

Allegheny County Department of Human Services

Office of Mental Retardation/Developmental Disabilities



Fiscal Year 2009-2010 Draft Plan and Budget Request

TABLE OF CONTENTS	Page
Introduction/Background	3
Community Outreach Training	3
Additional Areas	
• Lifesharing Program start-up	4
Service Design	
• Targeted Disease Management	5
Priority Areas	
• Proposed expansion of services 2009-2010	7
• OBRA activities	
• Lifesharing	
• Private ICF-MR discharges	
• Interdepartmental Planning	
• Graduating/Aging Out of High School	
• State Center Opportunities	
Administrative Entity Infrastructure Issues	11
Enhanced COLA	15

Introduction/Background

Allegheny Administrative Entity Office of Mental Retardation/Developmental Disabilities (OMR/DD) has continued to implement system change and expand choice for individuals and families in Allegheny County. We have made significant strides in these areas by participating in various projects related to Pennsylvania's statewide transitional process aimed at bettering the efficiency and flexibility of the mental retardation service system. Allegheny Administrative Entity's plan activities for Fiscal Year 2009-2010 will demonstrate our continued commitment to achieve the highest level of choice and system resources for families.

Community Outreach/Training

Community outreach and education is an important part of OMR/DDs mission. Communication regarding the MR System, especially Allegheny Administrative Entity information is achieved through written material shared by various avenues. We provide formally planned workshops as well as other presentations, partnerships and networking throughout the year.

The *Starting Point*, updated annually, can help consumers get started in understanding services and service definitions and learn about providers in Allegheny County. *Fact Sheets* are brief explanations of important subjects regarding the MR System. Employment, Lifesharing through Family Living and Supports Coordination were added this year to the Fact Sheets. The *Starting Point* and *Fact Sheets* are available on the DHS website, along with other OMR/DD information and are shared with stakeholders through mailings, outreach opportunities and workshops. *Key Communicators* are individuals, family members, professionals and community members who have signed up to receive communication (via US Mail and email) from our office and share the materials with others who may benefit from it.

Workshops offered during FY 07-08 included the annual *Wellness Expo* (attended by over 200 guests) and *For Your Better Health*, both offered especially for individuals enrolled with OMR/DD. *Family Forums and Coffee Corners* were held in Fall 07 and Spring 08. They were planned for families / caregivers and are also attended by individuals and professionals. The Fall / Winter of 07/08 *Pathways to Possibilities Transition Series* had an average of 70 participants, including youth, in each of the four sessions. A *Lifesharing through Family Living Fair* took place in Spring of 08. These workshops, held as part of our contract with CCAC, were often partnerships with other entities as well, such as APS Healthcare (Southwestern HCQU), Speaking for Ourselves, AIU#3, Pittsburgh Public Schools and PaTTAN.

OMR/DD staff are active instructors in several Res/Voc book in-services including the Direct Support Professional Workgroup and Exploring the MR System.

Community and DHS partnerships are a vital part of our outreach, communication and education. We have shared OMR information through presentations and mutual works with Forensic, CYF, AAA, OBH, and the MH Children's Team as well as the DHS Resource Network. Information is shared and connections made through committee memberships and presentations / resource fairs given to community and education entities.

Additional Areas

Lifesharing Program Start-up

Background: An existing provider of residential services in Allegheny County is interested in expanding service options for individuals with MR/DD based on the LifeSharing through Family Living model.

Capacity: In preparation, this agency has participated in the Pennsylvania LifeSharing "How to Training" conducted at Warm Springs Lodge in Landisburg, PA in 2006, as well as the recent Allegheny County "Coffee Corner" training in June 2008. Also attended were the LifeSharing Initiative presentation of individuals seeking placement through LifeSharing in February 2008. In addition, the Director of Support Services and Manager of MR Residential has each been involved in planning for Family Living and managing Family Living with other agencies, and/or while working for Allegheny County.

Current Status of Planning: This organization is prepared to move forward with implementing a LifeSharing program, however, as noted in the LifeSharing Bulletin issued by ODP, it is critical for the ultimate success of such a program that the responsibility for development and oversight of the program not be assigned to a staff who is also providing oversight to a CLA program. The time commitment involved in developing and maintaining a quality LifeSharing program necessitates that a person be identified who can devote their undivided attention to the many facets of program development, implementation, maintenance and growth.

LifeSharing Coordinator: The LifeSharing Coordinator will be responsible for:

1. Recruiting potential LifeSharing provider candidates, including respite.
2. Completing initial home and provider screening and assessments.
3. Identifying individual(s) seeking family living through LifeSharing working with the Administrative Entity and SC Units.
4. Developing orientation, training and on-going training for LifeSharing providers as per 6500 regulations.
5. Ensuring licensing and compliance with 6500 regulations.
6. Coordinating respite for LifeSharing provider.
7. Providing QMRP functions for Individual Support Plan.
8. Developing policies and procedures relevant to LifeSharing.
9. Quality Assurance/Improvement.

Proposed Start-up and Budget Needs: In order to move forward from planning to development and implementation, funding is being requested for start-up of a Lifesharing program. Funding requested would be for one year start-up, with the expectation that through the course of FY 2008-2009, a Lifesharing program would be initiated which would be self-sustaining through Fee for Service.

We will:

1. Identify and subsequently place individuals within the existing MR Residential program in a Lifesharing home as consumers and families see the benefits.
2. Work with the Administrative Entity and Supports Coordinators to identify and subsequently place individuals who have chosen Lifesharing for placement through initiatives.

1 Year Start-up Funds: An initial start-up grant of \$ 96,464 is being requested for FY 2008/2009. The major cost would be to provide funding for a full-time LifeSharing Coordinator whose time would be devoted solely to developing and implementing a LifeSharing program. Additional costs for the LifeSharing start-up would include office space, utilities, office furniture and equipment including laptop computer, FAX, phones etc. and transportation costs, including vehicle and insurance for staff travel and consumers to visit potential LifeSharing families, doctor's appointments, fiscal, HR HCSIS/Promise support, etc.

Billing: It is expected that within a year the program would be either partially or fully funded through Fee For Service. According to the ODP Lifesharing Bulletin, a minimum of six months to 1 year should be anticipated for proper planning and implementation to occur.

The goal is to implement a LifeSharing service that will be a viable alternative to 24 hour CLA for some of our present consumers, as well as offer more choice for consumers on the waiting list.

Service Design

Targeted Disease Management

Allegheny Administrative Entity works collaboratively with APS Healthcare, a specialty healthcare company administering the local Health Care Quality Unit (HCQU). APS Healthcare is a national organization with over 13 years experience as a disease management vendor for clients who serve more than 2 million individuals currently. APS believes in integrating disease management and behavior change programs to improve

quality of life, producing significant clinical and financial results through a multi-disciplinary approach.

Allegheny Administrative Entity proposes a further collaboration with APS to implement a Targeted Disease Management model serving our consumers with the following goals:

1. Improved quality of healthcare

- Coordination of healthcare, including collaboration between a consumer's health providers
- Communication with consumer's Primary Care Physician to identify health outcomes
- Educating consumers and care providers to communicate vital signs or health indicators to health providers and "Health Coaches"
- Improvement of consumer and provider satisfaction

2. Improved health outcomes

- Outcome measurement, profiling and reporting for consumers and providers

3. Lowered total costs

- Reduction in inpatient hospitalizations
- Reduction in inappropriate ER use
- Reduction in unnecessary or inappropriate medication

4. Better educated providers, consumers, and multi-disciplinary teams

- Increased consumer education and self-management skills
- Integration of preventative care into the clinical management model

Allegheny Administrative Entity would contract with APS Healthcare to provide disease management services to approximately 250 consumers. APS would stratify consumers to assess health risk using a nationally recognized, validated tool (John Hopkins ACG) and a further Comprehensive Baseline Assessment. Services would then be targeted to individual need. APS would work with consumers and their teams to locate and access appropriate healthcare in their community, addressing both medical and behavioral needs. Consumers would have the opportunity to take more direct control over their health outcomes, making better-informed decisions and participating in healthy behaviors they choose. Once a consumer and their team improve self-management skills and achieve an optimal level of health, they would graduate to a decreased level of support, opening availability of services to other consumers in need.

Our secure, state-of-the-art Internet-based electronic health records system, APS CareConnection®, is a flexible, user-friendly program management tool for Medicaid agencies, providers, beneficiaries, and APS Care Management staff that organizes information in support of productive interactions that are transparent, secure and in keeping with best practices. It is now deployed in 16 programs in 10 states, and customized for each application. APS CareConnection® was created in 1999 as the first web-based integrated plan of care and health management tool ever deployed in a statewide Medicaid program. APS CareConnection®, provides cutting edge technology to place information in the hands of the individuals who need it. This allows our Health Coaches to easily document all interactions and easily follow-up all necessary contacts.

Our system provides a central repository in which the latest clinical, administrative and claims data will be captured and made available to our Health Coaches and providers.

APS can certify that we have significant experience as a formal disease management organization since 1994 and have been recognized at the national level by the Disease Management Association of America (now DMAA The Care Continuum Alliance) in 2005, 2006, and 2007 for the caliber of our public programs. APS' Wyoming *Healthy Together!* (a total population management program) and Georgia Enhanced Care Program (a comprehensive disease management program that serves 48,000 aged, blind and disabled members in Atlanta and northern Georgia) were selected as the outstanding public programs in 2005 and 2007 respectively, and Georgia was recognized in 2006 for its outstanding provider engagement. APS programs have not only been acknowledged by our peers as the best in America, but have also been externally evaluated. Assessments by Milliman of the *Healthy Together!* program in Wyoming have shown two years of exceptional cost avoidance for the State of Wyoming – with the State of Wyoming reporting 2006 cost avoidance of \$17 million.

Additional program accomplishments for our Georgia Enhanced Care Program include:

- Achieved member engagement rate of more than 45% and a member retention rate of 90%.
- Recognized in 2007 as one of the top Medicaid disease management programs in the U.S by Health Industries Research Companies.
- One of only two Medicaid programs given DMPC ROI certification.

Additional program accomplishments for the Wyoming *Healthy Together!* program include:

- Produced cost savings of \$12.7 million during the first year (2005), a return on investment of 3.67:1.
- Generated clinical improvements - reduced emergency room visits by 13%, inpatient admissions by 7%, average length of stay by 29% and readmissions by 22% during the same period.

APS has estimated the cost of identifying, stratifying and providing various levels of disease management to 250 consumers at \$235,000 per year.

Priority Areas

PROPOSED EXPANSION OF SERVICES FOR FISCAL YEAR 2009-2010

Allegheny County Administrative Entity (AE) proposes to provide services reflective of the Office of Mental Retardation priority service areas. The priority areas are as follows:

- A. Services/Supports Coordination
- B. Waiting List-Person/Family Directed Supports Waiver
- C. Waiting List-Consolidated Waiver including EPSDT-Aging Out.

A. Independent Supports Coordination Infrastructure Issues

Since Fiscal Year 2001-2002, Allegheny Administrative Entity has experienced continual growth in both Consolidated and Person/Family Directed Waiver Programs. There are currently 1816 individuals who participate in the consolidated and 1026 individuals in the Person/Family Directed Waiver.

The ability of the Independent Supports Coordination Units to successfully locate, coordinate ongoing services and supports and to meet minimum monitoring standards and complete all initiatives requires staff resources. This is evident in AE and State monitoring. Allegheny Administrative Entity objective is to focus on establishing a reasonable and manageable number of individuals to support. System-wide the average number of individuals served, not in a special program, is approximately one Supports Coordinator to 73 individuals (1:73). Managing caseloads of this magnitude does not permit the Independent Supports Coordinators the opportunity to build trust or develop healthy ongoing relationships with individuals and families.

When the Administrative Entity is able to acquire additional funding, and hire 81 additional Supports Coordinators, the ratio of individuals to coordinators will become approximately 1:45. This ratio is the maximum amount that would enable the Independent Supports Coordination Units to coordinate and fully implement the expansion of waiver initiatives as well as enhance the needs of individuals in the Allegheny County Mental Retardation System.

Allegheny County Administrative Entity is still actively requesting funding in the amount of \$3,802,205 for the Fiscal Year 2009-2010.

B. Waiting List- Person/Family Directed Waiver Expansion

Allegheny Administrative Entity proposes to continue to identify and serve those individuals whose needs can be met within their own or family home in the community. In addition, we will continue to promote employment as a priority for our individuals who are or who have graduated from school. It is anticipated that there will be 128 individuals who will graduate in the 2009-2010 fiscal year. Our office projects that 35 of them with critical or emergency PUNS will be looking for supported employment or pre-vocational level of day programming. They could be served with the Person/Family Directed Support waiver. Allegheny County AE will be requesting \$596,000 of annualized funding to meet the employment, day and other in home/community service needs of these graduates.

There will be an estimated 115 additional individuals with Critical and Emergency PUNS who are looking for in home and community supports and who could be served under the Person/Family Directed Support Waiver for approximately \$1,792,500 in annualized costs.

See more related to our effort for individuals seeking employment opportunities under section *Graduating/Aging Out of High School* further along in this document.

C. Waiting List-Consolidated Waiver Expansion

Consolidated- Group Home

Based on the PUNS information provided, there are 98 of individuals with emergency PUNS and are seeking residential supports. Although many of these individuals' PUNS indicate more than one type or level of residential support, historically, the majority of individuals and their teams are looking for traditional 24 hours supports in a group home or within their own home. It is projected that the individuals with the Emergency PUNS level would need an annualized budget of \$17,471,000 (\$16,981,000 eligible and \$490,000 ineligible). This would not include any start up that may be required for the development of new or specialized settings. Allegheny Administrative Entity continues to see requests for more specialized services related to medical, psychiatric, and behavioral issues most often related to those prevalent on our waiting list. Those target groups include those under the age of 28 years or over the age of 65 years with multiple needs

There are an additional 250 individuals with Critical PUNS who are also looking for 24 hour residential supports. Our current system capacity could most likely support up to 100 of these 250 at a total annualized amount of \$17,827,000 (\$17,327,000 eligible and \$500,000 ineligible).

If this type of need were to be addressed, our system would most definitely require significant start up funds as our provider network would have to develop new/additional residential settings.

Consolidated- Non-group Home

Allegheny County AE plans to continue to identify the appropriate residential level of supports via the supports coordinators, family members and providers for those individuals who are currently in placement as well as those seeking residential supports in their own home. We will continue to support and promote Lifesharing as an exciting alternative to more traditional services. Based on current PUNS information, Allegheny Administrative Entity is requesting \$1,764,000 (\$1,680,000 eligible and \$84,000 ineligible) in annualized funding and 21 consolidated slots for individuals who are seeking Lifesharing or supported living situations as indicated on their emergency PUNS.

Consolidated-EPSDT Age Out

Allegheny Administrative Entity continues to serve up to 10 individuals per year who are aging out of medical EPSDT services. In many of the situations, the over-whelming majority of service needs for these individuals has been nursing care and other non-mental retardation services. The individuals and their teams continue to seek funding and support through other medical waivers/options such as the Michael Dallas waiver with little or no success. Individual insurance is not a viable option for support. The average

Person with mental retardation have the same rights and will be afforded the same opportunities to live, work, learn, and find recreation in local communities of their choice. 9

cost per individual in this situation has most recently been approximately \$250,000 per year. Allegheny Administrative Entity is projecting up to 10 consolidated waiver slots and \$2,500,000 in EPSDT Age-Out funding to serve these “aging out” children in the 2009/2010 fiscal year.

Additional Priority Areas

OBRA Activities and Trends

The 2007-2008 OBRA activities and trends are compiled of OBRA more than 180 days, OBRA less than 180 days, extensions, individuals change in medical status from less than 180 days to more than 180 days and individuals less than 180 days discharged from providers needing future placement.

This past year OBRA activities and trends included 55 individuals placed for less than 180 days short term placements and fifty five individuals placed for more than 180 days long term placements to a nursing home with specialized services. Four individuals needed another less than 180 day extension before returning to their previous placement and seven individuals had more medical needs than the original determination and needed their status changed to more than 180 days long term placement. One individual was approved for less than 180 days short term placement and was discharged from his ICF/MR residential placement.

This table reflects the data of OBRA activities and trends.

OBRA less than 180 days	55
OBRA more than 180 days	55
OBRA less than 180 day extension	4
OBRA change in medical status for less than 180 days to more than 180 days	7
Individuals less than 180 days discharged from provider	1

Private ICF/MR Discharges

During fiscal year 2007/2008, Allegheny Administrative Entity OMR/DD has attempted to identify and plan for all populations with the most emergent needs. In some cases, Allegheny Administrative Entity is not aware or are we provided ample time to transition these folks into their identified service need. One population that falls into this category that are those discharged from Private ICF/MR’s. This population provides a challenge due to not being within our system, coupled with the lack of support coordination. For fiscal year 2007/2008, Allegheny Administrative Entity had to plan and fund 4 individuals that we did not initially plan for financially. It is necessary that the Office of Developmental Programs addresses this concern and that concerted efforts are made so this does not become a trend and a burden to our current system of supports.

Development of “lifesharing” through Family Living

Over the past year, Allegheny Administrative Entity Office of Mental Retardation/Developmental Disabilities continues to firmly believe in and support the expansion of “Lifesharing” through Family Living, as well as Unlicensed Residential Habilitation. The expansion will be accomplished through a review of Allegheny Administrative Entity’s current practices and the development of a Strategic Plan. This Strategic Plan will focus on future planning, education and choice.

Allegheny Administrative Entity Office of Mental Retardation/Developmental Disabilities will continue to support “Lifesharing” through Family Living as a residential option for: individuals who are considering moving away from their family home, those moving from a residential program, or someone who is returning to the community from a State Center or ICF/MR. At this time the expansion of “Lifesharing” is limited to the individuals referenced above and those identified to receive funds through the Consolidated Non-Traditional Group Home Initiative. “Lifesharing” is presented as a residential option at every ISP meeting for all Allegheny County consumers.

Through the Consolidated Non-Traditional Group Home Initiative Allegheny Administrative Entity identified 24 individuals for residential services and 9 individuals benefited from “Lifesharing” through Family Living as their service preference. The funding made available through this initiative has enhanced Allegheny Administrative Entity “Lifesharing” through Family Living Program to a total 63 individuals served. At this time there are 11 provider agencies contracted for and providing “Lifesharing” through Family Living. Three additional agencies have expressed their interest in contracting with Allegheny Administrative Entity to provide this service. Unlicensed Residential Habilitation Services fall under the umbrella of “Lifesharing.” This service provides another opportunity or avenue of expansion for “Lifesharing” in Allegheny County. Unlicensed Residential Habilitation allows for individuals to remain in their family home and receive less than 30 hours of direct habilitation services per week. Currently there are 192 being served through the Unlicensed Residential Habilitation program.

Allegheny Interdepartmental Planning

Allegheny Administrative Entity Office of Mental Retardation/Developmental Disabilities (OMR/DD) continues to work closely with other Department of Human Services entities in order to ensure that some of our most emergent individuals’ supports are planned for through an integrated system approach. Within the scope of each of the groups, the needs of children in multiple systems are the primary population being served. The multi-system group activities include the rapid response team, RESPOND (Residential Enhancement Services, Planning Opportunities for New Direction),

Interagency Process, system of care initiative, integrated children's plan and the multi-system funding group.

ACDHS OMR/DD works closely with the Supports Coordination entities to ensure that accurate follow through and concise multi-system team based planning occurs with emergent individuals. Great efforts are made to foster commitment and active participation from all vested stakeholders (OMR, OMH, CYF and OBH). When at all possible, long term planning allows a seamless transition from the children to adult system in both supports and funding.

An ongoing challenge is the identification of individuals with mental retardation via the CYF system at an age that allows for proper planning. The interagency process is helpful in this however, at times; individuals are not referred to MR intake until their transitional years. Currently, twenty one multi-system individuals are being targeted for need of residential placement for 2008-2009. Individualized needs range from Life Sharing to 24 hour group home.

Graduating/Aging Out of High School

ACDHS OMR/DD has seen a growing need for transitional supports for individuals who have completed or who are about to complete their education. While OMR/DD remains committed to the principle that community-based employment remains the first, best option for individuals leaving school for adult life, there remains a transitional need for 2380 and 2390 regulated day program services in addition to supported employment, transportation and habilitation/respite in home supports. Our above priority areas speak to specific needs and funding necessary.

Allegheny Administrative Entity will utilize collaboration with existing service structures (OVR, MR Base Service Units, local Intermediate Units and area school districts) to assist individuals' successful pursuit of employment outcomes. This collaboration will include, but not be limited to: identifying stakeholders in the employment process, accurate identification of individuals in the MR Service system, assisting those not already linked with the MR system in doing so, reviewing available funding to determine potential need and appropriate funding allocation, and assisting in the development of creative strategies to promote competitive employment for individuals with Mental Retardation.

To this end, Allegheny Administrative Entity will continue to participate in community based associations such as GPSEA (Greater Pittsburgh Supported Employment Association), Allegheny County Transition Coordinating Council, transition and life planning events throughout the region, and other employment-related groups and activities. Strategic planning will be on-going throughout this process.

State Center Opportunities for Movement into Communities

Currently, Allegheny Administrative Entity OMR/DD has approximately 178 individuals residing in the following State Centers: Whitehaven 3, Hamburg 4, Ebensburg 36, Selinsgrove 49 and Polk 86. Those 178 individuals are divided up among the three Supports Coordination Units as follows: FamilyLinks 69, Mon Valley 72, and Staunton Clinic 36. Based on current and projected provider capacity, Allegheny Administrative Entity OMR/DD has identified 5 probable individuals and 1 definite individual who could benefit from placement in the community from State Centers in Fiscal year 2009-2010. One individual has been targeted for the past three years and extensive planning has occurred. Estimate annualized costs to serve all 6 individuals from State Centers would be \$1,475,000 (Three at \$175,000, two at \$275,000, and one at \$400,000). Allegheny Administrative Entity OMR/DD continues to experience start up costs per home to be approximately \$60,000. This would calculate to \$240,000 total start up for 6 individuals.

Allegheny Administrative Entity OMR/DD would also be very interested in utilizing money from "Money Follow the Person" grant that has been just approved to serve the above State Center individuals.

AE Infrastructure

The performance of the AE's will be critical to ODP ability to maintain compliance with the new demands it has negotiated with CMS. We are concerned that we may not have the compliment of staff to complete all the mandated functions in the ODP/AE Agreement. Allegheny Administrative Entity current administrative cost share is 3.17% of total allocation. We feel we need to reach the 75% percentile (4.4%) identified in Mercer's survey of AE's. Outlined below are the major functions we feel need to be prioritized for additional staff resources.

Quality Management

The Administrative Entity role in assuring the quality of MR services continues to transform as our system faces the challenge of overseeing a growing and diverse population. The advent of DPW's HCSIS (Home and Community Services Information System) in 2002 resulted in a gradual shift in the way we do business. Information is more readily available to support decision-making and set objectives. The Administrative Entity role in documenting and measuring compliance with CMS expectations regarding implementation of the Waiver program, monitoring provision of services, maintaining the Waiting List for MR services and setting objectives to improve the quality of services relies greatly on accurate data. Comprehensive and ongoing analysis of data is necessary to yield useful information in these areas.

AE Oversight

The process for monitoring implementation of the Administrative Entity Operating Agreement by the Office of Development Programs (ODP) has changed significantly in the past few years. A tool was developed to more consistently measure AE compliance with standards across programs and entities. The process and tool relies significantly on data available through HCSIS. ODP monitors the Administrative Entity every two years, while the AE is responsible for completing a Self-Assessment annually. Based on the results of both of those processes, the AE develops Action Plans to address any areas where compliance is not meeting expectations. The AE has a significant role in ongoing self-assessment, tracking of data and compliance, and implementing corrective actions. The process is not limited to an annual review, but requires ongoing measurement of compliance with policy and practice standards.

Quality Improvement

Objectives to improve the quality of MR services and the quality of life of persons receiving services are shared by the Administrative Entity and ODP. Formal objectives are documented in an AE Quality Management Plan. Some recent focus areas include continued development of Positive Practices and methods for reducing the use of Restraints, and increasing system capacity for Lifesharing and Community Employment.

The Administrative Entity's role includes collaboration with ODP in a Regional Quality Improvement Council, setting local objectives with input and collaboration of stakeholders, implementing Action Plans to initiate system change, and measuring progress toward objectives. Efforts to initiate system change require dedicated and consistent attention, and the AE acts as the facilitator of these quality objectives, and a driving force for quality improvement.

Risk Management

The Administrative Entity has a significant role in efforts to mitigate risk for persons receiving MR services. This includes analysis of data that would identify persons or populations at risk, analysis of the information to determine possible causes, and systemic Action Plans with the objective of prevention of risk factors. The AE also leads remedial action to address risk at an individualized level.

Provider Monitoring

The Administrative Entity conducts annual monitoring of all contracted direct service providers and providers of Supports Coordination to ensure quality of services, service delivery, and health and safety of individuals receiving services. Annual monitoring consists of pre-visit audits of provider service data and on-site reviews of provider documentation, policies and procedures, individual records, physical site inspection, and interviews of those receiving services. A supplemental addendum is used in monitoring

Supports Coordination providers, which focuses on documents and practices specific to provision of Supports Coordination.

The Administrative Entity also conducts unannounced monitoring visits throughout the year at each provider of direct services. The areas reviewed by the monitoring team during an unannounced visit consist of individual health and safety, service delivery, quality of services and physical site inspection.

In addition, the Administrative Entity conducts initial and annual qualification of providers in conjunction with the state Office of Developmental Programs applying standards developed by ODP.

Financial Management

Assessing Provider Budgets and Financials

The Administrative Entity's (AE) role in Financial Management is ensuring that providers are financially stable and are prepared to function independently as a fee-for service entity. Each month the Financial Management Oversight workbook is updated and reviewed by the Financial Team. Providers identified as needing evaluation will be assigned to an individual Financial Team member for further analysis. Based on the % of error the Financial Management Team member will collaborate with the Service Authorization, Monitoring Team Liaisons, and/or ISC Entity to take the following actions. (0-5 % Internal Tracking, 5-15 % Telephone Contact, 15 % or greater Meeting with Provider). The Financial Team member evaluates Promise Billing, Utilization, Rate Setting, HCSIS, Workstatement, etc. in an attempt to identify the cause for the margin of error and develop a resolution action plan with the provider.

Rate Setting and Cost Reporting

The Administrative Entity's (AE) role in Rate Setting and Cost Reporting is structural and time sensitive. The AE must make sure that all ISPs are authorized at the beginning of the Fiscal Year so that Providers can bill and monitor their utilization. Based on initial discussions at meetings with ODP, we understand the AE may be responsible for the desk review of the Providers cost reports. Once the state has set the Providers rates, the AE will load those contract rates into HCSIS. The AE/SCs will be evaluating current year plans' and potential year end utilization to determine the potential financial impact and begin pre-authorizing the Fiscal Year plans. The AE will authorize (R2E) all the plans for the next Fiscal Year. These activities will allow AE's and ODP to identify the need for any corrective actions to impact any financial issues.

Billing and Payment and Claims Management

The Administrative Entity's (AE) role in billing and payment is evolving as we transition to State treasury paid wavier services. The process we will follow this Fiscal Year will

mirror what we intend to do in FY0910 except that most Wavier Services will be paid to the Providers from the AE rather than the State Treasurer. The AE will download from the Promise Payment Files twice a month. The payment Files will be run into our E-caps system on the 1st and 15th of the month. The 15th of the month is the payment run. An error report is created with the run for all Promise Billings that did not post to our E-caps system. AE staff will review that error report to determine how to fix the errors so that the Promise Billings will post. Also a detailed payment report will be run for the Providers so that they can identify which billings are being paid. The provider will review their Promise payment files to identify which billings did not post in their Promise payment file. Any errors from the Promise Billing need to be corrected by the Provider and any error in HCSIS needs to be corrected by the AE. The Providers are to contact the AE for Promise Billing corrections if they need help.

The AE will run the Promise payment download on the first of the month and generate certain reports. The AE does not pay from these reports. These reports tell the AE and the Provider if the errors have been corrected from the prior 15th of the month run. Also the run will document any new errors in the current downloads. The 1st of the month run gives both the Provider and AE the opportunity to correct the errors before the next 15th of the month payment run.

The AE creates a summary posting report from the 15th of the month run by Provider for Base and Wavier which the AE's accountants use as an invoice to create the payments that is mailed to the provider. The difference in the Billing & Payment Process between FY0809 and FY0910 will be in where the Providers get paid from. In this Fiscal year wavier (except Wavier Supports Coordination) will be paid by the AE and next Fiscal year all wavier will be paid by the State Treasurer. The process for correcting errors should stay pretty much the same.

Individual Support Management

The Administrative Entity has been responsible for the role of Intake & Registration since April 2003. The single point of entry support conflict free choice, consistency, and accountability. The functions include pre-screening, establishing MR eligibility, assisting with Medical Assistance application, presenting service preference and offering choice of supports coordination entities. The AE is responsible for creating the individual record in the Home and Community Services Information System (HCSIS). The AE inputs information into the demographic/eligibility section and assigns the supports coordination entity in HCSIS.

Operations and Consumer Relations

The Administrative Entity (AE) is responsible for continual review of bulletins and modifications in the MR system and applicable internal policy and procedure updates and/or creations based on relevant changes. Trainings to Supports Coordinators, Providers, and families are developed and presented based on new or, changes to, existing policies and procedures if necessary. In addition, fair hearings, county conferences, and mediation are tracked and changes to current processes and/or trainings are determined based on the outcomes.

Enhanced Cost of Living Adjustment Request

As the transition to PPS continues, the financial stability of the Provider Network in Allegheny Administrative Entity remains a high priority. Allegheny County's Administrative Entity is appreciative of the Office's efforts in the provision of a Cost of Living Adjustment (COLA). However there have been years of COLA's below the rate of inflation or not being provided through the state budget process.

For FY 09-10, Allegheny County Administrative Entity would like to request an enhanced COLA matching the current projected cost of living. The PA House indicated in their "2008-09 PA State Budget: Summary and Analysis" that the rate of inflation for FY 08-09 is projected at 4.4%. Allegheny Administrative Entity is requesting additional revenue to make up for the potential lost revenue for FY 08-09 and full year for FY 09-10 of \$18,740,866 (8.8% of our current allocation) for an enhanced COLA.

Allegheny County Administrative Entity believes that the above mentioned needs to be addressed in FY 09-10. With the various departments that are currently redesigning their systems, the MR system is being asked to continually support individuals that require more than one support structure. In continuing with the self-determination philosophy, Allegheny Administrative Entity has identified the additional resources needed to continue to support individuals with mental retardation and fulfill our shared mission of providing supports to people in their every day lives.