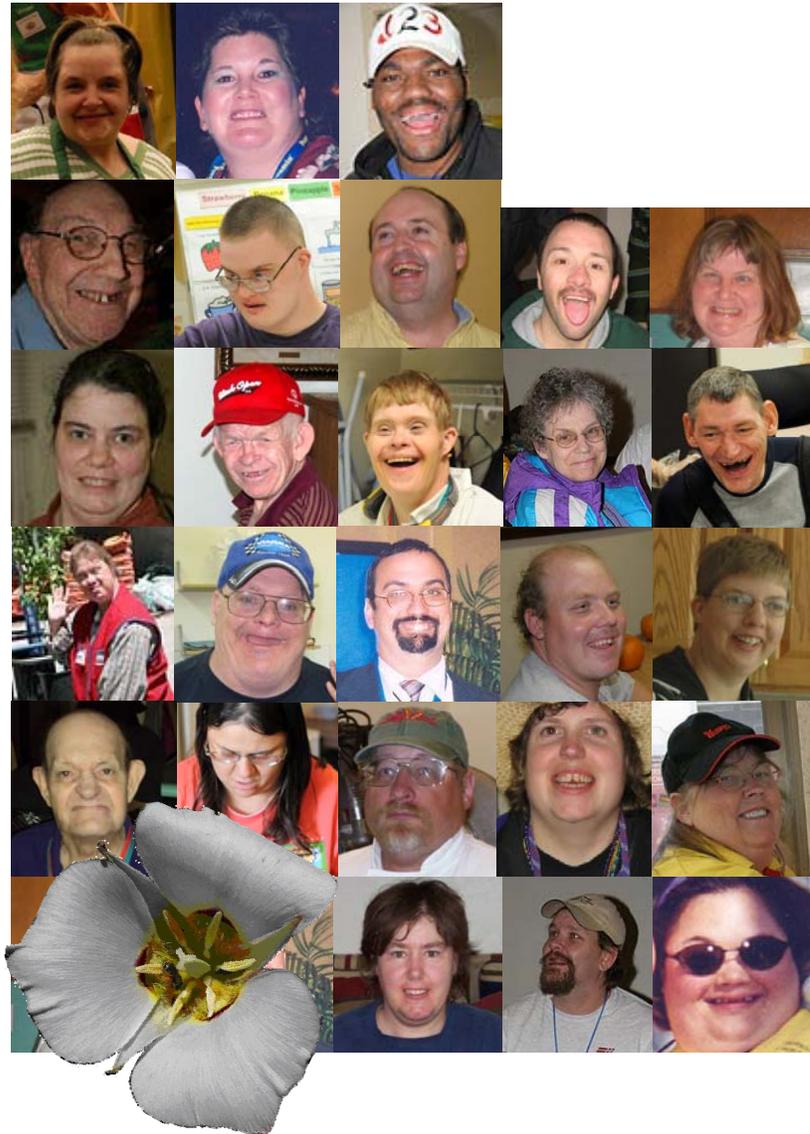


# Division of Services for People with Disabilities



## Annual Report Fiscal Year 2010

State of Utah  
Department of Human Services



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## Director's Message

### The Challenges of Implementing a Second Year of Cuts

Like all state agencies, our Division experienced extremely difficult cuts in the past two years. Implementing the second year's cuts added stress to an already challenged system. To implement these cuts, we took a highly-principled, business-like approach. First, we continued to dramatically re-engineer our Division, looking for further efficiencies. Just a few highlights: (1) when I became Director, in 2008, we had 140 people in 25 state offices who performed case management services; now we have 15 to 18 who handle transition cases and perform objective needs assessments; we have reduced our offices from 25 to 9, eliminated over half of our fleet usage, minimized computer and phone costs, lights, office supplies, etc.; (2) five years ago, we had 7 people in upper management: a Division Director, two Assistant Directors, and 4 Region Directors; now we will have 3: one Division Director, one Assistant Director over administration and one Assistant Director over programs; (3) we were able to greatly reduce the number of administrative and case management support professionals from 25 FTE to 14 FTE; and (4) we reduced the number of Area Program Managers (employees who once supervised support coordinators and now monitor private support coordinator contracts as well as grant final approval to people's budgets) from 25 employees to 20. In total, we went from 274 state and regional employees to 128. Needless to say, this has been a tremendous effort and we will continue to look for internal efficiencies.

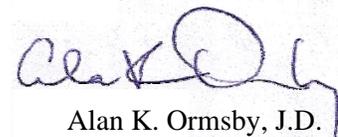
While re-engineering was incredibly difficult and disruptive, the good news is that it worked. We established objective quality metrics and very carefully observed the changes to ensure quality did not suffer. Every objective quality metric has improved without exception. This has required tremendous management focus and employees who have stepped up in incredible ways. I am really proud of our employees, and you should know Utah's taxpayers are getting more than their money's worth from DSPD employees.

But re-engineering was not enough to meet the deep cuts of the past two years. After internal efficiencies, there are really only 3 things we can change to deal with budget reductions: (1) we can reduce rates;

(2) we can reduce staffing ratios; and (3) we can eliminate whole classes of service. After extensive public listening sessions involving hundreds of people in Salt Lake, Vernal, Price, St. George and Logan, we established a plan. We met with many legislators, the Legislative Fiscal Analyst's office, and the Governor's Office of Planning and Budget. We made the proposed plan available on-line requesting feedback and input. We also pulled together a stakeholder group to thoroughly analyze the options.

Regarding rates, the plan implemented a 15% reduction in the rate paid to support coordinators, reduced their direct service requirement by 16.67% and increased their caseload maximum by 15%. The other rate that was eliminated was the intensive residential rate. Regarding staffing ratios, we will be undertaking a gradual process to serve most people with 1:3 staffing (one staff person to three people served) for a majority of their day, with exceptions allowed for 1:2 and 1:1 staffing as necessary. We think this is advantageous for a number of reasons, including reducing learned helplessness, creating a less restrictive environment, and encouraging a system less reliant on high staffing ratios at a time when finding qualified staff will become difficult as the economy improves and baby boomers start demanding services. Finally, after hearing from all of the families, providers, legislators and other stake holders, we made the decision to not eliminate any classes of service.

The Division recognizes the changes in service described above are difficult and have caused concern and fear. But we remain steadfastly committed and are confident that people served still have their needs met. We are hopeful there will not be deeper cuts in the future.



Alan K. Ormsby, J.D.

## Executive Summary

- Met the basic health, safety and service needs for 4,910 Utahns with severe disabilities through three Medicaid Waiver programs, one Non-Medicaid program and through the State Developmental Center.
  - 4,387 in the Medicaid Waiver for Utahns with Intellectual Disabilities or Related Conditions
  - 113 in the Medicaid Waiver for Utahns with Physical Disabilities
  - 100 in the Medicaid Waiver for Utahns with Brain Injury
  - 94 in the Non-Medicaid program for Utahns with Disabilities (Including: 62 Utahns with Intellectual Disabilities or related conditions, 25 Utahns with Physical Disabilities and 7 Utahns with Brain Injury not eligible for Medicaid)
  - 216 Utahns received 24 hour support at the Utah State Developmental Center
  
- Provided 2,796 Utahns with supervision and training during the day or on the job, 1,714 with around the clock supervision and training in group home, supervised apartment or home-like settings, 2,842 with intermittent family support or supported living and 138 with a personal assistant.
  
- Brought 42 people into services through emergency/crisis intervention.
  
- Managed waiting list records for 1,953 Utahns with critical need for services.
  
- Contracted with over 150 private providers who employed approximately 10,000 Utahns.
  
- Invested state general fund in programs that received a return of four dollars for every dollar in state general funds. This benefited the provider workforce by maximizing the state general funds.
  
- Demographics
  - 79 percent of those receiving services have intellectual disabilities
  - Provided services to Utahns of all ages, average age 32
  - 81 percent adults, 19 percent children
  - 41 percent women, 59 percent men

## Mission, Values and Vision

Our mission is to promote opportunities and provide supports for persons with disabilities to lead self-determined lives.

### Values

- We value the preservation of family and other natural supports
- We believe in stewardship and wise use of public resources
- We value coordination and cooperation
- We respect and support personal choice and personal responsibility
- We respect personal and cultural diversity
- We believe people deserve high quality supports and services
- We believe funding should be needs based and should follow the person

### We Will...

- Promote and recognize excellence
- Continue a person-centered philosophy
- Promote public awareness of disability issues
- Work collaboratively to dissolve barriers to quality service
- Support a full spectrum of service options
- Support self-determination by assisting persons to exercise and develop their ability to make choices and experience a) freedom to make informed choices from among available options of services and supports, b) authority to control a defined amount of dollars to purchase only what is needed and valued, c) support to nurture informal relationships that might augment, if not replace, some purchased services, and d) responsibility to give back to the community

### Vision

The Division is working toward a system that:

- Serves Utahns with severe intellectual and physical disabilities and acquired brain injuries who are carefully assessed and determined eligible
- Is fully person-centered, recognizing and building upon a person's strengths
- Values, enhances, reinforces and strengthens a person's natural supports whenever possible
- Establishes services and budgets with an objective, strengths-based assessment tool applied uniformly across the state
- Continually assesses utilization of services to ensure that needs and services match up at every given point in time
- Strives to maximize resources and attempts to eliminate the waiting list
- Creates high quality standards and is diligent in consistently enforcing those standards
- Uses objective data to drive decision making
- Acknowledges and preserves the strengths of our provider network but is constantly pushing for higher quality
- Is responsive to the concerns of parents, advocates and other stakeholders

## Historical Highlights

-  1929 The Utah State Developmental Center is established by the Utah State Legislature.<sup>1</sup>
- Originally named the Utah State Training School.
  - Received its current name in 1991.<sup>2</sup>
  - Today it is a state operated Intermediate Care Facility for People with Mental Retardation (ICF/MR) that serves 216 people with complex disabilities.<sup>3</sup>
-  1948 MRAU is founded. The volunteers at MRAU are focused on increasing choice through education, support and advocacy on behalf of people with intellectual and developmental disabilities throughout Utah.<sup>4</sup>
-  1963 Mental Retardation Facilities and Community Mental Health Centers Construction Act is signed into law. This legislation funds construction of facilities, research centers, councils and programs for people with developmental disabilities.<sup>5</sup>
-  1965 Medicaid is created with the passage of Title XIX of the Social Security Act.<sup>6</sup>
-  1967 The Department of Human Services is organized.
- Originally named the Department of Health and Welfare.
  - Renamed the Department of Social Services in 1971.<sup>2</sup>
  - Received its current name in 1990.<sup>7</sup>
-  1970 The Developmental Disabilities Services and Construction Act is signed into law.<sup>8</sup> This act requires that each state have a planning and advisory council which creates and implements the state's plan for addressing the needs of people with developmental disabilities.
-  1971 The Utah Developmental Disabilities Council is created as a result of the Developmental Disabilities Services and Construction Act.<sup>9</sup> This council is tasked with advising the governor and legislature on issues affecting Utahns with disabilities.
- Originally named the Utah Advisory Council for Handicapped and Developmentally Disabled Children.
  - Renamed the Utah Council for Handicapped and Developmentally Disabled Persons in 1976.<sup>10</sup>
  - Renamed the Utah Governor's Council for People with Disabilities in 1994.<sup>11</sup>
  - Received its current name in 2006.<sup>12</sup>
-  1971 Utah Association of Community Services (UACS) is founded. UACS member businesses contract with the state to provide community-based supports to people with disabilities.<sup>13</sup>
-  1975 The Education for All Handicapped Children Act (EHA) is signed into law.<sup>14</sup> Schools are no longer allowed to turn away students with disabilities. Instead, they are to design a customized education plan which provides a "free appropriate public education" for each individual student to be provided in the "least restrictive environment" appropriate.
-  1978 The Utah Disability Law Center is founded. They focus on advocating for the rights of people with disabilities throughout Utah.<sup>15</sup>
-  1979 The Division of Services for People with Disabilities is created.
- Initially begins as the Office of Handicapped Services at the Division of Health.
  - In 1981, the Department of Social Services creates the Division of Developmental Disabilities and Mental Retardation.
  - These two agencies are merged in 1983 to form the Division of Handicapped Services at the Department of Social Services.<sup>7</sup>
  - Received its current name in 1991.<sup>3</sup>

## Historical Highlights

-  1981 Section 1915 (c) "Waiver Authority" is added to the Social Security Act. It allows long-term care to be provided in community-based programs rather than institutions. This is known as "waiver authority" because it enables states to have certain federal statutory requirements waived.<sup>16</sup>
-  1984 The Brain Injury Association of Utah is founded. They focus on building awareness about brain injury prevention and recovery. Their network includes hospitals, government agencies and rehabilitation centers throughout Utah.<sup>17</sup>
-  1984 The Utah Parent Center is founded. They focus on peer support, information, training and advocacy for families of people with a disability.<sup>18</sup>
-  1986 The Community Supports Waiver is established. This waiver allows the Division to provide home and community-based services to individuals with disabilities in their own home who would otherwise require placement in an ICF/MR.
- Originally named the Developmental Disabilities/Mental Retardation Waiver.
  - Renamed the Mental Retardation/Related Conditions Waiver in 2005.
  - Received its current name in 2007.
  - Currently 4,387 Utahns receive services through this waiver.
-  1989 The Lisa P. v. Angus class action lawsuit is filed. It seeks community placement for residents of the Utah State Developmental Center.<sup>19</sup>
-  1990 The Individuals with Disabilities Education Act (IDEA) is signed into law. This legislation amends the Education for All Handicapped Children Act of 1975 (EHA).<sup>14</sup> IDEA expands on the definition of "least restrictive environment" to require that students with disabilities be educated with students without disabilities whenever possible.<sup>20</sup>
-  1990 The Americans with Disabilities Act is signed into law. This landmark federal legislation prohibits discrimination on the basis of disability. Businesses, governments and non-profits alike begin design changes to buildings, roads, sidewalks, vehicles, services and programs of many kinds to make them accessible to people with disabilities. In addition, employers are now required to provide "reasonable accommodation" for employees with disabilities.<sup>21</sup>
-  1990 The Access Utah Network is founded. They focus on helping people with disabilities and their caregivers find sources for the supports that they need.<sup>22</sup>
-  1993 A settlement agreement is reached in the Lisa P. v. Angus class action lawsuit which requires that residents at the Developmental Center be evaluated to determine the "least restrictive and most enabling environment" for each.<sup>19</sup>
-  1995 The Acquired Brain Injury Waiver is established. This waiver allows the Division to provide home and community-based services to individuals with brain injuries who would otherwise require placement in a nursing facility.
- Originally named the Traumatic Brain Injury Waiver.
  - Expanded in 2004 to serve people with acquired brain injuries and is renamed the Acquired Brain Injury Waiver.
  - Currently 100 Utahns receive services through this waiver.<sup>23</sup>
-  1996 The Robert Wood Johnson Foundation Self-Determination Grant is awarded in July. It enables the Division to restructure the provision of supports to allow for a self-directed approach.

## Historical Highlights

-  1997 The Budget Balancing Act is signed into law. Although primarily concerned with the federal budget, this act also includes language which eliminates the restriction that only people who had been previously institutionalized could receive Medicaid-funded supported employment services.<sup>24</sup>
-  1998 The Physical Disability Waiver is established. It allows the Division to provide home and community-based services to individuals who would otherwise require placement in a nursing facility.
- Currently 113 Utahns receive services through the Physical Disability Waiver.
-  1998 Portability of Funding for Health and Human Services is signed into law. This legislation enables the Division to work with the Division of Health Care Financing to transfer funding as needed to enable people with disabilities to move out of institutions and into the community.<sup>25</sup>
-  1998 The Self-Administered Services Program is piloted. This program gives people with a disability and their families the ability to self-administer services. This program shifts the selection and management of staff from contracted providers to the family and enables much greater flexibility for families while reducing costs for the Division.
- Originally named Self-Directed Services Program.
  - Renamed Self-Administered Model in 2000 and began using fiscal agents to manage payroll functions.
  - Renamed Self-Administered Services in 2005.
  - Currently 1,510 Utahns receive services through this program.
-  1999 The court case Olmstead v. L.C. is decided by the Supreme Court. The Court rules that services to people with disabilities must be provided "in the most integrated setting appropriate to their needs."<sup>26</sup> This ruling leads to the removal of many people from institutional settings to smaller-sized community-based programs across the nation.<sup>18</sup>
-  2001 The Lisa P. v. Angus class action lawsuit is dismissed after the Division fulfills the terms of the settlement agreement.<sup>19</sup> This agreement enables over 100 people to move into the community from the Utah State Developmental Center.
-  2002 The Real Choice Systems Change Grant is awarded. This grant enables the state to make systematic improvements to serve people with disabilities at a higher level of quality and efficiency.
-  2003 The Utah Registry of Autism and Developmental Disabilities (URADD) is founded. Primarily concerned with gathering data regarding autism-spectrum disorders, URADD is part of a network established by the Centers for Disease Control and Prevention (CDC).<sup>27</sup>
-  2006 A Supported Employment Pilot Program is initiated by the Utah State Legislature in July to offer employment supports for people on the waiting list.<sup>28</sup>
- The Supported Employment pilot program changes to an on-going program in fiscal year 2008.<sup>29</sup>
  - The program's budget is cut in fiscal year 2010, then restored in fiscal year 2011.
-  2007 The Traumatic Brain Injury Partnership Grant is awarded. This grant enables the Division to build partnerships between state agencies serving individuals with traumatic brain injuries. The Division develops training modules to serve as best practice material and help eliminate unnecessary interventions for individuals with a traumatic brain injury.
-  2007 The Family Preservation Pilot Program is established in July. This pilot program is designed to provide caregivers the skills to reduce stress and build their circle of support. This program is dissolved after the fiscal year 2009 Special Session cuts.

## Historical Highlights

-  2008 The Medicaid Infrastructure Grant is awarded. This grant enables the Division to add a staff member dedicated to evaluations and recommendations for customized employment options.
-  2008 The Respite Pilot Program is established in July. This pilot program is funded by the legislature with one-time funding to provide respite services to 250 families. Entry is frozen after the fiscal year 2009 Special Session cuts.
-  2010 Two years of budget cuts result in service rate cuts, personnel cuts, privatization of case management functions, and internal reorganization. (See pages 18-20.)

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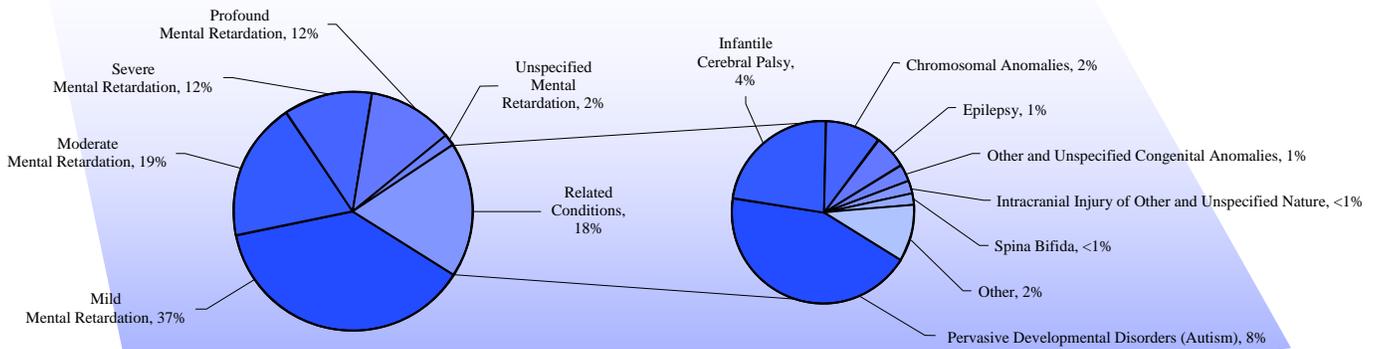
### Footnotes:

1. S.B. 51, An Act to Provide for the Establishment, Building and Equipping of the Utah State Training School from the 1929 General Session of the Utah State Legislature.
2. H.B. 313, Omnibus Disability Service Act from the 1991 General Session of the Utah State Legislature.
3. Department of Human Services. (2006). Utah State Developmental Center. Retrieved September 27, 2010 from <http://usdc.utah.gov/>
4. MRAU. (n.d.). About MRAU. Retrieved September 27, 2010 from [http://www.mrau.org/about\\_mrau.htm](http://www.mrau.org/about_mrau.htm)
5. Mental Retardation Facilities and Community Mental Health Centers Construction Act, 20 U.S.C.A. 611, 612, 613, 617, 618, 676 and 42 U.S.C.A. 291(k), 295-295(e), 2661-2665, 2671-2677, 2681-2687, 2691-2696.
6. Social Security Act, Title XIX, 42 U.S.C.A. § 1396 et seq.
7. Division of Archives and Records Services. (2003). Dept. of Human Services Agency History #1116. Retrieved September 27, 2010 from <http://archives.utah.gov/research/agencyhistories/1116.html>
8. Developmental Disabilities Services and Construction Act, 42 U.S.C.A. 2661-2666.
9. Executive Order. Governor Calvin Rampton (February 2, 1971).
10. Executive Order. Governor Calvin Rampton (July 1, 1976).
11. Executive Order. Governor Michael O. Leavitt (February 4, 1994).
12. Executive Order. Governor Jon M. Huntsman, Jr. (April 5, 2006).
13. Utah Association of Community Services. (2008). Celebrating Our 35 Year History. Retrieved September 27, 2010 from <http://www.uacs.org/about.php>
14. Education for All Handicapped Children Act of 1975, 20 U.S.C.A. § 1401 et seq.
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20. Individuals with Disabilities Education Act of 1990, 20 U.S.C.A. § 1401 et seq.
21. Americans with Disabilities Act of 1990, 42 U.S.C.A. § 12101 et seq.
22. Access Utah Network. (2010). Retrieved September 27, 2010 from <http://www.accessut.state.ut.us/>
23. Division of Services to People with Disabilities. (2009). Application for a §1915 (c) HCBS Waiver. Retrieved September 27, 2010 from <http://dspd.utah.gov/docs/ABI%2016.18.09.pdf>
24. Budget Balancing Act of 1997. (1997). 105th Congress Public Law 33. Retrieved September 28, 2010 from <http://www.gpo.gov/fdsys/pkg/PLAW-105publ33/html/PLAW-105publ33.htm>
25. H. B. 372, Portability of Funding for Health and Human Services from the 1998 General Session of the Utah State Legislature.
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27. Utah Department of Health. (2007). Utah Registry of Autism and Developmental Disabilities. Retrieved September 27, 2010 from <http://www.health.utah.gov/autism/>
28. H.B. 31, Pilot Program for the Provision of Services for People with Disabilities from the 2006 General Session of the Utah State Legislature.
29. H.B. 45, Supported Employment Services to a Person with a Disability from the 2008 General Session of the Utah State Legislature.

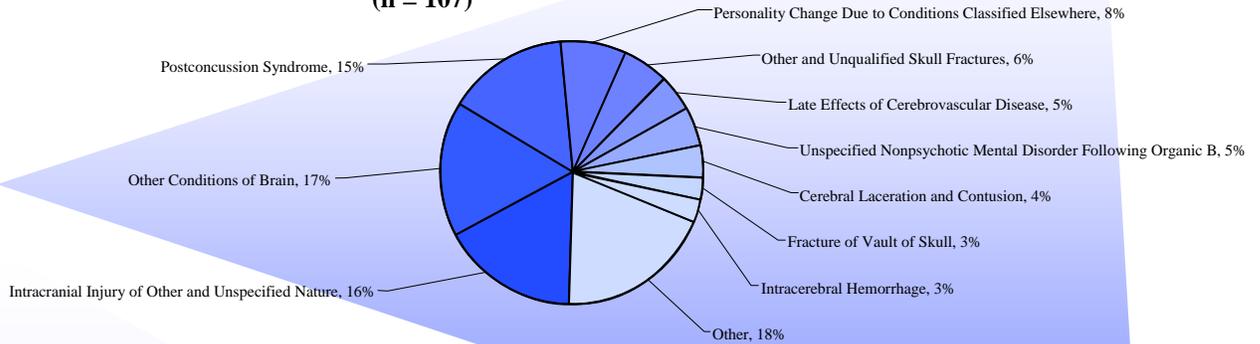
# Disability Types

## Qualifying Diagnoses of Consumers in Services

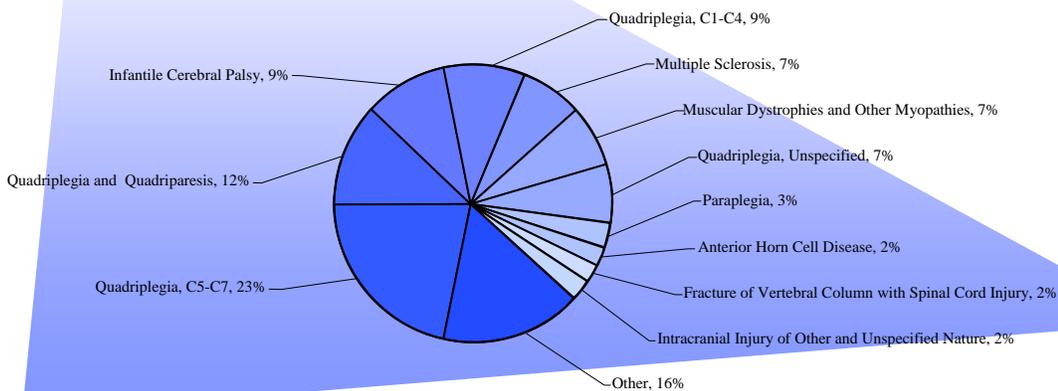
### Community Supports (n = 4,449)



### Acquired Brain Injury (n = 107)



### Physical Disabilities (n = 138)

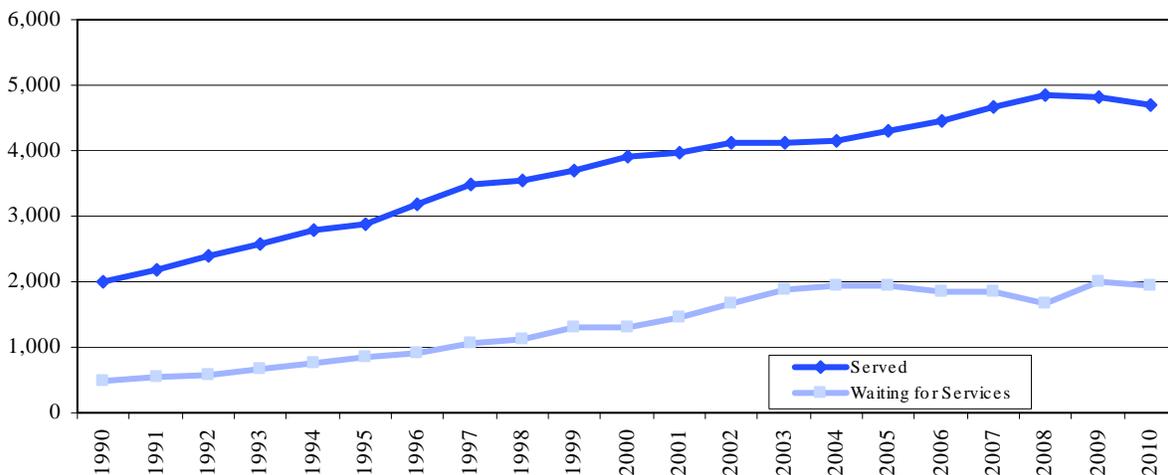


# Agency Overview

## Fiscal Year 2010 Headcount

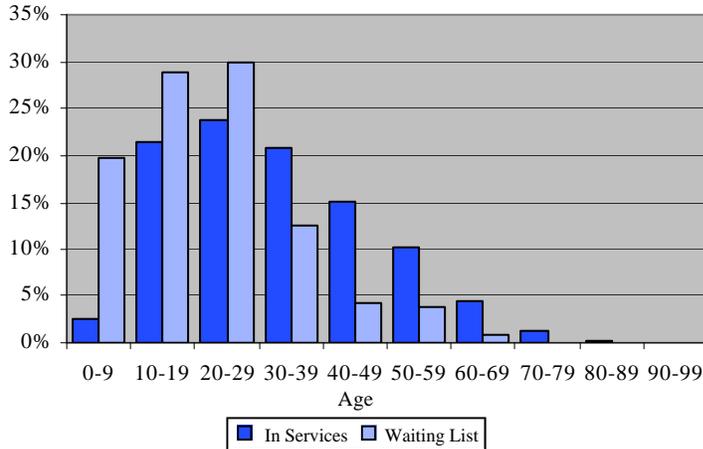
In Services	
Home and Community Based Services (HCBS)	
Medicaid Funded	
Acquired Brain Injury	100
Community Supports	4,387
Physical Disabilities	113
Total Medicaid Funded	4,600
Non-Medicaid Funded	
Acquired Brain Injury	7
Community Supports	62
Physical Disabilities	25
Total Non-Medicaid Funded	94
All HCBS	
Acquired Brain Injury	107
Community Supports	4,449
Physical Disabilities	138
Total HCBS	4,694
Utah State Developmental Center	216
<b>Total In Services</b>	<b>4,910</b>
Waiting List	
Acquired Brain Injury	68
Community Supports	1,821
Physical Disabilities	64
<b>Total Waiting List</b>	<b>1,953</b>

**Services for People with Disabilities: Number of People Served and Waiting**  
FY 1990 to FY 2010



# Demographics Utahns Receiving Services

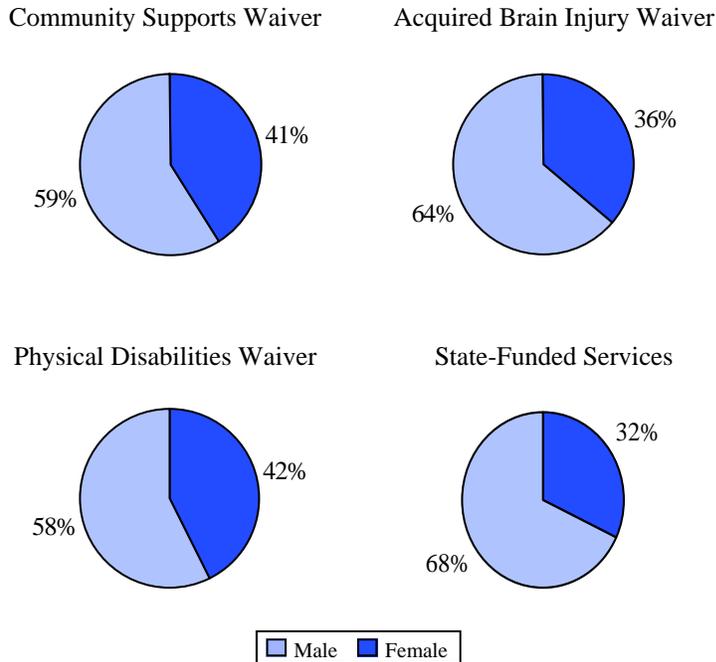
**Relationship to DSPD by Age Bracket**



**Race/Ethnicity**

	<u>Count</u>	<u>Percent</u>
White	3,991	85%
Latino/Hispanic	460	10%
American Indian	71	2%
Asian/Pacific Islander	60	1%
African American	59	1%
Other/Unknown	53	1%

**Gender**



## Functional Limitations

Twenty-seven individuals were under age seven, considered too young to have functional limitations determined. To be eligible for DSPD services, individuals aged seven years and over must have at least three documented functional limitations in seven designated areas as shown below:

### Community Supports

<i>Functional Limitation</i>	<i>People</i>
Capacity for independent living	4,322
Self-direction	4,145
Learning	4,066
Economic self-sufficiency	3,334
Self-care	3,028
Receptive and expressive language	2,325
Mobility	1,064

People receiving services due to intellectual disabilities most commonly have four functional limitations. (n = 4,422)

### Physical Disabilities

<i>Functional Limitation</i>	<i>People</i>
Self-care	138
Mobility	138
Capacity for independent living	134
Economic self-sufficiency	18
Receptive and expressive language	10
Self-direction	3
Learning	0

People receiving services due to a physical disability most commonly have three functional limitations. (n = 138)

### Acquired Brain Injury

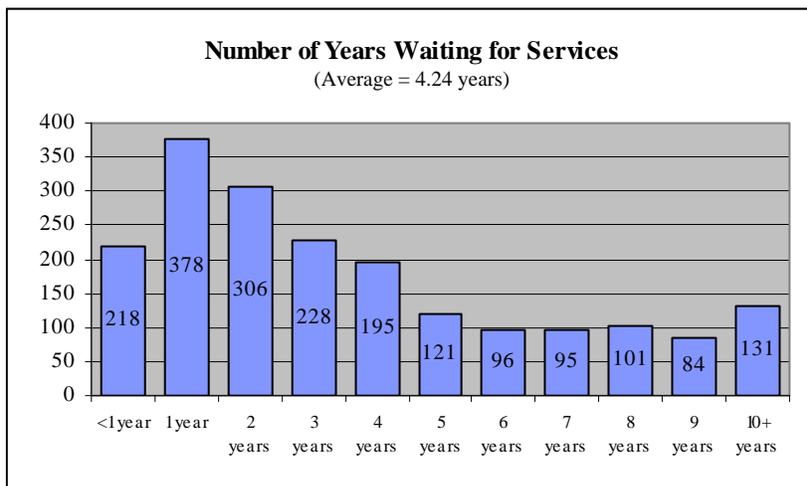
<i>Functional Limitation</i>	<i>People</i>
Employment	103
Memory or cognition	102
Judgment and self protection	99
Activities of daily life	89
Control of emotion	66
Physical health	53
Communication	46

People with acquired brain injury most commonly have five functional limitations. (n = 107)

# Waiting List

<b>Three Year Historic Waiting List Fluctuation</b>			
State Fiscal Year Period	2008	2009	2010
Additions	408	446	269
<b>Removals</b>			
Funded	236	110	42
Deceased	11	5	7
Institutionalized	15	8	12
Could Not Locate*	29	54	217
No Longer Eligible**	67	31	31
No Longer Interested***	83	31	18
Other	16	6	8
<b>Total Removals</b>	<b>457</b>	<b>245</b>	<b>335</b>
<b>Net Change</b>	<b>-49</b>	<b>201</b>	<b>-66</b>
*Despite three attempts by DSPD employee			
**Due to change in state residency or other eligibility requirement			
***Due to a change in need or lack of desire to continue waiting			

<b>Waiting for Which Services?</b>				
	Supported Employment	Day Supports	Neither	Total
Residential Services	80	42	38	160
Supported Living	82	6	598	686
Family Supports/Respite	93	121	734	948
None of the above	95	64	0	159
<b>Total</b>	<b>350</b>	<b>233</b>	<b>1,370</b>	<b>1,953</b>



# Measuring Performance

Quality	
2.17	Number of incidents per 100 clients (average monthly)
8.33	Number of Quality Reviews conducted annually per quality team FTE
Consumer Satisfaction (Provider-Based Model)	
93.7%	Satisfaction with Support Coordinator
86.5%	Satisfaction with Staff
Consumer Satisfaction (Self-Administered Services Model)	
92.7%	Satisfaction with Support Coordinator
95.2%	Satisfaction with Staff
85.1%	Satisfaction with Fiscal Agent

Face-to-face Visits	
97%	Proportion of face-to-face visits with clients completed by Support Coordinators as required

Contract Compliance	
152	Number of contract reviews completed this year
98%	Providers who met fiscal compliance
97%	Providers who met contract compliance (non-fiscal)

Family Preservation	
28.4%	Proportion of consumers with supported employment as their day support.
63.5%	Proportion of consumers receiving in-home rather than out of home support

Financial Performance	
114.9 MILLION	Total General Fund dollars saved by using Medicaid funds
18.6 MILLION	Total General Fund dollars saved as compared to ICF/MR
1.85%	Total funding used for State Office administration

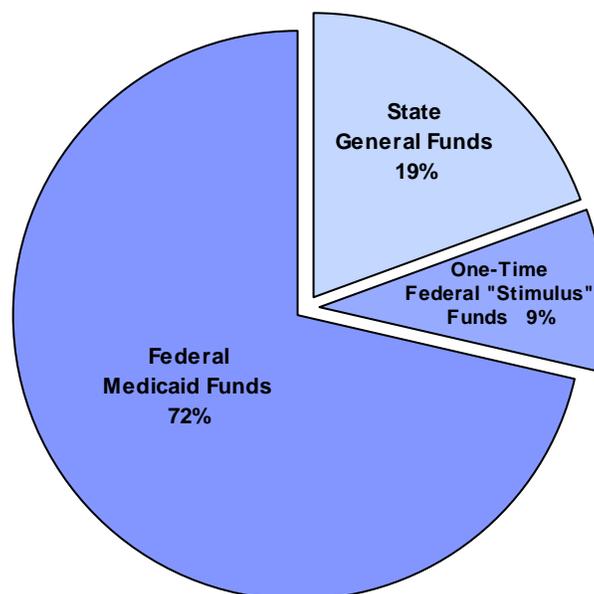
# Budget Overview

## Operating Budgets

	Actual 2009	Actual 2010	Authorized 2011
Administration	\$4,220,100.00	\$3,779,900.00	\$3,370,200.00
Service Delivery	\$16,435,300.00	\$9,161,700.00	\$7,311,500.00
Utah State Developmental Center	\$38,532,400.00	\$36,508,600.00	\$34,286,900.00
Community Supports Waiver	\$140,075,700.00	\$148,512,600.00	\$143,921,800.00
Brain Injury Waiver	\$2,385,200.00	\$2,567,200.00	\$3,020,200.00
Physical Disability Waiver	\$2,027,200.00	\$1,969,000.00	\$1,935,300.00
Non-Waiver Services	\$2,493,000.00	\$1,300,200.00	\$2,259,400.00
<b>Total</b>	<b>\$206,168,900.00</b>	<b>\$203,799,200.00</b>	<b>\$196,105,300.00</b>

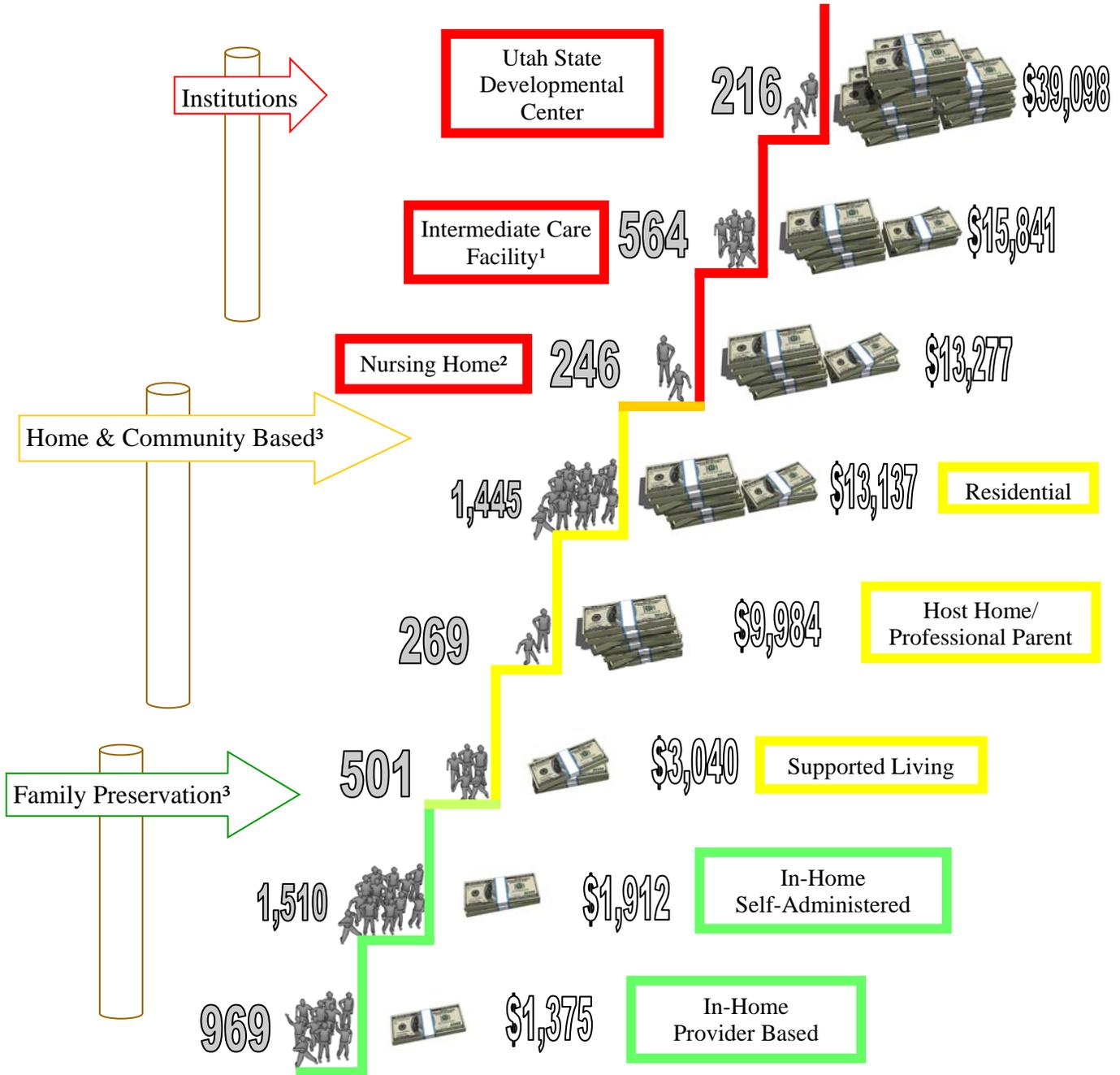
## Federal Medical Assistance Percentage (FMAP)

Nearly every State General Fund dollar spent on DSPD services is matched with four Federal Medicaid dollars.



# Long Term Care Costs in Utah

## Average State General Fund Cost per Person



Dollar amounts in State General Fund (26.2725% of total cost).

<sup>1</sup>Costs do not include \$4,853 for enhanced behavior intervention add-on if utilized nor do they include other compensation to providers in the form of incentives/grants.

<sup>2</sup>Costs do not include medical and behavioral add-ons, nor do they include other compensation to providers in the form of incentives/grants.

<sup>3</sup>Costs include neither day programs (\$2,564) nor supported employment (\$1,679).

References:

<http://www.health.utah.gov/medicaid/stplan/NursingHomes/Rates/ICFMR/IcfMrRateCalFY10.pdf> (Accessed: 8/26/2010)

# Budget Cuts

In fiscal year 2010, DSPD took a \$2,703,400 General Fund budget cut. This was in addition to a \$1,071,000 General Fund cut following Fiscal Year 2009 Special Session in autumn of 2008. Fiscal Year 2010 cuts to Administration and Service Delivery (\$907,000) represent a 17.4% cut to the budget for those categories. Fiscal Year 2010 cuts were implemented through multiple strategies including the following:

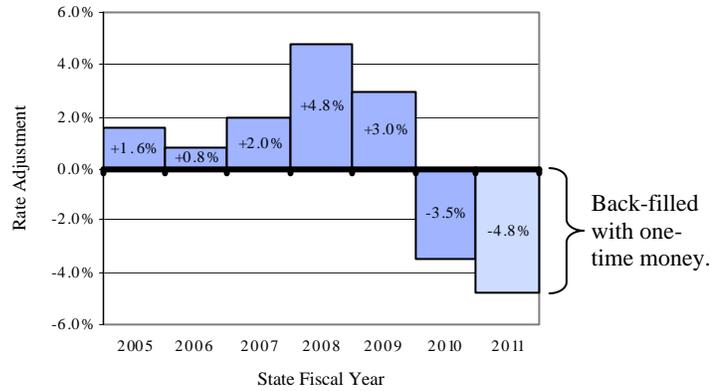
## Cuts to Administration and Service Delivery (\$907,000)

- Privatizing support coordination
- Office closures
- Reductions in force
- Retirement incentives
- Hiring freeze/attrition
- Eliminating overtime and comp time

## Cuts to Services (\$1,796,400)

- 3.5% across-the-board cut to all provider rates
- Elimination of some non-Medicaid services and contracts

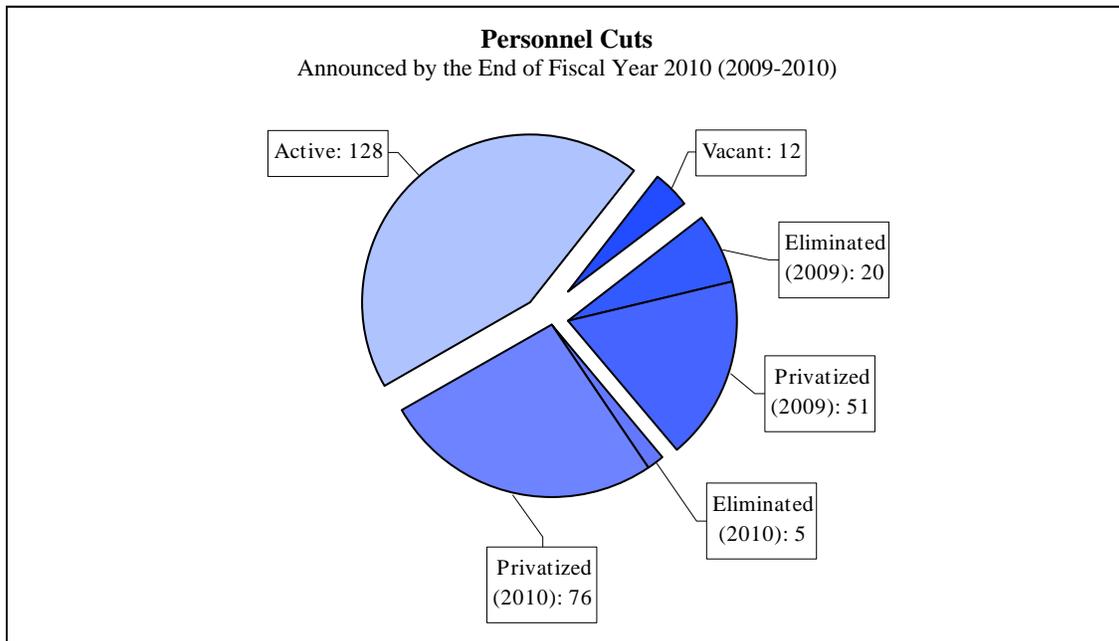
Historic Provider Rate Adjustments\*



\* Except in 2009 (when providers received 100% of their increase), disabilities providers received a "cost of living" increase based on personnel costs which the legislature set at 80% of their total costs.

## Personnel Cuts

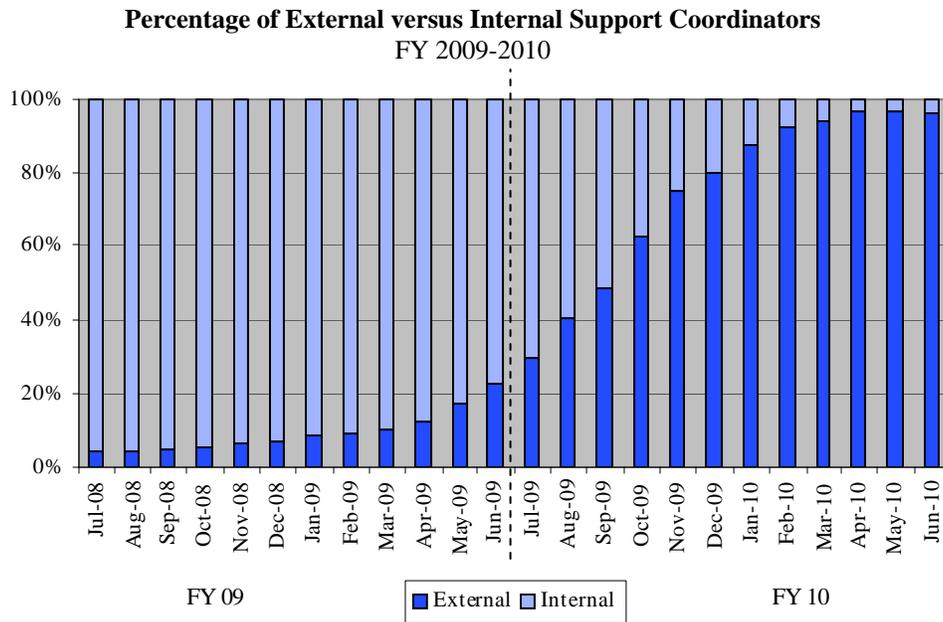
Over 50% of positions have been externalized or eliminated. Cuts in areas other than Support Coordination were achieved through a combination of retirement incentives, attrition and reduction-in-force. In addition, several employees are temporarily handling additional job functions associated with 12 positions impacted by a hiring freeze.



# Privatizing Support Coordination

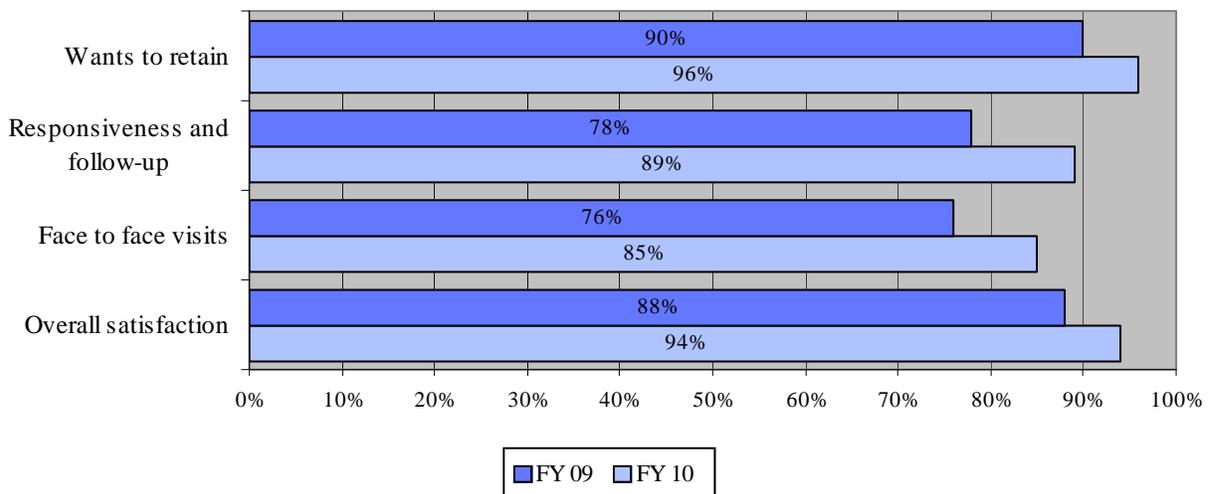
By far the most dramatic shifts in Division personnel and organizational structure came as a result of the privatization of Support Coordination.

Although privatization had already begun, it accelerated dramatically in the first half of fiscal year 2010. The proportion of private support coordinators went from about 4% in July 2008 to over 96% by June 2010. A few State-employed Support Coordinators have been retained to manage transition cases and administer objective needs assessments.



Objective measurement of consumer satisfaction interview data were compared before and after the changes were made. Satisfaction with Support Coordination improved in all areas following the switch from state to private support coordination.

**Two year Historic Consumer Satisfaction with Support Coordinator**



# Division Reorganization

## Administration

Since the end of fiscal year 2005, the Division has gone from seven to three full-time upper-management staff. At the end of fiscal year 2010, the Central Region Director and an Assistant Director announced their retirements. The Division then reorganized under one Assistant Director over programming and one Assistant Director over administration. This resulted in a reduction to the Division's upper management staff of over 50%.

<u>2005</u>	<u>2006 through 2009</u>	<u>2010</u>	<u>2011</u>
Eastern Director			
Western Director	Southern Director		
Northern Director	Northern Director	North/South Director	
Central Director	Central Director	Central Director	Douglas Maughan Assistant Director
Assistant Director	Assistant Director	Assistant Director	Scott Kline Assistant Director
Assistant Director	Assistant Director	Assistant Director	Alan Ormsby, J.D. Division Director
Division Director	Division Director	Division Director	
Positions:	7	6	5
			3

## Regional Office Closures

When legislative budget cuts led to voluntary externalization of support coordinators, DSPD was able to realize some cost savings in office closures. The map shows all DSPD regional offices at the beginning of fiscal year 2009 and which offices have been vacated to date.

### ■ Offices Vacated 2009 (8)

Brigham City	American Fork
Bountiful	Spanish Fork
Holladay	Richfield
Park City	Cedar City

### ▲ Offices Vacated 2010 (7)

Ogden	Delta
Tooele	Moab
Heber	Blanding
Nephi	

### ● Offices Remaining (8)

Logan	Provo
Clearfield	Price
Salt Lake	Manti
Vernal	St. George

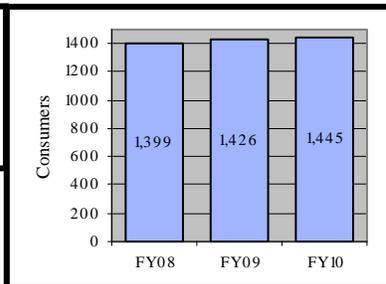


## Service Groupings

### Residential Services

(Daily 24-hour services in supervised apartments and group homes)

Number of people	1,445
Average Age	40 years
Average Annual Cost	\$53,000 (\$12,500 General Funds)
Number of Providers	38



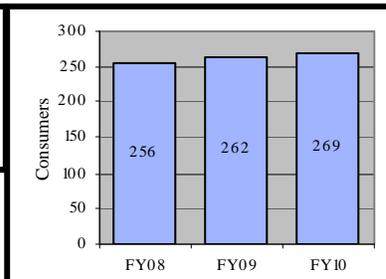
Residential services are to assist a person to gain and/or maintain independent living skills in a community setting. Provider staff supervise, train and assist them with activities of daily living, such as eating, bathing, and dressing. These residential services offer habilitation, supervision and assistance as an alternative to placement in an institutional setting. Other supports often offered with residential services include behavior consultation, prescription monitoring, extended living supports and day supports.

The Utilization Review Committee was formed in mid FY 2009 to review service utilization beginning with the highest cost residential consumers. Since its inception, the committee has reduced budgets totaling \$61,800 in on-going general funds.

### Host Home, Professional Parent, and Adult Foster Care Services

(Daily 24-hour services)

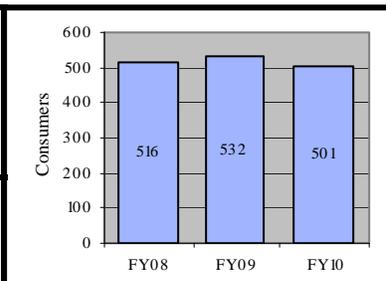
Number of people	269
Average Age	26 years old
Average Annual Cost	\$40,400 (\$9,500 General Funds)
Number of Providers	24



The Host Home, Professional Parent and Adult Foster Care Supports are similar to residential services in terms of the support provided. The difference is that their homes are family homes where the person lives with a non-related family. Host and Professional Parent homes provide a setting in a private home that offers support, supervision, training and assistance in a certified residential setting or other certified private home. These services include daily supports to maintain individual health and safety, and assistance with activities as well as behavior consultation and prescription monitoring services, if needed. The service gives those with exceptional care needs an alternative to institutional settings in order to enhance their ability to live as independently as possible and fully participate in a community setting of their choosing, and to avoid isolation in their homes and communities. Adult Foster Care also provides the opportunity to reside in a small residential setting/atmosphere where a person can develop independent living skills.

### Supported Living Services (Hourly and Intermittent)

Number of people	501
Average Age	42 years old
Average Annual Cost	\$12,300 (\$3,000 General Funds)
Number of Providers	47

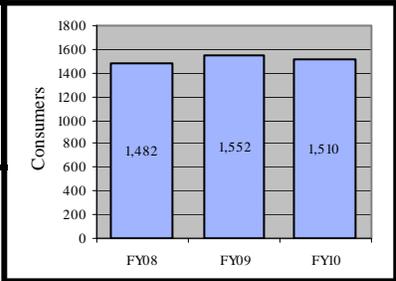


Supported Living Services provide supervision, training and assistance for people to live as independently as possible. This service is available to those who live alone in their own homes, with roommates, or a spouse or for adults who live with their parents or other related caregivers. Providers of supported living services maintain the person's health and safety, and provide transportation, personal care, homemaker, chore, attendant care, observation of all administration of all medication, advocacy, assistance with communication and activities of daily living.

## Service Groupings

### Self-Administered Services Model (using a payroll agent)

Number of people	1,510
Average Age	24 years old
Average Annual Cost	\$7,600 (\$1,900 General Funds)
Number of Agents	3



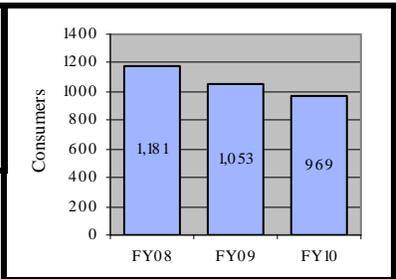
The Self-Administered Services Model provides respite, day supports, supported employment, transportation, training and other assistance for families to enable them to maintain their family structure while caring for a family member with a disability.

A payroll agent, called a Fiscal Management Agent in this program, is tasked with providing financial information and services to help the family administer their own services, including hiring their own staff and managing the budget allocated to fund their supports.

The service's activities include maintenance of the person's health and safety, respite, supported living, companion services, personal care services, homemaker, chore attendant care, advocacy, communication, assistance with activities of daily living and instrumental activities of daily living, transportation to access community activities and shopping and other services.

### In-Home Provider-Based Model (for a person living in their family's home)

Number of people	969
Average Age	33 years old
Average Annual Cost	\$5,700 (\$1,400 General Funds)
Number of Providers	54

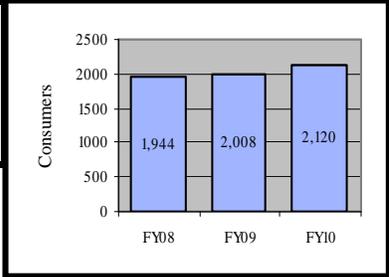


The In-Home Provider-Based Model provides respite, chore and homemaker services, companion services, personal assistance, day supports, supported employment, transportation, training and other assistance for families to enable them to maintain the family structure while caring for a family member with disabilities. Families participating in the Provider-Based Model select from a list of contracted providers to meet their service needs. The service's activities include maintenance of the person's health and safety, personal care, homemaker, chore, attendant care, advocacy, communication, assistance with activities of daily living and instrumental activities of daily living, transportation to access community activities and shopping and other services.

# Service Groupings

## Day Supports

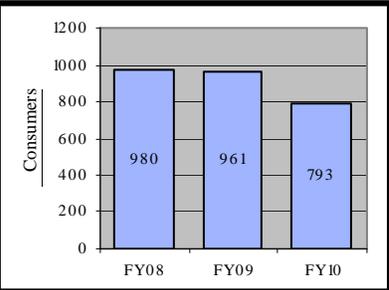
Number of people	2,120
Average Age	38 years old
Average Annual Cost	\$10,800 (\$2,600 General Funds)
Number of Providers	51



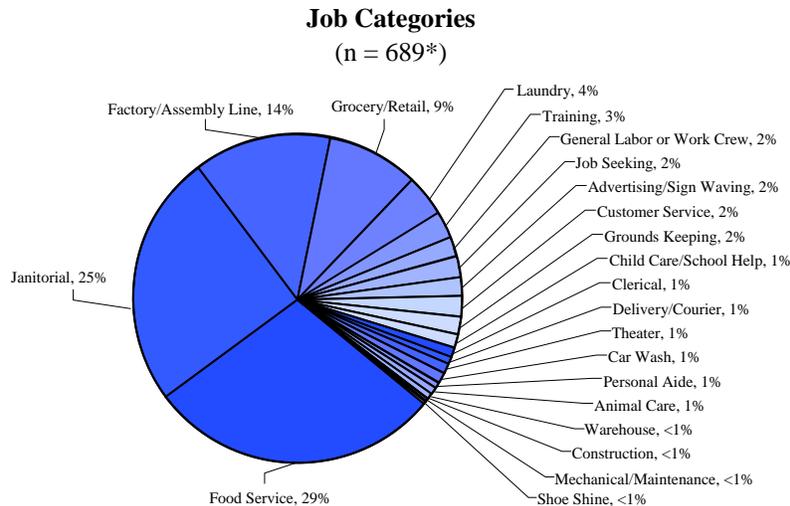
Day Supports provide daily and hourly support, supervision and training for individuals and groups of adults and the elderly. The service provides a safe, non-residential, community habilitation program in a structured program setting, other naturally occurring environment or community setting where people can gather in groups during the day to avoid becoming isolated and participate in and contribute to their community. This service maintains or improves a person's job-readiness skills, work abilities, dexterity, stamina, memory, personal safety, interpersonal relations, self-help, communication, mobility and other functional abilities and life skills. For children Day Supports are provided during breaks from school, including summer breaks, holidays and vacations and in after school programs.

## Supported Employment

Number of people	793
Average Age	40 years old
Average Annual Cost	\$6,700 (\$1,700 General Funds)
Number of Providers	47
Average Wage	\$5.91
Average Hours per week	15.4



Supported Employment helps an adult obtain, maintain, and advance in competitive employment in integrated work settings. These services are provided individually or in groups, with a job coach and/or co-worker supports and are designed to be flexible to accommodate both the needs of the employer as well as the needs of the person. Supported Employment can be arranged on a full or part time basis, during traditional or non-traditional workdays, or work hours in settings where the person is afforded the opportunity to work with co-workers who do not have intellectual disabilities.

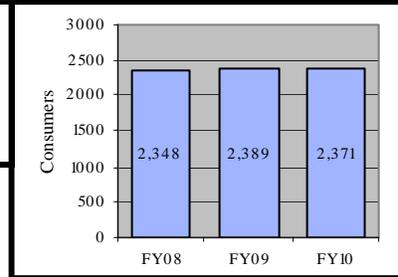


\*104 were not able to be categorized due to missing or incomplete data.

## Service Groupings

### UTA Bus Passes and Transportation Services

Number of people	2,371
Average Age	38 years old
Average Annual Cost	\$1,400 (\$320 General Funds)
Number of Providers	51



Transportation services are provided to help the person gain access to day programs, supported employment and other community services, activities and resources.

### Other Services

The Division provides additional supports based on a person's assessed need, including:

- **Behavior Supports**  
...provides services to people with behavior problems which may vary from those that interfere with learning or social relationships up to those behaviors which may be dangerous or even life-threatening. These individually designed, one-on-one interventions are based upon the principles of applied behavior analysis and focus on positive behavior supports that increase the person's ability to be integrated into the community.
- **Environmental Adaptations (modifications made to a person's home or vehicle)**  
...allows for making physical adaptations to the home and/or vehicle that are needed to ensure the health and welfare of the individual, or enable the individual to function with greater independence.
- **Housing Assistance Program (temporary assistance paying rent)**  
...assists individuals participating in Division residential programs to meet the housing costs attributable to the acquisition, retention, use, and occupancy of a personal home or community residential living in the community.
- **Personal Emergency Response System (Electronic monitoring device instead of on site staff)**  
...24-hour access to emergency personnel and companionship accessed by pushing a button in the home.
- **Specialized Medical Needs**  
...supplies and assistive devices including transportation devices, mobility devices, communication devices, bathing and bathroom devices, and eating devices.