

- MENTAL HEALTH
- DEVELOPMENTAL DISABILITIES &
- SUBSTANCE ABUSE

NORTH CAROLINA COUNCIL OF COMMUNITY PROGRAMS

Status of Council Action:

Developed by Clinical Services & Supports Workgroup

9/14/07: Endorsed by Area Directors Forum

11/16/07: Approved by Council Board of Directors

12/12/07: Adopted by Council Membership

Position Statement: Developmental Disabilities

I. Position

The NC Council recognizes the ongoing needs of individuals with Developmental Disabilities and the importance of maintaining a strong service system for this population. In addition, the Council recognizes that many individuals and families across the state continue to wait for considerable periods of time (often multiple years) for the services that they need. The NC Council supports the efforts to keep Targeted Case Management as a stand alone, professional level service for individuals with DD. The Council supports efforts to leverage as many CAP-MR/DD waiver slots as possible as well as the ongoing funding of Developmental Therapy for new consumers. In addition, it is the position of The Council that evidenced based and emerging best practices promote and enact positive changes within the system of care that reflect a continued commitment to providing the highest quality and most effective mental health, developmental disability, and substance abuse services possible. The NC Council supports funding for more emerging and evidenced based best practices for individuals with DD.

II. Background & Statement of the Issues(s)

The most pressing issue facing the Developmental Disability service system at this juncture is the stabilization of key services and service definitions for this population:

Targeted Case Management

Targeted Case Management is the most central and critical component of the DD service system. A widely accepted best practice model for individuals with DD, TCM is a required service for individuals receiving CAP-MR/DD waiver funding, and is equally important to individuals receiving other state or county funded services. The TCM agency is responsible for conducting the initial assessment of the consumer, determining the needs and developing the Person Centered Plan, obtaining authorization for the services, assisting the consumer/family with identifying appropriate providers and resources to implement the services, as well as monitoring the services and health and safety of the individual on an ongoing basis. TCM must remain a professional level service with the proper funding needed in order to continue to advocate for individuals and assist with navigating an increasingly complex service system. The NC Council supports DMH's efforts to negotiate with CMS to ensure that this vital service remains available and viable. The NC Council is willing to assist DMH and other key stakeholders in these efforts.

Developmental Therapies

The NC Council recognizes that the most efficient manner of providing services to individuals with Developmental Disabilities is to leverage state monies to the fullest extent possible by serving individuals via the CAP-MR/DD waiver. The NC Council fully supports continuing to increase the number of individuals who are able to receive waiver funding as much as possible to address those waiting for services as well as overall growth in the state's population. However, due to the lack of any other available service to provide habilitative training to individuals with DD who either 1) do not qualify for the waiver or 2) are in need of immediate services but waiver funds are not yet available to them, the Council supports the ongoing availability and funding of Developmental Therapy. Currently there is no other service option (Medicaid or state funded) for individuals in these two categories who are not dually diagnosed and therefore do not qualify for mental health services such as Community Supports. The Council supports continued and sufficient funding to ensure that Developmental Therapy services are available to individuals with DD on an ongoing basis.

In addition to these primary needs, there are other short-term and long-term issues that need to be addressed including:

- The billing of Home Health and CAP-MR/DD waiver supplies for individuals who receive waiver funding.
- Exploration of returning to the flexibility of an aggregate funding model for the CAP-MR/DD waiver in order to be able to serve more individuals within the waiver year.
- Comprehensive statewide crisis services for individuals with developmental disabilities.
- DHHS and stakeholder collaboration to identify and clarify which emerging and evidenced based practices for persons with DD are recognized and supported.
- Increased funding availability for identified Evidenced Based Practices such as Supported Employment.
- DHHS and stakeholder collaboration to develop a strategic plan and realistic timelines to transition funding for individuals living in state Developmental

Centers and community ICF/MR group homes to CAP-MR/DD waiver funding when appropriate and possible.

- Review of the proposed Community Activity and Employment Transitions definition (to replace the current ADVP) along with other more community based day program options for individuals whose needs are not solely vocational in nature.
- Adequate housing resources for individuals with Developmental Disabilities, particularly Supported Living options that are affordable and accessible along with the needed supports to enable individuals to live independently in the community of their choice.
- The opportunity for consumers with DD to engage in self-directed services and supports.

III. Recommendations

- Targeted Case Management must remain available with adequate funding to ensure proper staffing and quality of the service. It is critical to involve all stakeholders with as much notice as possible if changes to the current definition will be necessary.
- Continued and consistent expansion of the CAP-MR/DD waiver to the greatest extent possible.
- Additional funding for Evidenced Based Practices such as Supported Employment, as well as for basic critical services such as respite care for individuals who do not receive CAP-MR/DD waiver funding.
- Maintain Developmental Therapy funding on an ongoing basis for persons who do not qualify for CAP services or do not have other funding available to them.
- Establish a plan- that adequately addresses the costs involved- to transition the responsibility for the billing of Home Health and waiver supplies and equipment for CAP-MR/DD individuals to a statewide vendor or to Targeted Case Management providers.
- Explore options for returning to a statewide aggregate funding model for the CAP-MR/DD waiver.
- Utilize the DD Subcommittee of the Practice Improvement Collaborative and other stakeholder groups to review, identify, and propose which emerging and evidenced based practices should be supported for individuals with DD. It is recommended that the proposed Community Activity and Employment Transitions definition (to replace the current ADVP) be reviewed along with other more community based day program options for individuals whose needs are not solely vocational in nature.
- Utilize the DD Subcommittee of the Practice Improvement Collaborative and other stakeholder groups to develop a long range plan with adequate funding and supports to transition the funding for individuals living in state Developmental Centers and community ICF/MR group homes to CAP-MR/DD waiver funding when appropriate and possible. Comprehensive statewide crisis services equipped to handle the unique needs of individuals with DD will be paramount in these efforts.

- Utilize the DD Subcommittee of the Practice Improvement Collaborative and other stakeholder groups to review and determine the most effective means (i.e. Independence Plus waivers, etc.) of expanding the opportunities NC citizens with Developmental Disabilities have to self-direct their services, supports, and budgets.
- Expansion of affordable and accessible housing options for individuals with Developmental Disabilities including efforts such as the Housing 400 Initiative, Section 811 Supportive Housing, and expansion of Section 8 vouchers. Adequate funding to provide the services and supports necessary for individuals with DD to successfully live in these independent settings will also be required.