices that would prevent duplications or routinely seek to eliminate them such as standard reports or methods designed to specifically find duplications."

Response:
The division is reviewing its management practices and reports for needed revision to assist both in preventing the assignment of duplicate client ID #s and to provide timely alert should duplications occur.

HOW MANY CASE MANAGERS?

- **Counting DDD Case Management Staff**

No formal count is kept of the number of FTEs in case-carrying v. non-case-carrying functions.

Finding:
DDD has about 202 staff identified as case carrying, but uses 263 as case "working" staff to calculate the ratio of case managers to clients needed—reducing the overall number of case "managers" needed.

Response:
JLARC is correct. DDD counts a larger percentage of staff as available to support clients decreasing the number of case-carrying staff needed.

- **1997 Workload Standards Study**

"JLARC questions the use of the Study as a tool for determining resource requirements."
"JLARC finds that the age of the Study, limitations on its scope and design and difficulties with the management information system render it of limited use for budgeting purposes."

Finding:
"Information in the Study is nearly five (5) years old." "Studies must be done regularly so that the impact of new policies may be measured."

Response:
Projections are only valid for a limited number of years. The experience in children and family services in different states suggests that projections may be made rather safely for about five years. New workload studies may need to be conducted every five to ten years.

Finding:
"Concerned that a 10-day snapshot from 1997 may not capture any cyclical variations in workload."

Response:
It is very important to avoid biases due to possible cyclical variation. The study accomplished this in the following manner (see Executive Summary: v, vi):

- It was found not surprisingly that most case management time is spent doing case management activities. To measure the time spent in case management activities with a variety of particular clients and types of programs the study asked case managers to record all their activities for a sample of DDD clients for one whole month: February 1998 (see Executive Summary, page vi, and pages 29-34 of the text). For intake and eligibility reviews the period of time extended to the middle of March. Measurement was avoided during holiday seasons, when crises or respite may be more prevalent, in order to err on the conservative side, capturing more routine and less time consuming activities than those associated with crises. Estimates of average time spent per client/per program were then multiplied by the number of people served by each program for a whole year (1997 data from Trends and Patterns). This avoided seasonal biases since yearly information was used (see FTE calculations and projections in appendix H-2 to H-20).

- The study also asked all DDD case/resource managers, statewide to record all their activities in two periods: two weeks in November and two weeks in April (see Executive Summary, page v, and pages 19-25 of the text). This measurement was used mainly to estimate time not directly associated with case management activities: resource management, administrative time, sick and vacation leave. The Fall-Spring seasonal variation was accounted for. We avoided measurement during Christmas and the summer period, when most leave is taken, and during June/July when resource management contractual work is often concentrated. In order to err on the conservative side, the study probably overestimates the time actually available to case managers for case management activities.

  It is true that the published workload study report did not contain data from the second 100% time period in April. The April data was analyzed later but not incorporated into the report because it only changed the November results slightly. Adding April to November resulted in a small overall increase in FTEs needed if essential standards were to be met in 1997: from 198 extra FTEs (reported as needed on page 43) to 204 extra FTEs. Administrative time was practically the same: 20.7 in November, 20.8 in April. The difference was mainly due to overall leave time, which went up slightly from 10.0 in November to 10.8 percent in April.

These results will shortly be included in an addendum to the workload standards study.

Finding:
"Almost half of the clients have special needs but the Study does not identify what activities and programs take more time for people with special needs."

Response:
In calculating the average time spent on different case management activities it is very important to insure that both special high need clients requiring more casework time are represented along with low need clients.

- The study did this by including in the sample of clients tracked for one month an additional over-sampling of clients with complex characteristics and situations (see pages 30-31). In this way the estimates of extra time needed sometimes by very few special need clients were more reliable since they were based on a larger sample of cases than would normally be possible in a random sample. A statewide, strictly random sample was also taken in order not to bias the results in favor of the special need/high case management time clients.

- The case management activities needed by special need clients are included in the calculations for the average client. Analyses of what specific activities and programs were needed by specific groups of special need clients are possible with the data collected by this study. However, this was not the purpose of the study. Staff and funding levels available for this project did not permit doing these extra analyses.

Finding:
"Staff time available for casework was underestimated because personal holidays and some break times were counted twice."

Response:
RDA is grateful that JLARC has reviewed carefully the calculations to project the FTE's needed to fulfill what work was being left undone to meet essential and best practice standards. The amount of time available for casework was part of these calculations and this study did in fact make a mistake in double counting personal holidays and in factoring in break times when case managers were on leave or on holiday (see Appendix H-13, C-14, I-4). Fortunately, the impact of these mistakes is not substantial. Preliminary calculations estimate the following corrections:

- The yearly amount of time available for casework needs to be corrected from 1,296 hours to 1,314 (an overall error of 18 hours: 6 hours for the personal holiday, 12 hours for the breaks);

- The extra FTEs needed to meet essential standards changes from 198 to 193 (above the existing 170 FTE available in 1997);
- The extra FTEs needed to meet best practice standards changes from 163 to 161 (above those required for essential standards);
- The caseload ratio, instead of 1:141 in 1997, would have been 1:66 (not 1:65) if essential standards were met, and would still remain at 1:46 if best practices were met.

RDA will publish a correction sheet.

Finding:
"A sound study cannot be developed until DDD has information systems in place that will ensure accurate and timely caseload and staffing."

Response:
The DDD workload study design was modeled on the experience and best methodologies developed by many previous studies in many states for children and family services, including the two conducted in Washington. Two of the best national experts in these previous studies, John Fluke and Homer Kern, were engaged as consultants in the design of the DDD study.

RDA agrees that the study would have been much easier to conduct had DDD had better-centralized information on clients, staff and services. However, the study was able to overcome some of these limitations by collecting its own information on:

- Case characteristics from the 10 percent sample survey (n= 2,700) (see text pages 25-29);
- Staff assignments from a special request to regional accounting staff, as of March 1, 1998 (see appendix C-8 and C-9);
- Services provided from the February 1998 data tracking forms on the sample of 957 clients (see appendix E-2 through E-5 for program, placements and service definitions).

Furthermore overall client and services data was obtained by special programming requests from the Trends and Patterns Database. Better centralized reporting by DDD MIS systems may make future workload studies less time consuming.

SUMMARY

Findings:
"Major concerns noted about the accuracy of DDD information with regards to caseload numbers and case manager-to-client caseload ratio recommendations."

"According to JLARC, the problems are not just information system problems. Effective management practices required to ensure accurate information do not appear to be in place."

Recommendations:
The Division of Developmental Disabilities should immediately take specific steps to verify that only eligible clients are on its caseload. This should be prioritized so that those clients who are receiving paid services are reviewed first, with particular attention given to those clients receiving services costing the most.

These reviews should meet the requirements of current statute and administrative codes in regard to the process of eligibility determinations.

The division concurs. As noted in this response work has already begun.

The Division of Developmental Disabilities should submit a plan to JLARC, by November 1, 2002, to develop and implement effective practices and controls to ensure it can monitor its caseloads, plan for future needs, and properly allocate resources. At a minimum this should include:

- *Practices that will provide an accurate count of eligible clients.*
  The division concurs.

- *Methods for routinely determining if clients require active or inactive case management.*
  The division does not concur.
  DDD clients are vulnerable people. A change of circumstance means potential health and safety concerns. Essential practice standards require at least one contact per year.

- *Automatic linkage of data systems to eliminate duplicate data entry.*
  The division concurs.

JLARC STAFF COMMENTS TO AGENCY RESPONSE

DIVISION OF DEVELOPMENTAL DISABILITIES

Technical Issues and Partial Concurrence with Recommendation 2

The Division's detailed responses to the findings and observations contained in the report indicate to us that the Division recognizes the significance of the problems we addressed while occasionally taking issue with definitions of those problems. Whether or not a Social Security Number can be used as a unique identifier is less important than the recognition that processes must be established to guarantee against duplicate case records. And, again, the exact number of clients who are ineligible is less important than the recognition that management and fiscal oversight practices must be put into place to ensure that only eligible clients are receiving services and included in case counts. We welcome the Division's recognition of the importance of these issues, as well as the DSHS Secretary's appointment of a special financial manager for the Division and the hiring of consultants to review current management practices.

Another area contained in the Division's technical issues review was that related to JLARC's analysis of the DSHS Research and Data Analysis Division's (RDA) 1997 Workload Standards Study. After technical discussions with RDA, we revised our original conclusions to focus on three remaining areas of concern regarding the study's use as a budgeting tool: the age of the study, the scope of the study, and data reliability issues.

Finally, the Division does not concur with one important component of recommendation 2, related to the need to determine required case management levels for cases. Here, we believe the Division should develop methods for determining how "active" a case might be. Our research indicates that there are no commonly applied definitions of activity levels across DDD's six regions. We continue to believe that DDD will be much more efficient in managing its caseload if it can better distinguish among cases in regard to the needed levels of case management activity. A systematic indication that one case requires less activity than another does not pose health and safety concerns as suggested by the Division. Indeed, we reference another RDA report that recommends that the intensity of case management be related to the needs and situations of the individuals being supported and reviewed on a yearly basis. If a particular case requires only one contact per year, as indicated as possible in the Division's response, this is an important piece of information for management to use when making resource decisions. That information does not currently exist and is not part of the Division's process for allocating scarce resources. JLARC understands that the Legislature requires such information in making sound policy and fiscal decisions.