

**State of Alaska**  
**FY2003 Governor's Operating Budget**

**Department of Health and Social Services**  
**Community Developmental Disabilities Grants**  
**BRU/Component Budget Summary**

## **BRU/Component: Community Developmental Disabilities Grants**

**(There is only one component in this BRU. To reduce duplicate information, we did not print a separate BRU section.)**

**Contact: Janet Clarke, Director, Administrative Services**

**Tel:** (907) 465-1630 **Fax:** (907) 465-2499 **E-mail:** Janet\_Clarke@health.state.ak.us

### **Component Mission**

The mission of the Division is to plan with and provide appropriate prevention, treatment and support for families impacted by mental disorders or developmental disabilities, while maximizing self-determination.

The Division has embraced the concept of cohesiveness and collaboration with consumers, their families and providers. Consumers are the focus of activities undertaken by the Division.

### **Component Services Provided**

The Division of Mental Health and Developmental Disabilities administers supports and services to eligible Alaskans with a developmental disability as defined in AS 47.80.900.

**INDIVIDUALIZED SERVICES:** All services and supports provided by grantees are designed to meet the individual needs of the consumer and their family. The consumer, their family, and the grantee provider develop a written plan that outlines individual outcomes for one or more of the services or supports listed below.

- **CARE COORDINATION** - Care coordination services are provided by certified care coordinators. Care coordinators assist people with developmental disabilities in gaining access to needed medical, social, educational, and other services. Care coordination services include screening, assessment, care plan development, and care plan implementation.

- **CHORE SERVICES** - Chore services are defined as housekeeping and other assistance necessary to maintain a consumer's home in a clean, sanitary and safe condition. These services are funded when necessary to avoid placing the consumer in an out-of-home or institutional setting.

- **ENVIRONMENTAL MODIFICATIONS** - Physical adaptations to a consumer's home, identified in a consumer's plan of care and necessary to insure the health, welfare, and safety of the consumer can be provided. These adaptations must enable the consumer to function with greater independence and must be provided by a certified environmental modifications provider.

- **RESIDENTIAL HABILITATION SERVICES** - These services assist a consumer to acquire, retain, and improve self-help, socialization, and adaptive skills necessary to reside successfully in home and community-based settings of his or her choice. Training takes place during normal daily routines and is designed to enhance the abilities, competencies, and functional life skills of the consumer. Residential habilitation service could also be defined as full-time, out-of-home care, with a qualified adult or family. This is only provided in state-licensed foster care or assisted living homes but does not require the natural family to give up custody or parental rights. Parents help choose the foster family that will care for their child. Natural and foster parents jointly agree to follow a written service plan and visitation schedules.

- **RESPIRE CARE** - Specialized, direct care respite services provide relief from the everyday stress of caring for a family member with a developmental disability. Respite care services can be provided in a variety of settings, including the consumer's home. Alternate care providers, trained in first aid, CPR, behavior and physical management and other skills specific to the consumer's needs, provide respite care. Respite care cannot be used to replace the services provided by regular child care or adult day care except for short-term, emergency situations. Respite services alleviate stress on the family and may forestall or prevent out-of-home placements.

- **SPECIALIZED ADAPTIVE EQUIPMENT** - Specialized adaptive equipment and supplies are provided for consumers to increase their abilities to perform activities of daily living. These include equipment and supplies that assist consumers to perceive, control, or communicate with the environment where they live. These include only items

that are of direct medical or remedial benefit to the consumer.

• **VOCATIONAL SERVICES:** Persons with developmental disabilities are trained in jobs matched with individual skills and abilities. Consumers participate in the development of the training plan, and job training takes place in an income-producing environment. All consumers are paid for their work.

### **Component Goals and Strategies**

1) MAXIMIZE THE POTENTIAL OF PEOPLE WITH DEVELOPMENTAL DISABILITIES TO LIVE AS "NORMAL" A LIFE AS POSSIBLE.

- Insure services are offered to consumers based on individual choice and consumer self-determination.
- Insure services are offered based on the Division's Service Principles.
- Insure individualized services meet a consumer's unique needs.

2) EMPOWER PEOPLE WITH DEVELOPMENTAL DISABILITIES AND THEIR FAMILIES TO DETERMINE INDIVIDUALIZED SERVICES NEEDED IN ORDER TO MAXIMIZE THEIR INDEPENDENCE.

- Provide person-centered, individualized services in concert with consumers and their families.
- Insure consumers and their families are fully informed about program and service availability.
- Support consumers and their families in individualized decision-making.

3) PROVIDE SUSTAINED COMMUNITY-BASED, INDIVIDUALIZED SERVICES.

- Insure ongoing support and funding for current grants to nonprofit agencies.
- Insure quality improvement and quality assurance of services provided.
- Enhance system capacity to serve additional consumers.
- Insure sufficient funding for Mental Retardation/Developmental Disability Medicaid waivers and Children with Complex Medical Conditions Medicaid waivers.
- Insure sufficient funding for services to consumers ineligible for Medicaid waivers.

### **Key Component Issues for FY2002 – 2003**

- 1) Maximize funding to sustain existing services;
- 2) Improve procedures to administer services funded by Medicaid Waivers;
- 3) Assure that people on the waitlist receive services in a timely manner;
- 4) Continue to offer Core Services to people on the waitlist who receive no other services; and
- 5) Address workforce development and grantee service capacity issues.

### **Major Component Accomplishments in 2001**

- 1) Provided FY 2001 services in 150 communities through 48 nonprofit grantee agencies. Served approximately 2,460 consumers.
- 2) Offered core services to over 430 consumers on the waitlist receiving no other services.
- 3) Selected 259 consumers for full services in FY01.
- 4) Made grantee Quality Assurance ratings available to the public on a website.
- 5) Created the Medicaid Waiver Efficiency Task Force to monitor continuous improvement in waiver procedures and payments to providers.
- 6) Initiate a management system to track waiver applications and document errors.
- 7) Produced a written waitlist report that described the characteristics of the people on the waitlist and the procedures used in administering the list.

### **Statutory and Regulatory Authority**

AS 47.80	Persons with Disabilities
7 AAC 78	Grant Programs
PL 100 - 203	OBRA '87
7 AAC 43.1010 - 1990	Eligibility for the Home and Community-Based Waiver Services

## Key Performance Measures for FY2003

### Measure:

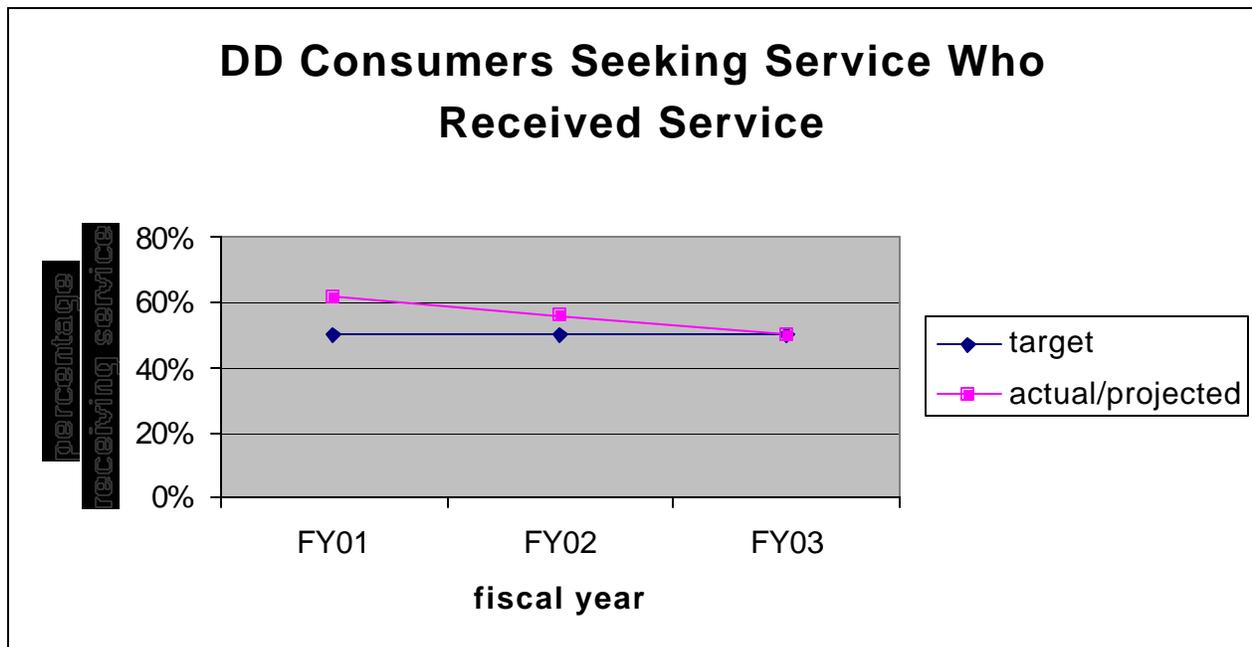
The percentage of those consumers who seek services for developmental disabilities who receive services at various levels from the division.

Sec 83(b)(1) Ch 90 SLA 2001(HB 250)

### Alaska's Target & Progress:

The Developmental Disabilities (DD) Program target for the percentage of those consumers who seek services for developmental disabilities who receive services at various levels from the division is 50%. If the level of appropriation is maintained at its current amount and the waitlist continues to grow at its current pace, the percentage of consumers who seek services and who will receive services through grants will decline.

To receive funds under the DD program a person must be deemed eligible and be placed on the waitlist. By cross-referencing the waitlist with current program census information submitted by DD grantees, it was determined that 62% of the people on the waitlist in FY 01 received a service or support administered by DMHDD.



The performance measure represents those individuals who remain on the list while receiving services delivered by organizations across the state that receive DD Community Grants administered by the Division. Respite care, core services, or the purchase of special medical equipment are examples the type of assistance available to avert a crisis or delay the need for long-term care.

The measure does not relate to people who are selected and removed from the list to receive more comprehensive services. The measure also does not include individuals removed from the list as a result of obtaining comprehensive services or long-term care through Home and Community Based Waivers.

In prior years this data was collected as a raw total rather than a percentage. In FY00, 2,460 consumers received service through the program's grants and waivers, representing a 26% increase in one year. In FY99, 1,953 consumers received services through the program's grants and waivers.

### Benchmark Comparisons:

No known Benchmarks or comparisons exist from other states or similar programs in Alaska. Of the 1,250 individuals on the waitlist at this time, only 251 are over the age of 22. Those younger than 22 are most likely receiving services through Infant Learning Programs (ages 0 – 3) or they are enrolled in special education (ages 3 – 22). While this may lessen the need for more comprehensive services, families report the need for additional supports

to care for their children having DD. Also, it may represent good planning on the part of the family so their future needs can be considered.

**Background and Strategies:**

The DD waitlist demographics and reasons for the growth in the waitlist are summarized in a waitlist report produced for the legislature each year on November 15. Basically, the waitlist grows as a function of improvements in medical technology and practice, population growth, and increased awareness of the benefits of DD services by families with young children. The capacity of provider organizations to deliver services to new people is limited by workforce shortages.

As the role of parents, particularly single parents, changes from being the child's primary care giver to becoming the sole source of income, the demand for paid supports to children with DD in the family expands. There are no readily-available institutional residences in Alaska for people with DD as there once were. Consequently, homes in the community must be developed before an individual can be placed with a provider. That process adds time for the person waiting for services.

**Measure:**

The average length of time that developmentally disabled consumers are on a waiting list before receiving full services. Sec 83(b)(2) Ch 90 SLA 2001(HB 250)

**Alaska's Target & Progress:**

The target level for FY 03 for the average length of time that developmentally disabled consumers are on a waiting list before receiving full services is 3.25 years.

The average length of time that DD consumers were on a waiting list in FY 01 before receiving full services was 3.5 years.

Due to differences in the way states administer DD Programs and manage waiting lists, there are no known comparisons. However, the waiting period in Alaska has been shrinking over the past 3 years. The average wait for individuals selected for comprehensive services or long-term care in FY 01 was 3.5 years, 4.5 years in FY 00 and 5.75 in FY 99. The waiting time averaged over this 3-year period is 4.58 years. Of the 256 individuals removed from the waitlist to receive comprehensive or long-term care services in FY 01, 53% had been on the list for less than 3 years.

The capacity of providers to serve new individuals, workforce shortages, family participation in planning and designing the services they receive, and available resources within the limits of appropriation are all factors that affect how long a person is on the list before they are selected for more comprehensive or long-term care.

**Benchmark Comparisons:**

Due to differences in the way states administer DD Programs and manage waiting lists, there are no known comparisons.

**Community Developmental Disabilities Grants  
Component Financial Summary**

*All dollars in thousands*

	FY2001 Actuals	FY2002 Authorized	FY2003 Governor
<b>Non-Formula Program:</b>			
<b>Component Expenditures:</b>			
71000 Personal Services	0.0	0.0	0.0
72000 Travel	0.0	0.0	0.0
73000 Contractual	308.4	421.7	421.7
74000 Supplies	0.0	0.0	0.0
75000 Equipment	62.8	0.0	0.0
76000 Land/Buildings	0.0	0.0	0.0
77000 Grants, Claims	19,572.6	19,660.3	19,537.5
78000 Miscellaneous	0.0	0.0	0.0
<b>Expenditure Totals</b>	<b>19,943.8</b>	<b>20,082.0</b>	<b>19,959.2</b>
<b>Funding Sources:</b>			
1002 Federal Receipts	0.0	185.1	185.1
1004 General Fund Receipts	0.0	47.8	0.0
1007 Inter-Agency Receipts	644.7	652.4	652.4
1037 General Fund / Mental Health	18,462.5	18,626.7	18,746.7
1092 Mental Health Trust Authority Authorized Receipts	836.6	570.0	375.0
<b>Funding Totals</b>	<b>19,943.8</b>	<b>20,082.0</b>	<b>19,959.2</b>

**Estimated Revenue Collections**

Description	Master Revenue Account	FY2001 Actuals	FY2002 Authorized	FY2002 Cash Estimate	FY2003 Governor	FY2004 Forecast
<b>Unrestricted Revenues</b>						
None.		0.0	0.0	0.0	0.0	0.0
<b>Unrestricted Total</b>		<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Restricted Revenues</b>						
Federal Receipts	51010	0.0	185.1	142.5	185.1	0.0
Interagency Receipts	51015	644.7	652.4	652.4	652.4	652.4
Mental Health Trust Authority Auth.Rec.	51410	836.6	570.0	570.0	375.0	175.0
<b>Restricted Total</b>		<b>1,481.3</b>	<b>1,407.5</b>	<b>1,364.9</b>	<b>1,212.5</b>	<b>827.4</b>
<b>Total Estimated Revenues</b>		<b>1,481.3</b>	<b>1,407.5</b>	<b>1,364.9</b>	<b>1,212.5</b>	<b>827.4</b>

**Community Developmental Disabilities Grants**  
**Proposed Changes in Levels of Service for FY2003**

- The Developmental Disabilities program strives to increase the number of consumers receiving core services while on the waitlist.
- The Designated BRU grants are being re-consolidated in the Division of Administrative Services.
- In its final year, the scope of the Learn as You Earn project is dropping to half.
- The DD Mini-Grants program will expand by 16%.

**Summary of Component Budget Changes**  
**From FY2002 Authorized to FY2003 Governor**

*All dollars in thousands*

	<u>General Funds</u>	<u>Federal Funds</u>	<u>Other Funds</u>	<u>Total Funds</u>
<b>FY2002 Authorized</b>	<b>18,674.5</b>	<b>185.1</b>	<b>1,222.4</b>	<b>20,082.0</b>
<b>Adjustments which will continue current level of service:</b>				
-Reestablishment of Designated BRU's	-47.8	0.0	0.0	-47.8
-Developmental Disabilities Infrastructure	120.0	0.0	-120.0	0.0
<b>Proposed budget decreases:</b>				
-Learn as You Earn	0.0	0.0	-100.0	-100.0
<b>Proposed budget increases:</b>				
-Mini-Grants for Beneficiaries with Developmental Disabilities	0.0	0.0	25.0	25.0
<b>FY2003 Governor</b>	<b>18,746.7</b>	<b>185.1</b>	<b>1,027.4</b>	<b>19,959.2</b>