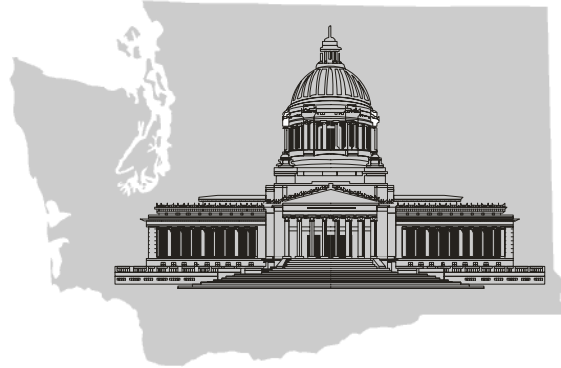


State of Washington
Joint Legislative Audit and Review Committee (JLARC)



Division of Developmental Disabilities: Analysis of How Services Are Prioritized

Interim Report 07-4

January 4, 2007

*Upon request, this document is available
in alternative formats for persons with disabilities.*

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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. This statutory direction requires the Legislative Auditor to ensure that performance audits are conducted in accordance with Government Auditing Standards as applicable to the scope of the audit.

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.

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**DIVISION OF
DEVELOPMENTAL
DISABILITIES:
ANALYSIS OF HOW
SERVICES ARE
PRIORITIZED**

INTERIM REPORT 07-4



JANUARY 4, 2007

STATE OF WASHINGTON

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CHAPTER ONE – OVERVIEW

JLARC is presenting work in progress on our review of how the Department of Social and Health Services' Division of Developmental Disabilities prioritizes and allocates services. The Legislature directed JLARC to perform this review in the 2006 Supplemental Operating Budget with the full report to be completed by July 2007.

This Interim Report begins with a roadmap of major changes underway in the Division of Developmental Disabilities in response to JLARC's 2003 performance audit of the Division. Although the Division has already made some changes to their policies and practices, they have not yet implemented their new Full Assessment and Case Management Information System. Those are scheduled for June 2007 and January 2008, respectively.

This report provides information on the following three topics, specifically addressing how the Division currently prioritizes and allocates services to individuals with developmental disabilities:

1. Statutory direction for prioritizing and allocating services for individuals with developmental disabilities--

State law provides no direction to the Division for prioritizing and allocating services to individuals with developmental disabilities. The Biennial Operating Budgets provide priorities, but those are limited to specific types of services funded for no more than a two-year period.

2. The Division's interim approach to prioritizing and allocating services as they work to complete major changes to their operations--

We are able to chart out the current path that individuals requesting services from the Division of Developmental Disabilities follow. This depiction reflects the current state of practice of the Division, which includes the interim changes that they have already made in response to JLARC's 2003 performance audit.

3. Preliminary results from the Division's assessment process for clients who are not receiving paid services from the Division--

The Division has begun an assessment process with clients who are receiving case management services only, which consist primarily of information and referral services. To date, they have completed that process with 24 percent of those clients, but we *cannot conclude* whether this initial group of clients is representative of the total population of clients who are not receiving paid services from the Division. We do know that the assessment process has identified clients who are eligible for the federal Medicaid Personal Care program. However, most of those who are likely eligible for that program are still waiting for the necessary CARE Assessment to determine their eligibility.

CHAPTER TWO – HOW IS THE DIVISION OF DEVELOPMENTAL DISABILITIES CHANGING?

BACKGROUND

The Division of Development Disabilities 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.¹ The Division's 2005-07 Biennial Budget is \$1.5 billion (\$769 million GF-S) and employs 3,320 FTE's.

2003 JLARC PERFORMANCE AUDIT

In 2003, JLARC conducted a performance audit of the Division of Developmental Disabilities (Report 03-6) that focused on community-based services. 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. The audit also found that many clients identified at that time as receiving no paid services from the Division were receiving other public benefits. Almost two-thirds of those clients were receiving either primary medical care (Medicaid) or other economic supports. On the basis of those findings, the 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 to these recommendations, the Division has undertaken major initiatives to develop a comprehensive assessment tool and a case management system. To date, the Division has made changes to their policies and practices, but implementation of their new Full Assessment and Case Management Information System are scheduled for June 2007 and January 2008, respectively.

¹ This number represents clients who were not receiving paid services during a specific month, although they may receive paid services at other times during the year. Currently, the Division has identified approximately 11,000 individual clients as consistently not receiving paid services.

THE DIVISION OF DEVELOPMENTAL DISABILITIES' INITIATIVES IN RESPONSE TO THE 2003 JLARC AUDIT

In response to JLARC's 2003 performance audit, the Division of Developmental Disabilities has developed and implemented a new intake and eligibility process and a series of assessment tools to be used on an interim basis. They are in the process of developing a new comprehensive assessment tool to be conducted with all clients of the Division and a new case management system.

FUNDING OF THE DIVISION OF DEVELOPMENTAL DISABILITIES' INITIATIVES

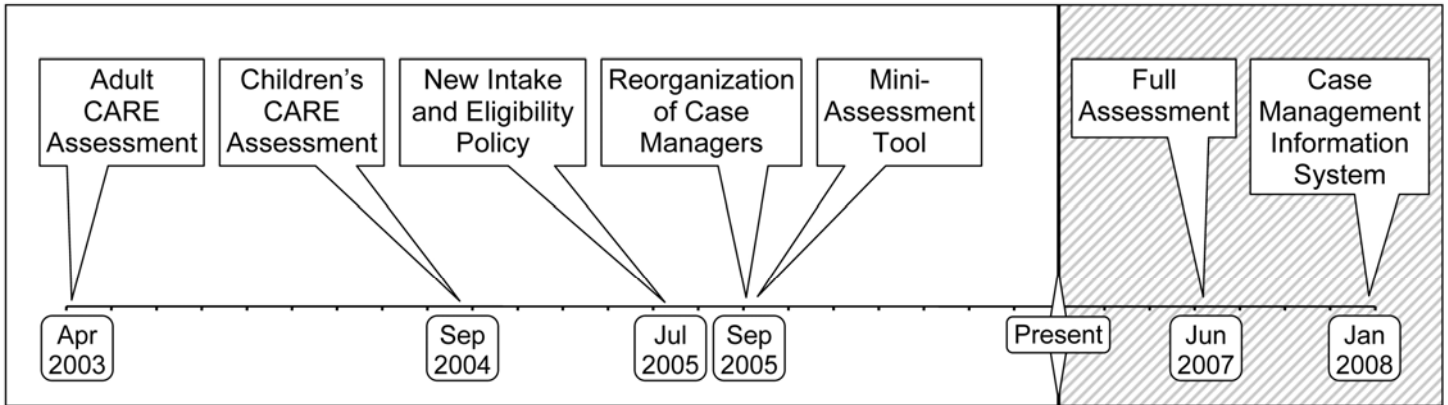
The 2003-05 and 2005-07 Biennial Operating Budgets allocated a total of \$3.7 million (\$1.8 million GF-S) for developing and implementing a consistent needs assessment instrument for use on all clients with developmental disabilities. The 2005-07 Biennial Operating Budget allocated a total of \$2.4 million (\$1.2 million GF-S) for developing an integrated case management information system to provide case managers with a single source of information about clients' needs and resources.

Additionally, the 2006 Supplemental Operating Budget allocated a total of \$1.4 million (\$0.8 million GF-S) for additional case managers and support staff. These staff were provided to speed up referrals to existing entitlement programs or distribution of resources to clients waiting for services. Half of the funds were dedicated to accelerating the assessments of clients not receiving paid services from the Division.

The Division also successfully applied for a \$608,000 federal grant to provide additional funding for their development of the new comprehensive assessment tool.

Figure 1, below, provides a timeline for the Division's initiatives, with descriptions following.

Figure 1 – Interim Initiatives Have Been Implemented, But Work Is Not Complete



Source: JLARC depiction of information provided by DSHS.

CARE Assessment Tool (April 2003 for adults, September 2004 for children): The Aging and Adult Services Administration developed the CARE Assessment tool to measure individuals' personal care needs; that is, their need for assistance with tasks of daily living. The purpose of the tool was to determine the level of need for the Medicaid Personal Care program for adult clients living in their own homes or in the community. As an interim measure, the Division adapted the CARE Assessment tool for assessing the personal care needs of children. *Modified versions of the CARE Assessment tool for adults and children will be included in one section of the new Full Assessment.*

New Intake and Eligibility Policy (July 2005): Following a consolidation of case management and clerical staff for intake and eligibility determination, this new policy sets up specific, consistent statewide protocols for determining eligibility for services from the Division. The policy includes the following: limiting the authority to make eligibility decisions to designated staff; establishing a process for entering documentation in the online system; and requiring an eligibility determination for every signed request for an eligibility determination. As of July 2006, the Division reports having determined the eligibility of nearly 7,000 individuals under the new Intake and Eligibility policy, including both individuals who were already clients of the Division and individuals who were new to the Division.

Reorganization of Case Managers (September 2005): The Division reorganized their case management staff so that each case manager only serves clients receiving the same type of services from the Division. These three types of services are waiver services (an alternative Medicaid program), non-waiver paid services (all paid services for clients not on a Medicaid waiver), and no paid services.

Mini-Assessment Tool (September 2005): As an interim measure, the Division developed a less detailed assessment tool for clients who are not receiving paid services from the Division. The purpose of this assessment is to identify an individual's relative level of need in 16 specific areas of daily life, and the basic types of services that would meet those needs, but it does not determine eligibility for any paid services. *The Mini-Assessment will eventually be replaced with*

*one section of the new Full Assessment, which will then be conducted with all clients of the Division to allow comparisons of need across client populations.*²

Full Assessment (June 2007): The Division is developing a children's and an adult's Full Assessment. These assessments will consist of three parts which will serve the following functions:

- Support Assessment: identify the level of support clients need;
- Service Level Assessment: determine a level of service to address those support needs, for clients authorized to receive a paid service from the Division; and
- Individual Support Plan: provide information regarding clients' assessed support needs; natural supports provided by family, friends, and other unpaid caregivers; and authorized services to support those needs.

For individuals 16 years of age and older, the Support Assessment will consist of the Supports Intensity Scale, which is a newly developed assessment tool designed specifically for individuals with developmental disabilities and being implemented around the country. *The Full Assessment will replace a collection of automated and paper-based processes that are currently in use.*

Case Management Information System (January 2008): The Division is developing a case management system which will consolidate current information systems, replace current paper-based processes, produce reports, provide alerts to case managers, and standardize processes with county partners and provide system access to those counties. The purpose of the system is to effectively monitor individuals' case status and service plans.

² Clients who are not receiving paid services and who have already completed the Mini-Assessment will not be re-assessed with the new assessment unless they request a re-assessment or their situation significantly changes.

CHAPTER THREE – HOW DOES THE DIVISION OF DEVELOPMENTAL DISABILITIES CURRENTLY PRIORITIZE AND ALLOCATE SERVICES?

WHAT DIRECTION DOES STATUTE PROVIDE FOR PRIORITIZING AND ALLOCATING SERVICES?

State law provides no direction to the Division for prioritizing and allocating services to individuals with developmental disabilities. The Biennial Operating Budgets provide priorities, but those are limited to specific types of services funded for no more than a two-year period.

No Priorities in Statute

State statute (RCW 71A.12.010) lays out a two-part direction for providing services for individuals with developmental disabilities:

1. Able to meet the needs of each person with a developmental disability; and
2. Operate within designated funding.

This expectation that services will meet the needs of all individuals is bolstered by the definition of 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.

Targeted Priorities in the State Operating Budget

The Legislature has historically provided specific amounts of new funding, and priorities for distributing that funding, in the Biennial Operating Budgets.

The current Biennial Operating Budget provides specific new funding and priorities for the following services:

- Community residential and support services (\$4.9 million total, \$2.4 million GF-S) for:
 - residents of state institutions (Residential Habilitation Centers or RHCs);
 - clients at immediate risk of institutionalization or in crisis;
 - children aging out of other state services; and
 - current Medicaid home- and community-based waiver program clients who have been assessed as having an immediate need for increased services.

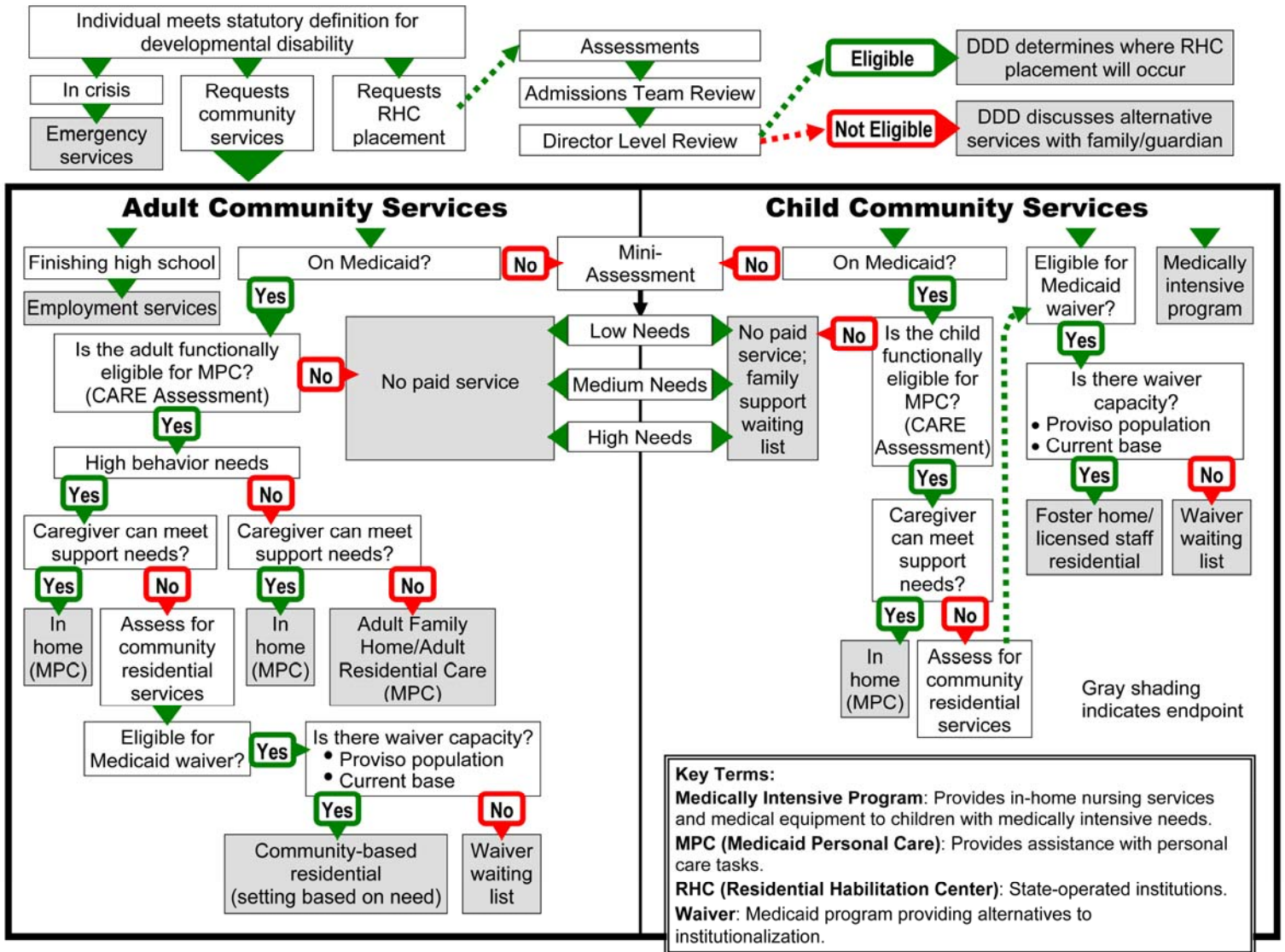
- Community services for community protection clients (\$4.6 million total, \$2.3 million GF-S) for:
 - clients being diverted or discharged from the state psychiatric hospitals;
 - clients participating in the Department of Corrections' Dangerous Mentally Ill Offender Program;
 - clients participating in the Division's Community Protection Program; and
 - mental health crisis diversion outplacements.
- Flexible family support pilot program (\$2.5 million GF-S) for clients meeting the following criteria:
 - documented need for services, with priority given to individuals:
 - in crisis or at immediate risk of needing institutional services;
 - who transition from high school without employment or day program opportunities;
 - cared for by a single parent; and
 - with multiple disabilities.
 - number and ages of family members and their relation to the individual with developmental disabilities;
 - gross annual household income; and
 - availability of state funds.
- 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 on a Medicaid waiver and those who are not (\$5.4 million total, \$3.9 million GF-S).

WHAT IS THE DIVISION'S INTERIM APPROACH TO PRIORITIZING AND ALLOCATING SERVICES?

Figure 2, on the following page, depicts the current path that individuals requesting services from the Division of Developmental Disabilities follow. This chart reflects the current state of practice of the Division, which includes the interim changes that they have already made in response to JLARC's 2003 performance audit. This chart does not reflect future implementation of the Division's Full Assessment and Case Management Information System.

Division of Developmental Disabilities: Analysis of How Services Are Prioritized

Figure 2: Path to Developmental Disabilities Services



Source: JLARC depiction of information provided by DSHS.

WHAT ABOUT CLIENTS WHO ARE NOT RECEIVING PAID SERVICES FROM THE DIVISION?

As of September 2006, 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. At some point in time, the Division determined that each of these individuals met the state’s definition for having a developmental disability. However, the Division may have had little contact with these individuals after that initial determination. Very little is known about their levels of need for services, or even their interest in receiving services from the Division at this time.

In September 2005, the Division devoted case managers to clients not receiving paid services from the Division. In that same month, those “no paid services” case managers began conducting the Division’s newly developed Mini-Assessment process with those clients.

Division of Developmental Disabilities: Analysis of How Services Are Prioritized

Although this process is based on the Mini-Assessment tool, case managers do not take each client through the tool. Clients who are already enrolled in Medicaid and are interested in the Medicaid Personal Care entitlement program are immediately referred to a “paid services” case manager for an assessment to determine their functional eligibility for that program. As of September 5, 2006, Division staff have completed the Mini-Assessment process with 2,639 clients.

Which Clients Are Going Through the Mini-Assessment Process First?

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 individual clients fall under.

To find out how case managers were implementing that policy in the field, we interviewed all “no paid services” case managers and their supervisors stationed throughout the state. In the course of those interviews, we learned that the Division changed the priorities after the process was underway, and that case managers are not consistently following the priority list.

As a result of our research into the selection process, **we CANNOT CONCLUDE whether the 2,639 clients who have completed the Mini-Assessment process are representative of the full 11,000 clients who are not receiving paid services from the Division.**

In interviewing case managers and supervisors, we learned that:

- Case managers reported that not all clients are willing or able to participate in a Mini-Assessment, in large part because the assessment does not determine eligibility for any specific paid services. This would mean that not all of the approximately 11,000 clients are likely to complete the Mini-Assessment process.
- The first priority, which is clients who request an assessment, has been interpreted by case managers to include not only clients calling to specifically request a Mini-Assessment but also those calling in response to a standard mailing introducing their new case manager or to request services.
- The Division changed the priorities in response to the workload impact of the number of clients being referred for an assessment for the Medicaid Personal Care program. This resulted in delaying the Mini-Assessment process for clients who are Medicaid-eligible and may be functionally eligible for the Medicaid Personal Care entitlement program.
- Policy states that case managers can access reports for six of the 11 priorities established by the Division. However, contrary to what policy indicates about specific priorities, case managers reported that they are on their own in determining how the priorities match up to the individuals on their caseloads.³ Case managers must look up each client in multiple systems or rely on other case managers’ knowledge about those clients in order to decide how the priorities apply.

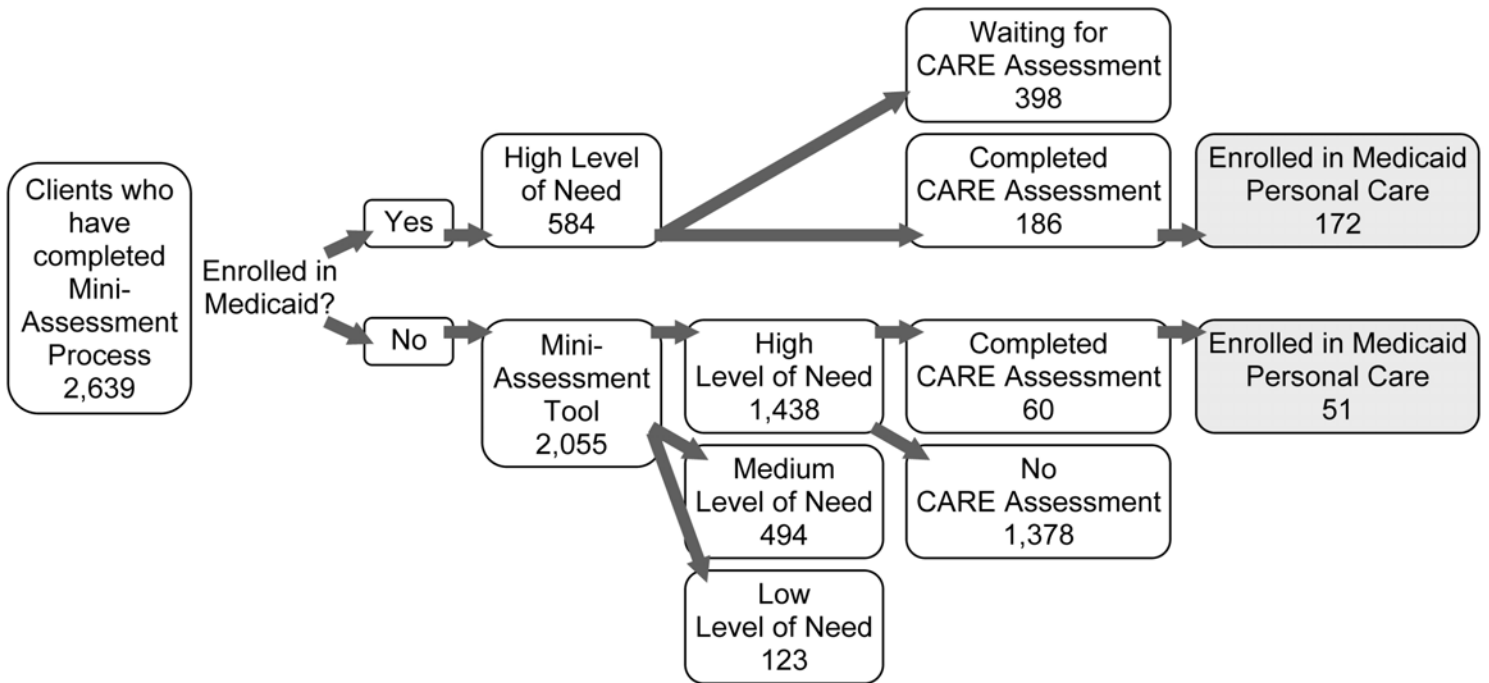
³ Policy states that reports will be provided or are available for six of the 11 priorities.

What Are the Preliminary Results of the Mini-Assessment Process?

Once a client completes the Mini-Assessment process, he or she is identified 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: a score based on the Mini-Assessment tool; or current enrollment in Medicaid. 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 are identified as having a medium or low level of need by their scores based on the Mini-Assessment tool.

With the understanding that we *cannot conclude* whether the preliminary results of the Mini-Assessment process for 2,639 clients are representative of the entire population of approximately 11,000 clients not receiving paid services from the Division, the following chart provides information on those preliminary results. Figure 3, below, 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 3 – 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.

What Is the Impact of these Preliminary Mini-Assessment Results?

The preliminary results of the Mini-Assessment process account for 24 percent of the entire population of approximately 11,000 clients the Division of Developmental Disabilities has identified as not receiving paid services from the Division. As we learned, we *cannot conclude* whether those preliminary results are representative of that entire population.

However, those early results have prompted action by the Caseload Forecast Council. As a result of an increase in the number of children enrolled in the Medicaid Personal Care program whose potential eligibility for that program was identified through the Mini-Assessment process, the Caseload Forecast Council has increased their forecast for children's enrollment in the Medicaid Personal Care program by six per month in Fiscal Year 2008 (8 percent increase for the year) and five per month in Fiscal Year 2009 (12 percent increase for the year).

CHAPTER FOUR – CONCLUSION AND NEXT STEPS

CONCLUSION

Division of Developmental Disabilities Changes in Response to JLARC's 2003 Performance Audit

In response to JLARC's 2003 recommendations, the Division of Developmental Disabilities has undertaken major initiatives to develop a comprehensive assessment tool and a case management system. Although the Division has already made some changes to their policies and practices, they have not yet implemented their new Full Assessment and Case Management Information System. Those are scheduled for June 2007 and January 2008, respectively.

Statutory Direction for Prioritizing and Allocating Services for Individuals with Developmental Disabilities

State law provides no direction to the Division for prioritizing and allocating services to individuals with developmental disabilities. The Biennial Operating Budgets provide priorities, but those are limited to specific types of services funded for no more than a two-year period.

Division of Developmental Disabilities' Interim Approach to Prioritizing and Allocating Services

We are able to chart out the current path that individuals requesting services from the Division of Developmental Disabilities follow. This depiction reflects the current state of practice of the Division, which includes the interim changes that they have already made in response to JLARC's 2003 performance audit.

Preliminary Results of Assessment Process for Clients Not Receiving Paid Services from the Division of Developmental Disabilities

The Division has begun an assessment process with clients who are not receiving paid services from the Division. To date, they have completed that process with 24 percent of those clients, but we *cannot conclude* whether this initial group of clients is representative of the total population of clients who are not receiving paid services from the Division. We do know that the assessment process has identified clients who are eligible for the federal Medicaid Personal Care program. However, most of those who are likely eligible for that program are still waiting for the necessary CARE Assessment to determine their eligibility.

NEXT STEPS

Staff will present the full preliminary report of this study to JLARC in May 2007, and the proposed final report in June 2007. That full report will further address the issues discussed in this Interim Report, as well as alternative approaches that other states may be taking to assessing service needs and allocating services to individuals with developmental disabilities.

APPENDIX ONE: 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

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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 than 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.

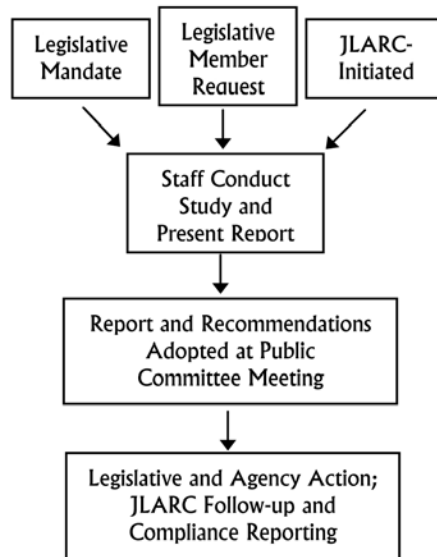
TIMEFRAME FOR THE STUDY

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

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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?

