

Association of Regional Center Agencies

Response to the Draft Report of the Service Delivery Reform Committee (May 15, 2001)

General Issue

ARCA believes it is important that the system reform effort clearly map the interrelationship of the system reform elements to the current responsibilities mandated of regional centers, their service providers and other public systems with whom they work, prior to the process of implementation. This has not been attempted.

The major focus of the reform effort is to institute person centered supports and link these supports to an evaluation process to determine the extent to which they result in valued outcomes for individuals and their families. A rate setting methodology for residential and non-residential programs is developed based on this model. There are additional contractual and statutory requirements of regional centers (and the other agencies with whom the centers work) that are not directly expressed as consumer outcomes.

These responsibilities must be reconciled and integrated with the fundamental precepts of person-centered supports as outlined in the draft report.

California's developmental disabilities system is inherently complex, and transition to a system that supports "one person at a time" will necessarily involve multiple changes and require the support and collaboration of system stakeholders. ARCA believes it is advantageous to consider the interrelationships of the various systems and their responsibilities in a specific document .

The result of ARCA's review of the draft system reform report is listed by each pertinent section.

A. Values and Principles

SUPPORT

- ARCA supports the statements regarding the values and principles which provide the framework for the system reform effort.

B. Personal Outcomes

SUPPORT

- ARCA supports the personal outcomes listed which should be expected as a result of receiving services and supports through the regional center.

C. Quality Enhancement

SUPPORT

- ARCA supports recognition of the need for training of regional center and program personnel and implementation and critical evaluation of pilot programs before full implementation of the proposed model.
- ARCA strongly supports the need for adequate funding as the prerequisite for program accountability.
- ARCA strongly supports the need for adequate funding as the condition for the entire system reform efforts.

OPPOSE

- ARCA strongly opposes a quality assurance system which eliminates or overlooks the regional center's on-going responsibility for quality assurance and monitoring of its vendors.
- ARCA strongly opposes a quality enhancement system which relies on triennial Accreditation or one-time Certification as the sole evaluation system for service providers.

CONCERNS

- ARCA strongly believes a quality enhancement effort which integrates the regional center responsibility for the existing quality assurance process into a comprehensive program which not only seeks to ensure the health, safety and welfare of regional center consumers, but also identifies each person's outcomes and assigns the program accountability for designing processes which will support achievement of specific personal goals is necessary. To design and implement a system which removes a regional center's responsibility is to invite liability for negligence.

- ARCA believes that issues regarding individual regional center accountability will be addressed under a performance contracting process that is currently being revised. If a regional center is performing exceptionally well, meaningful incentives need to be tied to that effort.
- ARCA believes the quality enhancement model must include the ability of the regional center to screen potential applicants in or out of the vendorization process based upon local need of consumers for the proposed service.

D. Performance Measures

Since the examples of personal outcome evaluations in this section were incomplete, ARCA found it difficult to comment on this section. What is clear is that the data collection system which is proposed is very rudimentary and unsophisticated for breadth and scope of the task being attempted. There is no reliable system of data collection contemplated. The lack of any acknowledgment of the need for a sophisticated, interrelated system is a serious weakness in the proposal.

OPPOSE

- ARCA opposes a personal outcome evaluation system which delegates an unrealistic workload and level of responsibility to individual regional center service coordinators. The proposal does not acknowledge the high turnover rate of current service coordinators. The workload increase necessary for regional centers to do a person-centered planning approach properly with consumers and their families must be determined and included.

If the model is adopted as proposed, current caseload ratios will have to be significantly reduced and service coordinator job qualifications and salaries significantly raised for regional centers to attract and keep qualified personnel who can adequately perform the proposed functions.

- ARCA opposes a system enhancement design which places both individual consumer outcome evaluation and a major portion of the service or support provider evaluation in the hands of one regional center staff person.

CONCERNS

- ARCA believes the proposed model does incorporate the change in the definition of quality from “compliance with regulations” to “responsiveness to people’s outcomes.” The degree to which a program may satisfy a consumer (and his or her family) is certainly a key element of the process. This satisfaction and achievement of desired outcomes must originate from how the program has

designed and implemented ways to support the consumer in achieving those identified personal goals.

Thus the quality enhancement effort should seek to identify the processes designed and implemented by the organization which enable a person to achieve his or her personal goals. The focus should become an examination of the connection of consumer outcomes to program process, which is the true measure of program effectiveness.

ARCA believes the proposed model needs to clearly address the dilemma that arises when there is a questionable connection between what consumers want to receive from a program or are satisfied with and the program processes currently in place. ARCA is concerned that on occasion, consumer satisfaction with a program may be good while the responsible regional center evaluates the program as significantly deficient. The recourse either party has when faced with this situation is not clear.

- ARCA believes the current draft of the department's proposed evaluation instruments appears to be an epidemiological survey of the consumer's and family's behaviors interspersed with standardized questions on consumer satisfaction. It is difficult to rationalize how standardized questions on consumer satisfaction can be reconciled with the individualized outcomes developed for each consumer as part of the planning process. All people do not necessarily share the same values nor goals as those implied in the sample items. In addition, no questions which would identify the specific processes devised and used by the program to help achieve personal goals are listed.
- The department may want to seriously consider adopting, in whole or in part, surveys developed by national organizations such as the National Association of State Directors of Developmental Disabilities, the Human Services Research Institute and the Institute on Community Integration at the University of Minnesota. Another (already) validated instrument has been developed by The Council on Quality and Leadership in Supports for People with Disabilities (in 1997). Both could be used to strengthen a focus on program effectiveness with regard to the achievement of personal goals.
- ARCA believes individual service coordinators or other regional center or service and support personnel must be able to gain some meaningful direct feedback from their data collection efforts which will help them improve their effectiveness, and thus motivate them to ensure the information collected is both accurate and timely.
- ARCA believes the role and function of the current Life Quality Assurance Process administered by Area Boards needs to be clarified.

E. Personnel Model

SUPPORT

- ARCA strongly supports the worthwhile goals and assumptions regarding the need for qualified, well-trained and fairly compensated staff as stated in the Personnel Model.
- ARCA supports the need for a career ladder to encourage direct support program staff to gain more skills and assume additional responsibilities within their area of expertise. Each level of the career ladder needs to be fairly compensated.
- ARCA supports extension of the career ladder concept so that additional opportunities and incentives are available to encourage and motivate staff.
- ARCA supports building a flexible cost model tied to each level and type of personnel position needed to provide the type and level of support for the consumers to be served.

CONCERNS

- ARCA recommends a process by which the program design to be used by an existing (or new) vendor to implement the model contain job descriptions of each staff to be employed. The program design process must retain flexibility in staffing even after initial approval so the center and the program may negotiate current staffing needs and thus can be responsive to each individual consumer's needs.
- ARCA recommends that the model include the potential for utilization of outside consultants on an as-needed basis.

F. Service Requirement

SUPPORT

- ARCA supports the goals as outlined in this section. The rest of the material needs further development in order for it to be fairly evaluated within the context of the system enhancement process

G. Proposed Residential Rate Model

ARCA supports a change to the Alternative Residential Model (ARM) rate reimbursement system currently used to determine rates of payment for residential services. In developing a new reimbursement system ARCA believes the following must be considered to build a model that is responsive to the need of consumers:

- Rate based on 4 persons per home
- One consumer per bedroom
- Flexible in terms of meeting consumer needs
- Consumers have personal choices
- Easy to administer for Regional Centers and Providers
- Adequate rates to recruit and retain staff
- Geographic differential for reimbursement rates
- Rates tied to current market costs
- Rates that provide relief to areas of the state that are costly to serve

With the above in mind, ARCA has reviewed the proposed model and offers the following comments.

SUPPORT

- ARCA supports the Stakeholder cost components for the Home and Its Operations and Individualized Supports and Services. ARCA is generally in support of the stakeholder version of the various cost components as these costs will allow for a higher reimbursement rate and appear to be more in line with actual costs of operating a residential facility. However as stated below under Concerns, ARCA does not necessarily endorse the concept of individual rates for all consumers nor the requirement of a Direct Support Professional I staffing requirement.
- ARCA supports regional adjustments to the rate model. An effective rate model must provide rate differentials that are reflective of the cost to serve people in all areas of the state.
- ARCA supports piloting the implementation of a new rate model. Due to the potential complexity of a new rate model, it is important that the model be tested on a pilot basis and implemented in a planned way.
- ARCA supports the inclusion of a vacancy factor in the rate model. Allowing for payment for some level of vacancies helps assure a greater availability of resources to consumers by allowing providers to meet the ongoing costs that they incur when beds are vacant.

OPPOSED

- ARCA is opposed to a model that is based on two consumers per room.
- ARCA is opposed to the baseline rate proposed in the CHPS model because it is too low to attract and retain adequate staff.

CONCERNS

- ARCA is concerned that the various indexes (HUD, Bureau of Labor Statistics, etc) may not be current enough to allow for proper and timely adjustments to the rate model. If the indexes are not current, the rates will quickly fall below current market conditions.
- ARCA is concerned that the proposed model may result in a different rate for every consumer. ARCA is concerned that this might result in a complicated negotiation process that will have significant workload issues on both the regional center and provider. ARCA proposed an alternative model at the last meeting of this workgroup that provides for a more structured rate process, yet does allow the flexibility to meet the individual needs of each consumer. ARCA's proposal (see attachment "A") would require less negotiation of rates between regional centers and providers. ARCA's proposal received considerable support from stakeholders who indicated that it might be much easier to administer. ARCA is concerned that while considerable support was received for this proposal, no mention of it was made in the final draft report.
- ARCA is concerned that the proposed new rate model may make it more difficult for regional centers to conduct staffing audits of residential providers. These staffing reviews help assure that consumers are receiving an appropriate level of service.
- ARCA is concerned that the proposed model does not clearly state the number of beds per facility. The report indicates that CHPS has attempted to balance the model so that no size or level home has been particularly advantaged or disadvantaged. ARCA supports a model that is based on four consumers per home.
- ARCA is concerned that no detailed calculations were provided to determine how the increased cost range of \$208 million to \$887 million was calculated. Without details of the calculations it is not possible to determine the validity of this estimate.

- ARCA is also concerned that the Stakeholders model that requires Direct Support Professional I level staff may not be realistic in terms of the ability to attract staff with the education and experience this level requires.

H. Definitions

No comment.

I. Fiscal Analysis

Residential Service Provider Rates

ARCA cannot comment on the estimated costs because no detailed information was provided to explain how the costs were calculated. ARCA will review the cost estimate when more information is available to explain how the costs were calculated. ARCA is very concerned that the implementation of the proposed residential rate model would create significant workload issues for regional centers. As such, the cost for appropriate regional staffing must be considered in the cost of this new rate model. ARCA desires to work with the department in developing the costs associated with additional regional center workload.

Accreditation/Certification

ARCA feels that the cost estimate for accreditation/certification may not include costs that the regional centers could incur in additional staffing that could be required to track and monitor vendor accreditation/certification information. Because the regional center system is not currently involved in accreditation/certification we have no information as to the potential workload issues. ARCA desires to continue to work with DDS to determine any workload issues that might impact regional centers.

ARCA cannot determine how the amounts of \$1.5 million to \$2.0 million for provider recognition funding were calculated. As such, ARCA cannot offer any comments as to the adequacy of these amounts. ARCA believes there will be some workload issues for regional centers in the administration, payment and tracking of recognition funding to providers. ARCA desires to work with DDS to assure adequate staffing and related costs for such are considered.

Pilot Testing

ARCA does not have enough information to determine if the amount estimated for pilot testing and training of staff is appropriate.

Outcome Data Baselines

ARCA is concerned that the estimated costs for developing outcome data baselines does not include any costs for potential workload at the regional centers. The assumptions do not adequately explain what is involved in collecting the baseline data. Any costs for regional center staff time must be included. ARCA desires to work with DDS to develop these costs.