

**DIVISION OF
DEVELOPMENTAL
DISABILITIES: ANALYSIS
OF HOW SERVICES ARE
PRIORITIZED
REPORT 07-9**

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STATE OF WASHINGTON

JOINT LEGISLATIVE AUDIT AND
REVIEW COMMITTEE

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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.

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.

