THE CITY OF PHILADELPHIA

DRAFT

ANNUAL PLAN

For

SUPPORTS AND SERVICES

For

PEOPLE WITH

MENTAL RETARDATION

FISCAL YEAR

2005-2006

Mental Retardation Services
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Introduction

The Philadelphia Mental Retardation Services (MRS) Plan for Fiscal Year 2005-2006 (FY 05-06) has been developed at the beginning of what is anticipated to be a challenging time for individuals, families, and the mental retardation services system, a period of change and new beginnings. We are reorganizing Supports Coordination and many business processes. In last year's plan, the Office of Behavioral Health/Mental Retardation Services (OBH/MRS) requested $30,724,895 to support people in the community who are in need of service in FY 2004-2005 (FY 04-05). The Governor's Budget for FY 04-05 includes $8,574,000 in state and federal funds for a statewide Waiting List Initiative. However, due to the ever growing waiting list that currently includes over 17,000 people statewide, and years of limited or no funding for people waiting for services, this budget is inadequate.

Additional funds are required to address the needs of people waiting for services, salaries to recruit and retain a qualified workforce and include a cost of living adjustment (COLA). It is critical that planning for FY 05-06 consider these circumstances. To that end, the Plan describes issues and strategies to be considered in FY 04-05. MRS must serve 34 young people aging out of the Department of Human Services (DHS) and 35 persons in emergency residential situations over the course of this coming year. Adequate funding is needed to plan for these individuals. In addition, providers of service must continue to identify strategies to address the rising cost of providing service within a changing economy.

In Fiscal Year 2001, Philadelphia received new funds to address the waiting list due to the efforts of those who waged the Waiting List Campaign. This was a good beginning, however, since FY01 waiting list funding has not been available at a similar level and each year the potential consequences are challenging. In FY04, stakeholders in the mental retardation service system made difficult decisions and used all of the strategies available to support individuals in need to remain in their communities. Individuals and families, supports coordinators, providers and the entire planning team worked to develop strategies to support people more cost effectively and to redistribute "savings," if possible. The result has been to date in FY 04, every person in an emergency situation or who aged out of DHS has been served or supported to remain in their current location, move into another community option, or move into reconfigured or newly developed capacity. Because of tremendous effort and collaboration and some emergency funding from the Commonwealth, MRS has been able to avoid using State Centers as a service option. However, as the budget fails to adequately address expanding waiting lists, we struggle to resolve significant need among people in the community.

Over the last three years, MRS has been working to reorganize Supports Coordination. After numerous planning meetings to obtain input from stakeholders and a Request for Proposal (RFP) process, four organizations were selected to provide Supports Coordination in FY04-05. These organizations are: The Consortium, Partnership for Community Supports, PersonLink, a program of Philadelphia Health Management Corporation and Quality Progressions. Each of the new organizations will serve individuals from all over the city and provide Supports Coordination to people living at home as well as people living in residential services. A series of information sessions have been conducted around the city at which individuals and families had an opportunity to ask questions of the supports coordination agency representatives as they prepare to choose their supports coordination agency.

The Home and Community Information System (HCSIS) is operational and provides access to Individual Support Plans (ISPs), Incident Management, Independent

Monitoring, the PROMISe billing system and other important data. HCSIS serves as an authorization system, as well as a supports coordination information and billing system, which will have a significant effect on the business processes of the mental retardation system now and in the future. HCSIS, along with other processes, is intended to redesign service delivery and enable the system to make individual budgets available and portable. Other initiatives will ensure that individuals and families have new ways of selecting and purchasing services. These changes demand new ways of managing services at the state, county, and provider level and will require significant changes in roles, relationships, and reimbursement.

This Plan reflects data available as of April 15, 2004 through HCSIS. Prioritization of Urgency of Need for Services (PUNS), also referred to as waiting list data, is to be reviewed annually, by the supports coordinator, with the individual and family. The current PUNS data, are an understatement of real need. In this Plan, persons who need services immediately are defined as in "Emergency Need". Persons who need services within the Plan Year are defined as in "Critical Need." Persons who will need services within the next five years are defined as in the Planning category and are not included in the budget request.

The FY05-06 Plan highlights the numbers of people without service and the potential need in Philadelphia, including young adults leaving high school after years of entitlement to education, only to find, due to insufficient funding, that there are no supports and services; aging parents who fought for the right to education and a response to the waiting list are now competing for services for their family members with young adults aging out of child serving systems; and individuals with mental retardation in the criminal justice system.

This Plan contains only summary data while the final plan will include a detailed request by individual, based on their expressed need and guided by the capacity of the system. The major issues in this Plan remain the same as in previous years: limited or inadequate funding, a growing waiting list, inadequate salaries for direct support professionals that impact on the capacity of the system. MRS has enrolled record numbers of people into the Person/Family Directed Support Waiver (P/FDSW) over the last four years. However, there are still an overwhelming number of persons who have no waiver services.

A long-term financial commitment from the Commonwealth is desperately needed to respond to those who are waiting and want services in their own homes and communities. The Philadelphia mental retardation service system remains committed to the values expressed in the Community Collaborative and the recognition of the gifts and contributions of persons with mental retardation and their right to live "Everyday Lives".

VALUES AND GUIDING PRINCIPLES

Planning initiatives and the ongoing provision of supports and services are built upon a foundation of values and guiding principles identified and agreed upon by representatives of the stakeholders in the mental retardation system in Philadelphia, through a planning process called the Community Collaborative convened in 1991.

VALUES

FAMILY - We value family as the first and most significant source of one's values and identity. A family provides unconditional love, acceptance and support. It connects us to life-long relationships, giving us continuity and history.

JOBS - We value a job as satisfying to the individual. Among the factors that make a job individually satisfying are:

Certain external rewards, such as:

- fair and acceptable pay
- fair benefits
- fair working hours
- healthy environment
- positive relationships with co-workers
- convenience to home
- non-discriminatory
- provisions for a rewarding environment

And/or internal rewards, such as:

- building on one's strengths
- growth and development
- making a contribution
- helping people
- being challenged
- a sense of pride
- stimulation
- feeling of accomplishment
- fun and enjoyment

All of which allows us independence, self-esteem, and personal choice.

VALUES (Continued)

HEALTH - We value the right of, and opportunity for, every person to optimize his or her personal health. Such opportunity encompasses education, comprehensive wellness activities, prevention, equal access to quality health care to appropriate health technology and supports, and to a healthy environment. Each person must have the opportunity to maximize the quality of his or her life regardless of his or her health or physical status.

FRIENDSHIP - We value friendship because friends mutually enrich each other's lives. They provide supports, comfort, fun, and opportunities for growth. We value the ability of every person to make friendships, to give his or her friendship to others, and to keep those friendships as he or she wishes, to the extent he or she wishes.

SPIRITUALITY - We value the right of and opportunity for every person to define and express in his or her own way a sense of spirituality. Spirituality may bring comfort, inspiration, continuity, strength and fellowship. It also helps to establish and reaffirm personal beliefs and ethics.

LOVING RELATIONSHIPS - We value the opportunity for all persons to experience loving relationships which provide companionship, friendship, partnership, and a sense of belonging. Relationships allow for affection, intimacy, sexual expression, romance and passion, and thrive on commitment, trust and mutual responsibility.

To underscore these "most valued aspects of life," the Community Collaborative also developed a set of nineteen principles, which define how supports and services must be shaped as we assist people in their pursuit of a valued life. These principles embody the current human service concepts and incorporate the emerging "best practices" in the field. They have been used to define and test the work of the Community Collaborative. More significantly, they shape the direction of the Philadelphia mental retardation system**.**

GUIDING PRINCIPLES

The principles, which guide the Philadelphia service system, as it seeks to assist and support people with mental retardation to achieve the highest quality of life state supports and services offered to people must be:

SELF - DIRECTED	Directed and controlled by the individual.
FULFILLING	Designed to meet the wishes, dreams, desires and needs of the individual.
INTEGRATED	Provided in settings that are integrated in the community and used by other, non-disabled people.
STIGMA - FREE	Free of labels that demean or offend the individual.
HIGH QUALITY	Of the highest possible quality.
SUPPORTIVE	Designed to insure that individuals who need the support of others are provided that support.
RESPECTFUL	Respectful of each person's right to privacy and personal autonomy as well as all other rights granted by law or regulation.
ACCESSIBLE	Physically accessible to all people, with accessibility not only "provided for" but made meaningful, via responsive transit systems and the provision of assistance to those who need it to move successfully through-out their community.
EMPOWERING	Designed to enhance the person's ability to make choices, live independently, and take control of his/her life, including the right to take risks and chances.

GUIDING PRINCIPLES (Continued)

POSITIVE	Provided in positive, non-intrusive, non-punishing ways.
GROWTH - ENHANCING	Designed to help the person grow and develop, building on his/her present abilities and gifts while teaching new, more challenging skills.
FLEXIBLE	Flexible, with the ability to change as the desires and needs of the individual change.
INDIVIDUALIZED	Responsive to the uniqueness of the individual and respectful of the cultural diversity that characterizes our society.
APPROPRIATE	Designed so as not to "overserve" or overprotect the individual.
MEANINGFUL	Designed to promote meaningful lives, meaningful relationships, and meaningful careers, with time for relaxation and fun.
ACCOUNTABLE	Provided honestly, responsibly and respectfully by people of integrity, with full accountability to the people served.
CONTINUALLY - EVALUATED	Regularly evaluated internally and externally to insure that all practices are reflective of state-of-the-art thinking and best practices.
COLLABORATIVE	Designed by a partnership formed between the individual, his or her circle of support, and all of the people who are or will be providing services.
STABLE	Maintained for as long, and only as long as they are needed.

MISSION STATEMENT

OUR MISSION IS TO CREATE, PROMOTE, AND ENHANCE THE SUPPORTS AND SERVICES AVAILABLE TO INDIVIDUALS WITH MENTAL RETARDATION.

Individuals will have access to quality supports and services that foster:

- **Choices in their everyday lives;**
- **Meaningful personal relationships with friends, family, neighbors;**
- **Presence and participation in their communities;**
- **Dignity and respect as valued citizens of Philadelphia.**

Mental Retardation Services
City of Philadelphia
Presented October 28, 1993

I. Supports Coordination for FY 2004-05

Supports Coordination

After three years of planning, and working with the input of all stakeholders, MRS has selected four organizations to provide supports coordination for individuals with mental retardation. These organizations are: The Consortium, Partnership for Community Supports, PersonLink, a program of Philadelphia Health Management Corporation and Quality Progressions.

These organizations will be operational by July 1, 2004 and they will work closely with MRS to create a system of Supports Coordination in Philadelphia. Each of the new organizations will serve individuals from all over the city and provide supports coordination to people living at home as well as people who are living in residential services. Each organization will be the same size with the same type of staffing.

These organizations will be responsive to individuals and families, with flexible hours and a willingness to meet with individuals and families at their homes or at other locations in the community, for example, the library. Supports Coordination will come to the individual and family providing assistance with life choices and life needs including the needs of elderly caregivers. Recruiting of supports coordinators includes bilingual staff with a range of skills and abilities, including working as a team to assist individuals and families. MRS has changed the way registration, eligibility determination and supports coordination is delivered.

In the following paragraphs are excerpts from a letter sent to consumers and family members on April 21, 2004:

Dear Consumer and Family Member,

It is our pleasure to announce that Philadelphia MRS has selected four organizations to provide supports coordination for individuals with mental retardation. These organizations are The Consortium, Partnership for Community Supports, PersonLink, a program of Philadelphia Health Management Corporation, and Quality Progressions.

Over the last three years, Philadelphia MRS has been working to reorganize supports coordination. You may have attended one of the community meetings held during this time, when input about supports coordination was received. We considered your input and are moving forward.

During April and May 2004, there will be a series of information sessions where you will have an opportunity to hear from and ask questions of representatives from each of the four organizations. A schedule of meetings is enclosed along with a short description of each of the new supports coordination organizations. Philadelphia MRS will complete the change from the current agencies to the new agencies over the next four months.

In response to the advocacy of consumers and their families who have expressed their strong desire to have choice in this process, we have modified the process and are

enclosing a selection card. You are asked to choose among the four agencies. *Please indicate a first and second choice of agency. We hope that the enclosed information will offer you some background on these new organizations. If you are able to come out to a meeting, you will have the opportunity to meet agency representatives in person. If we do not receive a response from you by May 18, 2004, MRS will assign you to one of the four organizations.* ***Please note that if you are assigned and find at a later date that you want to make a different choice, you will have that option within the available capacity.***

It is our requirement that each of the new organizations will serve individuals from all over the city and that each agency provides supports coordination to people living at home as well as people who are living in residential services operated by an agency. Each agency will be the same size with the same type of staffing. Agencies will have a limit on the number of people for whom they can provide supports coordination. Agencies are currently beginning to hire staff to work as supports coordinators. Unfortunately, it is not possible at this point to tell you if your current supports coordinator will continue to work in the MR system or with which agency they will be employed. Philadelphia MRS will attempt to honor individual choice to the greatest extent possible.

In addition to the new supports coordination agencies, MRS contracts with Philadelphia Health Management Corporation to provide service coordination for infants and toddlers receiving early intervention services through a program known as ChildLink. MRS also provides supports coordination directly to Pennhurst and Embreeville class members. MRS will also assume administrative responsibility for supports coordination for person living in ICF/MRs.

MRS, with input from stakeholders is committed to developing and managing a registration and supports coordination system that it is administratively more efficient, consistent in its approach to individuals and families, supportive of consumer and family choice and compliant with requirements of State and Federal funding sources. The system will have caseloads of a reasonable size to allow for meaningful supports coordination and be staffed by individuals with appropriate training and experience.

The new Supports Coordination Organizations will address the issues identified below by MRS stakeholders participating in focus groups <u>during Fiscal Year 2001/2002.</u> The issue is stated; **the MRS response to the issue is shown in bold type.**

> <u>Separate registration functions from supports coordination functions</u>. There should be a uniform system for registering for mental retardation services and for determining eligibility. Information should follow the consumer and family, so that people don't have to tell their stories over and over if they move from one area of the city to another.
>
> **Philadelphia MRS separated registration functions from ongoing supports coordination by creating a centralized registration unit that became operational in September 2003. This unit staffed by reassigning personnel from the MRS court ordered supports coordination unit and through other reconfigurations. Staff are available to individuals and families in their homes, and other locations that are convenient to them as well as at the office. To date, there has been a higher than anticipated number of referrals and a backlog has developed.**

With the implementation of the new supports coordination system, individuals will register once in HCSIS and their service information will follow them if they wish to change organizations or move to another county.

Choice. Consumers and families need to have choice of services and supports, providers, and supports coordination agencies.

Through the advocacy of individuals and families, people will choose their supports coordination organizations as indicated in the excerpts from the April 21 letter to consumers and families shown above. Individuals who do not exercise their choice will be assigned to one of the supports coordination organizations by MRS. However, consumers retain the right to make a change of supports coordination organization at any time, with the available capacity.

Standardization and simplification of structures, policies and procedures. Across the city, there should be more uniformity in the structures, policies and procedures for supports coordination. Individuals and families should be able to obtain consistent, reliable information about the system and their services following statewide policies expressed in MR Bulletins.

The development of the centralized Registration Unit, more fully described above, was one response to this recommendation. As part of the Request for Proposals to provide supports coordination, MRS identified a number of areas of policy and procedure where consistency would be expected across all organizations. These included organization of consumer records, time frames from referral to first contact, process for reevaluation of consumers whose needs change, addressing emergency situations, conflict resolution, and access to FDSS funding, among others.

MRS and the four organizations are working together, with input from consumers and families, to develop policies that insure consistency across the system. It is anticipated that draft policies in many critical areas will be in place by July 1. This process is viewed as ongoing: modifications may be made based on experience operating in accordance with these policies. All policies will be consistent with the requirements and policy directives of OMR as established in the MR Bulletin relating to Supports Coordination and Service Delivery.

MRS is also working with the four selected organizations to develop training and other resources to increase the consistency in the administration of standard procedures such as PUNS, the OMR instrument that determines each individual's level of need, offering service preference in order to establish eligibility for waiver funding, developing Individual Service Plans and using consistent terminology in defining services. In addition, the core curriculum being developed by the Training Workgroup, described more fully in the next section, will contribute to more consistency in practice across the system.

Recruitment and retention. There was general understanding that, in order for the system to work, there must be sufficient numbers of well-qualified, competent and caring professionals who are committed to the values of Everyday Lives. Suggestions for accomplishing this objective included better pay, more reasonable caseload sizes and comprehensive, standardized training.

MRS is committed to enhancing salaries, reducing caseloads and providing comprehensive, standardized training for supports coordinators and their supervisors.

A training workgroup composed of MRS staff, consultants, families, consumers and contracted training providers is developing a core curriculum for supports coordinators and supervisors that consists of 60 hours of training per year. Topics will include: Everyday Lives – Vision and Values, Understanding Mental Retardation and Developmental Disabilities, Self-Determination and Consumer Empowerment, Working with Families and Cultural Diversity, Person Centered Planning, Outcomes, Using Technology, Individual Budgeting, Role of the Supports Coordinator and Development of the Individual Service Plan. Additional areas for training will be identified, based on expressed needs of consumers and families and staff.

MRS is requesting additional funding through this plan to address the salary and caseload issues, primarily among community consumers. This is more fully described below.

A caring relationship between the consumer and family and the supports coordinator is a vital component to quality service.

Careful selection of staff, supportive supervision, adequate training, continuous feedback from consumers and families are ways in which the system can insure that caring relationships develop between consumers, families and their supports coordinators.

High caseloads are seen as impediments to the development of caring relationships, since supports coordinators do not have the time to get to know each individual. Therefore, this plan's request for funding to reduce caseloads is directly related to this issue.

Consumer and family input. There was general support for the continuation of structures for consumer and family input in the design of the system.

An advisory committee comprised of representatives from key constituencies in the Philadelphia mental retardation community was established to advise MRS about the reorganization of supports coordination. Representatives from that group participated in the interview and selection of the four new organizations. A new advocacy group has also emerged that is bringing their leadership and guidance to the changes in supports coordination.

Individuals and family will join and participate in the membership on advisory committees of the agency and will have representation on Agency Boards. MRS, the four organizations and consumer and family groups are working on a policy and practices statement to guide the development of the advisory committees for each organization. The intent of this statement is to insure that each committee is striving toward best practices in its mission, composition, role and procedures. The individual advisory committees will send representatives to a city-wide advisory committee.

Neighborhood Base. Philadelphia MRS should maintain local sites for access to community mental retardation services and delivery of supports coordination.

New organizations will develop satellite locations in various communities after they establish their home office locations. Sharing of space will be encouraged. In addition, supports coordinators will be available to meet with consumers and families at times and places that are most convenient for them. Neighborhood based support groups will be offered the opportunity to continue meeting in their own neighborhoods with assistance from other family based organizations.

Services to Children. There should be specialized supports coordination services for children, with good communication with schools and other child serving organizations. Supports organizations will be encouraged to explore outreach and collaboration for children's services.

In response to this recommendation, the RFP contained a specific section on services to children. Each organization responded with a plan to insure that children and families receive individualized attention and that linkages with other child serving systems occur. A major focus from each organization was to promote the ability of families to maintain their children in their homes with services and supports from a variety of systems, including mental retardation, the schools, behavioral health and the general medical community. Without such cooperation and coordination, children risk being referred for service in more restrictive environments.

Technology. Improved technology will be critical to the success of the registration and supports coordination process.

All Supports Coordinators will have and use computers. All supports coordinators will be expected to use HCSIS, the statewide system for registration, planning, monitoring and entering supports coordination case comments. Training in HCSIS will be provided during June and July 2004. On site support will be provided as staff begin to use the "live" system.
In addition to computers, all the organizations have committed to state of the art communication systems, including voice mail and email.

Role of MRS. Philadelphia MRS must be prepared to take a leadership role in the system.

Over the last three years, Philadelphia MRS has taken a leadership role in redesigning and implementing a new system for supports coordination in Philadelphia. MRS has worked closely with consumers, families and advocates and providers in developing a system that will be customer driven and responsive. MRS intends to work closely with stakeholders to monitor and assure that the new system when operational meets our expectations and contractual requirements. MRS will work with the new organizations to document the needs of people in Philadelphia through the PUNS process.
MRS will work closely with stakeholders and advocate with OMR for the resources necessary to meet the needs of consumers and families for services as well as supports coordination.

MRS is committed to reconfiguring the system of registration and supports coordination. It is important that the process be done in a way that recognizes the impact it will have on the individuals being served as well as the individuals and organizations currently involved in delivering the service. MRS continues to work with the BSUs to insure a smooth transition. Issues around opportunities for BSU staff in the new organizations, transfer of records and information about services and supports for people in Family Driven Support Services, Person Family Directed Waiver and In-Home Waiver have been addressed. Delays were necessary to achieve a viable financial plan, to obtain clarification on the issue of conflict free and to explore transition issues and costs. The current timeline will fully achieve compliance with the MR Bulletin on Conflict Free Supports Coordination by the effective date of July 2005.

Financial analysis indicates that Philadelphia MRS will require additional one time only funding for the transition period. The annual operating costs will be supported within the reconfiguration and streamlining of existing costs. There remains a commitment to more reasonable caseload sizes and better salaries than is achievable within the fully implemented reconfigured system. MRS continues to discuss our plans and timetables with OMR. MRS is committed to increasing Federal reimbursement through more timely determination of eligibility for Medical Assistance and increased productivity standards for supports coordinators. As of July 1, 2001, supports coordination was no longer funded through the Medicaid Waiver; instead it is billed to Medical Assistance, Targeted Service Management. Basic supports coordination services are available without cost to all families.

The overall objective of these efforts is to insure there is a standard process to register individuals for mental retardation services; that they receive complete and accurate information about their rights, responsibilities and choices; that they are provided with consistent, consumer and family friendly supports coordination; that their individual plans are developed using a person centered approach that relies on natural community supports as well as specialized mental retardation services; and that ongoing monitoring insures health and safety as well as continued appropriateness of services. These changes are being made to strengthen supports coordination and to ensure compliance with Federal and State standards so that funding for services through the Federal waiver programs continues to be available.

Working in close partnership with MRS program staff and the registration unit, the supports coordinator will need a wide range of knowledge of resources when identifying and planning for individuals. Supports coordination is needed for all individuals; it is critical at times of crisis or transition. These include emergencies in the home, children losing eligibility, children aging

out of other systems including high school, young adults needing more support, older adults who want or need to move out of the family home, and older adults who can no longer care for their adult child.

Additional responsibilities include:

1) Improving access to services on a city-wide basis; completion of the PUNS to determine current and future need.

2) Assisting in the referral process and, completing tasks such as identifying potential housemates and filling vacancies in an expedient manner.

3) Supporting the effective use of city-wide residential, employment and daytime support resources, and enhancing our collective ability to respond to emergency situations known to MRS.

4) Planning for people in transition: that is people whose service needs are changing and require a change in living arrangement including people moving from private licensed facilities and other large congregate settings.

   Developing expertise in working with individuals with mental retardation who also have mental health problems and plan the services necessary to support them to leave state hospitals and live in the community.

   Planning for individuals in the criminal justice system to ensure the availability of the necessary supports to provide structure for the individual and safety for the community.

5) Monitoring people living in boarding homes and the services provided. Make referrals as needed to appropriate alternative options.

6) Work closely with children's services at CBH and the Department of Human Services (DHS) to provide individual services proactively to avert crisis; work at a systems level to develop capacity to provide services to children in their own home or in their home community.

7) P/FDSW New - Plan and coordinate support services that will ensure each individual has support for employment or community based support; assist in accessing community resources and a broader range of service options, and monitor services to ensure individual need is met. MRS intends to use this opportunity to design and develop a broader range of new options for individuals and families.

Additional "support brokering" services may be purchased by families who want more in-depth planning and coordination in identifying natural supports, using community resources, and planning and directing their own services, hiring, and paying their own staff. The Self-Determination pilot is using a model that provides support brokering to individuals and families. In designing new services, it is important to consider the role of the support broker and the relationship with supports coordination. A chart is provided which contrasts case management and supports coordination.

This plan requests enhancements to the supports coordination system in the following areas:

Services to individuals living with their families. With the exception of approximately 1000 individuals funded through the PFDSW program, supports coordination services to individuals living with their families have been minimal. Caseloads often exceed 100 people. Supports coordinators have time to focus only on individuals with emergency needs. Outreach and identification of community resources is compromised. MRS is requesting $1,000,000 to add two supports coordinators to each of the new organizations in order to reduce the community caseloads to 65.

Funds would also be used to provide modest increases in salaries. Because of fiscal constraints, the starting salary for the new supports coordinators was set at $28,000. MRS would like to increase the starting salary to $30,000 and provide commensurate increases to current staff. Finally, additional funds would be used to cover increased operating costs in areas such as staff travel and technology.

Services to individuals served in ICFs/MR. Supports coordination for individuals served in Intermediate Care Facilities for Persons with Mental Retardation (ICFs/MR) is not eligible for federal reimbursement through the Targeted Services Management program. Because of this funding restriction, supports coordination services to these individuals have been severely limited.

As part of the reorganization, Philadelphia MRS plans to transfer supports coordination responsibility for individuals served in ICFs/MR to MRS. MRS is requesting funding to add ten (10) supports coordinators and a supervisor to form a new ICF/MR supports coordination unit. Each supports coordinator will serve approximately 100 individuals. While this is still a very high caseload, it is recognized that individuals served in ICFs/MR have a high degree of service and their need for supports coordination is not extensive. At the same time, MRS has a responsibility to insure that appropriate supports coordination is available as needed.

What Makes Supports Coordination Different?

Case Management	Supports Coordination
• Case Management includes locating, coordinating and monitoring supports and program funded services.	• Supports Coordination includes locating, coordinating and monitoring supports. These are required activities and the individual does not have to pay for these services out of their individual budget.
• No established maximum for caseload ratios.	• Maximum ratio for individuals supported through the Waiver will be established.
• No Statewide standards for case management training.	• Statewide training to prepare Supports Coordinators to develop Person Centered Supports.
• No statewide planning tool.	• Web based standardized individual plan format.
• Choice limited to contracted providers.	• Increased choice and increased Supports Coordinator access to available providers.
• No individual budget, except for individuals receiving Family Driven Support Services (FDSS).	• Assigned individualized budget to plan supports.
• No individual record of expenditures and utilization of supports, except for individuals receiving FDSS.	• Quarterly expenditure reports made available to consumer and family.
• No centralized data on case management.	• Standardized web based case notes/reports/monitoring

II. Services for Fiscal Year 2004-2005

Philadelphia Mental Retardation Services is developing its plans and priorities for FY 04-05. Funding is anticipated for a small waiting list initiative but there is no cost of living adjustment (COLA). With limited new funding our plans and priorities represent critical activities that must be addressed to respond to persons in need and to stabilize the system. These priorities require significant staff time in planning, reviewing, development and implementation. There are numerous other initiatives that will continue. Some of these formerly were identified as Commonwealth initiatives that are now an integral part of the work of the system.

Issues and Strategies for FY 04-05 are comprised of the following sections that include a narrative description of MRS priorities:

- New Business Processes using HCSIS
- Self-Determination in the Waiver – Two charts
- Waiting List Initiatives Year 4 FY 03-04 and the impact in FY 04-05
- Issues and Strategies for FY 04-05
- The Person/Family Directed Support Waiver (P/FDSW)
- PLF Conversion
- Individuals Living in ICF/MR's – Three charts
- Individuals moving from State Centers to the community

Home and Community Services Information System (HCSIS)

Since March 10, 2003, the Home and Community Information System (HCSIS) has been operational and in use. Supports Coordinators input and access Individual Support Plans (ISPs), monitoring reports and case comments. Providers submit quarterly incident management reports and incidents directly into HCSIS, and families review supports and services offered by providers on the Services and Supports Directory (SSD). The quality of services is reviewed through statewide Independent Monitoring and randomly selected Health Risk Profiles (HRP).

Independent Monitoring (IM4Q), Incident Reporting and Investigation, Health Risk Profiles and County Monitoring focus on quality. Supports Coordination information management and PROMISe, the billing system, are changing how services are delivered and managed. We continue to adapt to new processes, procedures and technology as individuals, families and staff expand their use of HCSIS and the Internet to access information and services.

Rate setting within counties is moving thoughtfully to implementation. Via HCSIS, data is collected, stored and made available to users depending on their roles. The new system continues to be organized around Individual Support Plans (ISP's), budgets and costs and will change from program funding to fee for service reimbursement. Pilot fee for service initiatives are planned for FY 05.

The County Administrator represents Philadelphia on the County Management Group , formerly known as the County Administrators' Advisory Committee (CAAC). A County Manager and various data, technology and program staff support the implementation on the local level.

Philadelphia MRS is invested in making the process work and supportive of the proposed changes; however, ongoing operational realities and new HCSIS responsibilities often compete for staff time. Our expectation is that the State Office of Mental Retardation (OMR) will continue to consider seriously the input of individuals and families, the County Management Group, county staff, providers and supports coordinators so that their contributions and expertise are used in designing future strategies and processes.

MRS is concerned about access and availability of data to be used for managing the service system. MRS also is concerned about the enormous scope and volume of implementation issues and the time required to complete them in the context of all other required activities and initiatives. MRS is in the process of reorganizing staff and unit functions to best meet these needs. We recognize that substantial resources must be devoted to fully implement HCSIS. We believe that additional program and technical support from the Commonwealth is required to address new and ongoing issues for such an ambitious project. It is critical that open communication is established and maintained between the Commonwealth and MRS to achieve our joint mission.

Self-Determination Project

Over the past four years, the Self-Determination Project in Philadelphia has worked to establish a process of planning with people funded by MRS which incorporates five basic concepts: freedom, responsibility, authority, support and community. The Project continues to work to have these core concepts implemented within the current system. There are fourteen people currently funded through the self-determination project. In addition, there are five people currently in the planning phase of the project. One continuing goal for the project has been to educate professionals, families and people with disabilities in this new way of planning and implementing supports and services. Over the past year, various presentations (parents' groups, transition fairs, resource fairs) have been made to families and people with disabilities who might be interested in participating in the project.

The base of the project has been the independent support brokers who are chosen by the individual (with the help of family and friends) to help them plan and implement the vision of their future. Recruitment, training and support of the brokers happen on a continuing basis. Monthly meetings give brokers a chance to exchange information, learn about new resources and problem solve the various barriers that may exist in trying to implement new ideas in the current system. The independent support brokers have worked diligently with a number of support coordinators to insure that efforts are meeting the needs of people in the project while at the same time satisfying the various waiver funding requirements. (See charts A & B.) The people in the project have the option of changing brokers if they feel a change is needed. Several people exercised this option over the past year, finding people who better suited their needs.

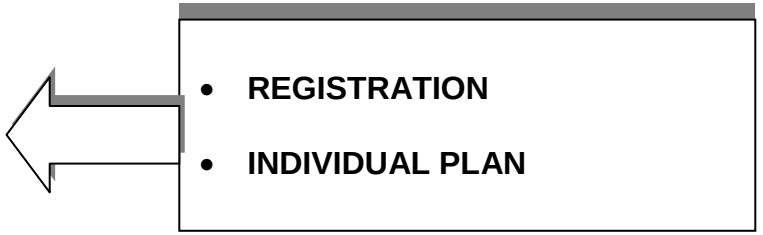
Accomplishments of people in the project are varied as their dreams of what they want in life. One individual moved to an area where she felt more comfortable and accepted. She was able to use the money she saved on a reduced rent to completely refurnish her home with quality used furniture she found with the help of her personal assistants. Another individual wanted a video about his life to help educate his personal assistants now and in the future. The project blossomed into something much larger and a 30 minute film was made. He attended a film festival in Virginia with the person who made the film and was available to answer questions after the film was shown. The film was recently purchased by a local TV

station to be shown sometime in the future. Living at home for his entire life, one individual had not learned the skills he would need to better take care of himself in the future when family support may not be available. His circle of support met on a monthly basis to plan a course of action that would help him obtain these skills. He now travels on the bus independently to his part time job, is learning to use the computer, do his laundry, cook and is a known regular at a local dance club. One gentleman in the project has never been good with budgeting his money and paying his bills. His support circle meets on a regular basis and has helped him develop better skills in this area. When the first efforts on how to support him in learning these skills didn't work out too well, the persistence of the circle members led to other ways of thinking about the issue and new, more effective efforts. Some of the accomplishments of people in the project may seem small to some but fulfilled the person and their family's dreams such as being able to go on a vacation that was dreamed about for years. Small or large, many of the dreams of the people in the self-determination project have become realities. In FY 04-05 and FY 05-06, we expect the Self-Determination Project to continue to grow.

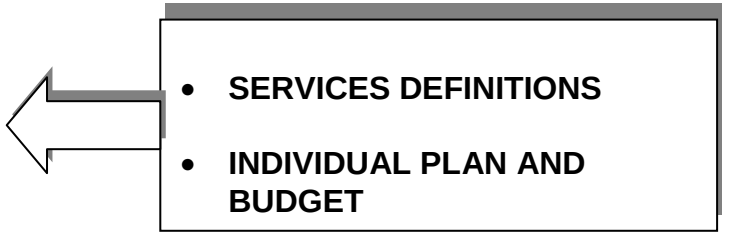
Chart A

SELF-DETERMINATION IN THE WAIVER*

- **MUST HAVE INDIVIDUAL PLAN**



- **SERVICES MUST BE NECESSARY TO MEET SPECIFIC NEED**
- **SERVICES MUST BE ELIGIBLE FOR REIMBURSEMENT**



- **PROVIDER MUST BE QUALIFIED**
  - **CRIMINAL HISTORY CHECKS ARE REQUIRED**
- **CONSUMER HAS FREEDOM OF CHOICE OF QUALIFIED PROVIDER**

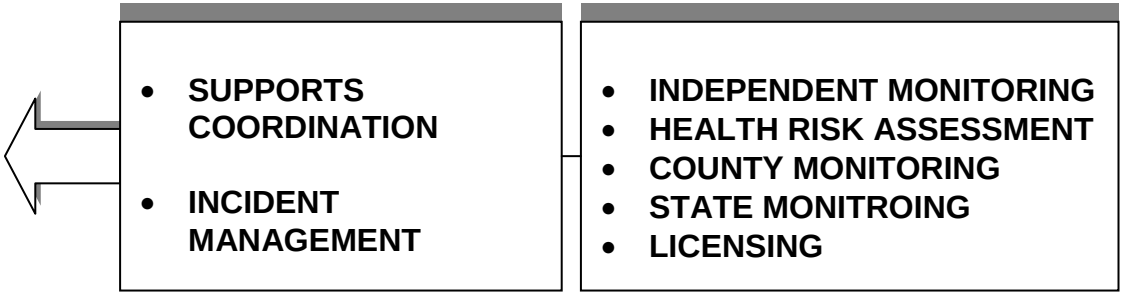
Modified version of OMR Presentation Material May 24, 2001

Chart B

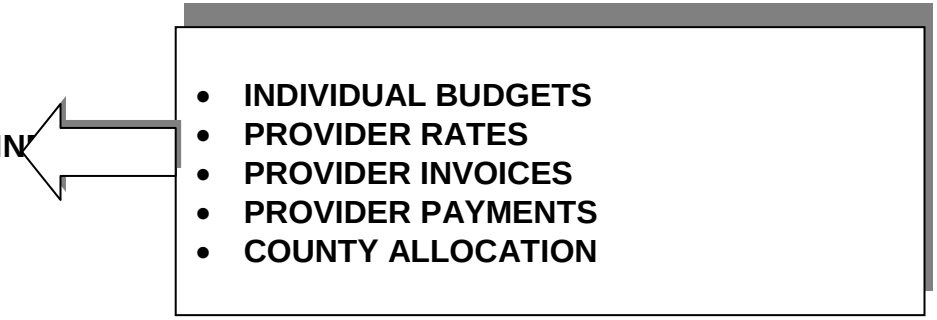
SELF-DETERMINATION IN THE WAIVER*

- **A SUPPORTS COORDINATOR MUST MONITOR THAT:**

  - **SERVICES IN THE PLAN ARE PROVIDED**
  - **SERVICES MEET THE PERSONS NEEDS**
  - **HEALTH AND SAFETY ARE ASSURED**



- **A RECORD OF EXPENDITURES ARE MAINTAIN**



Modified version of OMR Presentation Material May 24, 2001

Waiting List Initiatives

The Pennsylvania Waiting List Campaign, organized in 1998, has done a tremendous job informing the public and legislators about the enormity of the problem of people on waiting lists for community supports and services. However, funding has not keep pace with the need for services; therefore, the campaign continues. The Campaign has continued to educate individuals, families and legislators about the waiting list and the MR system through the development of a manual entitled "Understanding the Mental Retardation System in Pennsylvania," and conducting training sessions statewide**.**

As of April 2004, throughout the Commonwealth of Pennsylvania, 19,305 people were waiting for supports and services. This number includes 9,211 people in Emergency (1,928 people) and Critical (7,283 people) circumstances. In Philadelphia as of April 15, 2004, 1,964 people were waiting for services, 336 people in emergency and 985 people in critical categories, desperately in need of services immediately or within the plan year. In addition, 643 people are in the planning category. There is also an equal number of people that comprise a "Shadow List." Individuals not registered for services but, only identified when an emergency occurs, such as the illness or death of a parent or other caregiver.

In FY 02-03 DPW made waiting list money available to Philadelphia for a third year. New money enabled us to respond to emergencies, young adults aging out, and other individuals who present themselves and need service from the mental retardation system. However, there is no waiting list initiative in FY 03-04. As stated in previous plans, the inability for many years to plan for developing services for people in the community has created an enormous demand that can only be addressed with adequate and consistent new funding over the long term.

Funding for FY 02-03 was allocated in four categories: 1) Supports Coordination, 2) Residential Waiting List, 3) Non-Residential Waiting List, also known as Person/Family Directed Support Waiver (P/FDSW), and 4) State Center. These funds that are associated with new service are annualized on a full year basis in FY 03-04.

Supports Coordination:

- As previously discussed, supports coordination remains a priority in FY 04-05 as the system must be in place to meet the State's requirements. All individuals need access to the system in a timely manner and a supports coordinator available to locate, coordinate, and monitor ongoing service as needed.

Residential Waiting List Initiative:

- New funds were used in FY 02-03 to develop services for individuals in crisis and young adults aging out of the child serving systems. New funds are also needed for persons who are "Underserved", that is individuals who are in community homes and require a change in the intensity of service.
- No new money was allocated for FY 03-04.

Non-Residential Waiting List (P/FDSW):

As of April 30, 2004, approximately 747 people were enrolled in this Waiver. This number includes 308 people who had no previous service and 439 people previously in service who have been converted to the Waiver from state funding. In addition to the above numbers, 131

people previously enrolled, have been discharged; 45 of those discharged have moved into residential services in the Consolidated Waiver or an ICF/MR. P/FDSW provides in-home and daytime support services to people on the waiting list who are unserved and/or need supports in order to remain in their own homes.

- Conversion will continue in FY 04-05 and a small number of new people are in the in process of enrolling in the Waiver.

- Families, providers, and other advocates are concerned that the P/FDSW maximum amount is too low and will not adequately fund community supports and services. Further, the designated maximum expenditure of $21,225 will limit capacity to address "significant non-residential need" on an individual basis within this waiver and will result in a higher number of people waiting for enrollment in the consolidated waiver. Therefore, a higher waiver maximum of $40,000 is recommended.

State Center:

- In FY 02-03, four individuals moved from state centers to the community. There is no State Center Initiative in FY 04-05; however MRS is requesting funds to move 5 people into the community in FY 05-06.

I. Issues and Strategies for Fiscal Year 2003-2004

As in previous years, MRS made concerted efforts to manage within its resources, however, there were still a number of emergencies that occurred that required new resources. Actions had to be taken to address emergency situations even though no funding was available. These actions were taken in order to serve people in crisis and avoid institutionalization, and to ensure that those in service, entitled to service, received the needed service.

Three populations are particularly significant: the under-served already receiving residential services and thus in the waiver and entitled to service according to Olmstead and children aging out or in emergency situations. These children may be in their own home or a DHS funded setting or losing eligibility for Residential Treatment Facilities and unable to return home. The third group are individuals in the criminal justice system for whom MRS is court ordered to provide service.

Access to residential resources has been managed centrally by MRS over the past fifteen years to ensure that there is fair and equitable access to available resources. In the past few years, MRS has been more active in managing access to day/employment services in addition to residential services. These efforts are essential to trying to address the enormous need that still exists without new money to respond.

It is only with a substantial DPW/OMR commitment over five to ten years to provide new resources to individuals in Philadelphia who have struggled, with minimal support, to meet the needs of their family members that MRS will have the capacity and resources to address the waiting list that has developed over two decades, during which the focus of our efforts has been to develop services primarily for people returning to the community from state centers.

In the absence of any new funding for FY 04-05, Philadelphia MRS is struggling to maintain the services that were developed over the past thirty-five years. The current service system is described in the chart below in terms of numbers of people in In-home and residential services as of March 31, 2004.

Number of Persons in In-home and Residential Services			
PROGRAM	**BASE FUNDED**	**WAIVER FUNDED**	**TOTAL**
CLA	21	1,300	1,321
FAMILY LIVING	7	169	176
SUPPORTED LIVING	8	52	60
PLF	93	0	93
HOME-BASED WAIVER	0	94	94
PERSON / FAMILY WAIVER	0	758	758
TOTAL	**129**	**2,373**	**2,502**

In order to support the numbers of people currently in service, it is important to explore strategies for change that continue to meet individual need but do so in a way that is as cost effective as possible. The issues and strategies that follow are some ideas that serve as a beginning step to bringing attention to the problems confronting all of the stakeholders in the MR community.

These issues and strategies were communicated in a letter from the County Administrator to individuals, families, advocates, and supports coordinators, and in a memo to providers and staff that describes the current situation that MRS is facing at the beginning of the fiscal year.

Excerpts from the February 3, 2004 memo are as follows:

"Our accomplishments to date have been as a result of successful, and at times difficult, collaboration between providers, staff, individuals and families receiving services, teams, and advocates. DPW/OMR has vowed that State Centers should not be considered as options for individuals now in the community. We support that position and are working diligently to resolve service needs in other ways. In support of this directive, DPW through Deputy Secretary Kevin Casey has provided flexibility in utilization of current resources, as well as some limited new resources to address individual situations.

Despite many of these solid efforts, challenges remain and continued efforts are essential to continue our success in the current year and in Fiscal Year 05. While some agencies have done an outstanding job of identifying and using strategies that will reduce costs while taking steps to maintain the quality of an individual's life or improving the quality of life, some other agencies have not made the same commitment. It is imperative that every agency fully embrace the necessity for change and examine any and all strategies that are reasonable through the team process.

We expect that agencies will examine and use continued creativity in the traditional areas of controlling costs. Examples of this creativity include: 1) realigning staff schedules, and managing regular and overtime cost for staffing, 2) examining and managing costs passed onto this system by others such as insurance costs and rental costs, 3) examining administrative and program infrastructure costs, and agency restructuring, 4) exploring technology that will increase efficiency, 5) agencies sharing supports such as hiring or group purchasing of goods and services, 6) implementing alternative small group day and employment activities and using natural supports….

MRS staff will work with agencies to identify solutions to funding needs or work with you in determining areas to make reductions or enhance revenue. Any monies that are awarded to providers are the result of savings from one of the strategies outlined to reduce costs or enhance revenue. Each provider is responsible for developing its own plan to effect these changes. MRS will not support agencies that are not fully committed and have demonstrated this commitment through an agency plan. Agencies that have not submitted a plan or acted in good faith to implement a plan will not be considered for reimbursement of any overages that may occur.

Plans will be required of all agencies in conjunction with your FY05 Budget submission. The plans should include progress with any strategies implemented in FY 04 as well as plans for FY05. Multi-year plans are acceptable and encouraged as long as the proposals are realistic and have strategies that begin immediately as well as longer range strategies. I have asked the MRS division to develop a listing of strategies so that we can share ideas across the system; some of these strategies are referenced in this memo.

Despite the resolution of the current year Governor's Budget, the FY05 budget will likely require us to once again manage within existing resources. If any new resources are available they will likely be designated for specific individuals or groups of people rather than a COLA or staff salary increases.

As such, I am requesting that we continue to pursue the following initiatives aggressively:

1. Family/Supportive Living

During the current year, a number of individuals transitioned from traditional CLAs to family living. This alternative includes a selection process to ensure that the match is likely to be a good fit between the individual and the family. In some instances, this alternative was possible as a result of use of increased payments to families and enhanced respite supports. Teams should not place arbitrary limits on the ability to transition individuals to alternative living arrangements including family living or other types of more independent living. In many instances, the individual has greater opportunities for inclusion and skill development, and an everyday life within a family or a companion setting.

2. Continue Conversion to Waiver Funding

A large part of our success in the last few years has been the ability to maximize federal revenues by conversion of individuals to waiver funding. While the opportunities in the residential areas are less than in the past, we continue to transition individuals funded in PLFs to small homes in the community, as well as conversion of all community individuals in day and employment services to Medicaid Waiver Funding.

A limited number of individuals remain in ADT and VOC Services who are likely to be eligible for the Waiver, while most of the individuals receiving CIE services are waiver eligible. We expect to do a major initiative with conversion in these areas during FY 05. While this may be considered a financial strategy, consumer and families should be informed that this transition also provides a more stable

funding source for the future and also allows us to use our primary funding source as their needs for services may change.

3. <u>Critical Examination of Individuals Living in 1-2 Person Sites</u>

While we have not finalized a policy on continuing to fund 1-2 person's group homes, it is incumbent upon all of us to look critically at each of these situations. These living arrangements evolved in response to situations that may or may not continue to exist today. During the upcoming months, we will work consistently with agencies and teams to assess if these situations will continue.

Many of the challenges we will face in the upcoming year are consistent with those faced in the past: waiting list and community emergencies, young people aging-out of the Department of Human Services (DHS) or losing eligibility for RTF services, and changes in supports for other individuals will continue to confront us on a daily basis. Secretary Casey has indicated cautious optimism about the Governor's FY05 Budget tempered by the realism that any effort must occur over multiple years.

As we move toward a new year, I want to continue to emphasize that our first priority needs to continue to be supporting individuals and families in a manner that continues to ensure that people are safe and have the best possible health, and receive quality supports and services that are accountable to the individual and family as well as the funding source. To accomplish this, it is critical that communication between all parties remain open and constructive. Again, thanks to all for your past efforts. We will need to continue working closely together as we move ahead."

Major Strategies for FY 2004-2005

- Maximize revenue through conversion of base funded services to waiver-funded services in Community Integrated Employment (CIE) and a small number of people in ADT, VOC, and Residential services.

- Increase overall resources through assisting base funded individuals living in PLFs to move into waiver eligible settings.

- Assess cost effectiveness and efficiency.

- Examine the cost of services to ensure that services are as cost effective as possible.

- It is incumbent upon all agencies to provide services in a cost-effective manner that meets the needs of the individual, manages within the resources available, and uses the team process.

- Agencies should examine indirect costs including administrative overhead and operating costs for possible savings prior to suggesting changes in direct service.

- Ensure that services are as efficient as possible and demonstrate high levels of productivity and participation.

- Explore other service models or service configurations.

- Agencies may propose a reduction of the number of homes through consolidation if plans are developed using the team process.

- Identify alternative strategies to meet individual needs, using the team process. While those in service are entitled to services that meet their needs, there is often more than one way to meet those needs.

- Consider less intensive models of living such as family living or companion living as an alternative to supervised residential homes.

- Propose a reduction in service capacity as a result of attrition in order to balance the budget.

- Examine daytime support options to maximize use of staff and reduce the overall need for staff by developing group options rather than individual options.

Additional Strategies for Teams to Consider
in Exploring Other Service Models for Potential Savings

Review the use of 1:1 staffing or 2:1 staffing as it pertains to the person and to the home; some people are over-served and not necessarily well-served. All of these staffing patterns must be reviewed within 30 days and a rationale for continuation or alternatives must be provided.

All homes should be organized around three people when physical space permits. All reasonable combinations of people should be considered.

People living alone should be the exception. Individuals may have difficulty with one roommate but do very well with another person.

It is our expectation that each person will have their own bedroom unless the individual themselves chooses to live with another person.

Agencies are expected to make full use of existing capacity and identify different apartments or homes where needed to operate a three person home.

Residences in which capacity can be expanded must be reviewed within 60 days for the purpose of determining continuation of such arrangements.

All daytime supports must be explored for more efficient use of staff and appropriate options for individuals that include group activities.

Employment, day, and retirement services should be considered in the context of people from each agency sharing staff resources rather than 1:1 for every person.

Transportation must be available but it is not necessary to have a car in every driveway. It is necessary to have plans to get individuals to scheduled events and plans for transportation in case of an emergency.

Person/Family Directed Support Waiver (P/FDSW)

This innovative waiver program enables families to receive a variety of in-home and day supports; it differs from the existing Consolidated Waiver in several ways. First and foremost the P/FDSW does not include out of home residential services. Additionally, it has an expenditure cap of $21,225 per person, per plan year. Implementation of the P/FDSW began in spring of FY 2000. A summary of enrollment indicates the pace of activity. As of June 16, 2003, the P/FDSW is estimated to create opportunities for 820 people to receive services, including 326 new people. 85 people have been discharged; 52 have moved to Consolidated Waiver or an ICF/MR because they require residential services.

The primary focus of this initiative involved conversion of individuals in base funded services to the waiver with the commitment to use any funds that are saved to provide services to those who are underserved and unserved. The P/FDSW has enabled MRS to begin to provide services to those who live at home in the community and who are unserved or underserved. Supports coordination has also been made available through this allocation in order to implement this initiative.

The expansion provided an unprecedented opportunity for services. It also presents many challenges. One of the challenges to the service system is to develop new approaches to recruit and train new staff in order to create sufficient capacity to provide service. Another challenge is to broaden our approaches and expand the use of natural supports available through the family, the workplace, and the community. A third challenge is to create the supports coordination/case management structure to implement this initiative within reasonable timeframes.

One of the major objectives of the P/FDSW initiative is to give the individual and his/her family information including how much money is available for their use and assist him or her to purchase the service of their choice from the provider of their own choosing. The role of the supports coordinator is to develop a plan, and assist in the identification of choices available to consumers. Individuals and families will initially rely heavily on traditional models of service but are expected to have more choices as the range of options from which to choose expands.

The P/FDSW changes the relationship that exists within the system as individuals and families make more choices and negotiate how they spend the resources available to them. The system will move away from program funding to a system where a rate is negotiated for the individual service to be provided. This change, coupled with the ability to choose among service providers, will lead to the enhancement of all service options.

Philadelphia continues to urge the Commonwealth to increase the ceiling on the waiver from $21,225 per person to $40,000 per person. This level of increase will make the P/FDSW viable for a significantly larger group of individuals including those who want full time support for employment or community habilitation. Our experience suggests that over time, individuals and families are identifying additional need, or circumstances change and

a higher level of support is needed. As the Person/Family Directed Support Waiver is implemented, there is an opportunity to use the expansion to promote systems change by increasing the range and quality of the options available. Further, the intent of this initiative is to examine, reconceptualize, and reform the manner in which daytime and employment supports are provided and funded.

THE CURRENT ENROLLMENT BY CATCHMENT AREA IS SHOWN BELOW:
As of March 31, 2004

BASE SERVICE UNIT (BSU)	NUMBER OF PEOPLE
800	25
810	32
820	44
830	76
840	87
850	80
860	41
870	33
880	19
890	71
900	100
910	97
920	53
TOTAL	**758**

Private Licensed Facility (PLF) Conversion

This activity is not a new initiative as there is no new money attached specifically to it. However, it is significant in that it is fundamental to our philosophical beliefs and is relevant to the financial stability of the system as it is affected by the absence of base funds and the reliance on waiver funding. Philadelphia MRS has completed the fifth consecutive year of working with providers who operate large, congregate care services and community providers to develop small community homes and successfully reduce the use of PLF's and eventually eliminate the need for 100% state funding.

At this time there is no money for planning for community services in FY 03-04 and no base funding for these young people to remain in PLFs. The immediate and long-term challenge faced by Philadelphia is to reduce or eliminate the reliance on PLF's through the creation of sufficient community capacity. This capacity requires new waiver money to develop small community homes that are available to meet the emergency needs of children and adults and avoid the use of larger facilities. This area must be given priority or the number of adults in PLF's will increase again, thus depriving children and adults of the opportunities and benefits of life in the community. Capacity must be developed for those with behavioral challenges who frequently need services with little time to plan. The current numbers of people in PLF's is shown below, as of March 31, 2004:

PRIVATE LICENSED FACILITY (PLF)	NUMBER OF PEOPLE
ADVOSERV PROGRAMS	**15**
BRIAN'S HOUSE INC.	**5**
CAMPHILL SPECIAL SCHOOL	**1**
CATCH	**1**
DEVEREUX FOUNDATION	**5**
DON GUANELLA-CATHOLIC SOC. SVC.	**1**
ELWYN CRS	**7**
KEYSTONE RESIDENCE	**2**
LAUREL HIGHLANDS	**1**
LYNCH (MONTGOMERY)	**14**
MELMARK HOME	**7**
NORTHEAST	**2**
ROSEHILL SCHOOL	**8**
ROYER GREAVES SCHOOL	**3**
STILLMEADOW	**3**
WOODS SERVICES	**18**
Total	**93**

Philadelphia continues to have a large number of people receiving services in Intermediate Care Facilities/Mental Retardation (ICF/MRs). In the reconfiguration of Supports Coordination administrative supports coordination responsibility for people in ICF/MR will be assigned to MRS. The charts below are provided to display the number of persons receiving ICF/MR services as of March 31, 2004.

INDIVIDUALS LIVING IN ICF/MRs
INCLUDES ONLY BOND AND CONVERSION SITES

AGENCY	RESIDENTS
AVS	**57**
AVS-HUMMELSTOWN	**10**
BARBER RESOURCES	**47**
BARC	**7**
COMHAR	**15**
GREENWICH	**80**
INTERAC	**20**
JEVS	**18**
NORTHWEST	**23**
OVERBROOK FRDLNDR	**20**
SPIN	**5**
TOTAL	**302**

INDIVIDUALS LIVING IN ICF/MRs
INCLUDES ONLY OLDER, LARGE ICF/MR SITES

AGENCY	RESIDENTS
AVS	**87**
CK CENTER	**32**
DIVINE PROVIDENCE	**24**
DON GUANELLA-CATH. SOC. SV.	**4**
ELWYN CRS	**126**
LIFEPATH INC.	**5**
SKILLS OF CENTRAL PA	**5**
ST JOSEPH'S CENTER	**16**
ST. EDMOND'S HOME	**10**
NORTHWEST-WOODHAVEN	**69**
TOTAL	**378**

In addition to persons living in the private ICF/MRs shown above, Philadelphia also has public ICF/MRs or State Centers.

INDIVIDUALS LIVING IN STATE CENTERS

STATE CENTER	FISCAL YEAR 2004 Data
Altoona	**17**
Ebensburg	**62**
Hamburg	**41**
Laurelton	**0**
Selinsgrove	**57**
White Haven	**55**
Total	**232**

The most recent data available shows a total of 232 people from Philadelphia living in state centers.

Individuals from Philadelphia Moving from State Centers to Homes in the Community

State Center	FY97	FY98	FY99	FY00	FY01	FY02	FY03	FY04
Altoona	1	3	0	1	0	1	1	0
Ebensburg	0	2	5	5	1	0	0	0
Hamburg	0	1	1	2	2	0	0	0
Laurelton	0	1	0	0	0	0	0	0
Selinsgrove	1	1	7	11	5	1	2	0
White Haven	2	1	0	1	2	2	1	0
Total	**4**	**9**	**17**	**18**	**15**	**6**	**4**	**0**
Year-to-Year	**4**	**13**	**30**	**48**	**63**	**69**	**73**	**73**

Since March of 1997, 73 individuals from Philadelphia have moved from state centers into the community, either in Philadelphia or in other counties. The focus on meeting the needs of those in the community, family objection to community living, and resistance from state center staff have impacted on this initiative in the last two years. Several individuals in the planning process in FY03 expressed interest in moving but no expansion money was available in FY04 and our primary focus was on avoiding institutional placement for people living in the community.

In FY 06 the OMR anticipated that we will again begin with assisting people who want to move. Philadelphia has identified five people who have expressed their preference to move and is requesting money to serve those individuals. Philadelphia MRS remains committed to assisting individuals in state centers to live in the community of their choice with family, friends, or supporters and to work with individual or agency providers to develop Family Living homes or new community homes.

In FY 05-06, Philadelphia is anticipating a small amount of state center expansion to respond to those who wish to move to the community; however, our major focus must be people in the community who need services and making every possible effort to keep people in the community**.**

III. A STATEMENT OF NEED IN PHILADELPHIA - FY 2005-06

Waiting Lists and The Prioritization of Urgency of Need for Services (PUNS)

For many years, the Philadelphia Office of Mental Retardation Services maintained centralized lists of persons waiting for community services; these include in-home supports, residential, employment, and day services in the community. Specific groups waiting for services were people who live with their families or in their own homes, young adults who graduated from high school and have no services, older adults who live with elderly caregivers, and elderly persons with mental retardation. There was however no standard definition throughout Pennsylvania and it was difficult to measure the scope of need and the impact of expanded services. As a result, the State Office of Mental Retardation (OMR) commissioned a study of the waiting list using an instrument known as the Prioritization of Urgency of Need for Services for Persons with Mental Retardation (PUNS). The Institute on Disabilities of Temple University developed this study in 1998.

As of May 1999, following the completion of the first statewide PUNS survey, 14,083 persons were on waiting lists for mental retardation supports and services in Pennsylvania. The data submitted through the PUNS survey documented need and enabled OMR to begin strategic planning. Each year this process will be used to update information and define the current needs of individuals.

- The PUNS survey was used in Philadelphia for the second time in Fiscal Year 2000. As of April 2000, the number of persons waiting for mental retardation supports and services was 2,914.

- As of April 15, 2002, the third year of PUNS completions, the number of persons waiting for mental retardation supports and services is 3,116. People in emergency and critical status total 1,184.

- As of April 15, 2004, the fifth year using the PUNS, new data was submitted for entry into HCSIS, and the number of people waiting for mental retardation supports and services is 1,964. The focus of this initial part of the process is on those persons in emergency and critical status; that number is 1,321.

- Philadelphia MRS data identify 2,314 people receiving waiver services and 4,741 people who have no waiver services. A more coordinated outreach effort is needed to determine the needs of those without waiver service.

The PUNS data included in this plan identify those who need a new service, those who are underserved and need more service, or a more appropriate service. As of April 15, 2004, in Philadelphia, **1,964 people are waiting for services. 336 people are in emergency need** and **985 people are in critical need**. The current number of persons in the **planning category is 643**.

The lack of supports and services is a serious problem. It becomes a crisis as people with mental retardation and their caregivers' age or experience the sudden loss of the caregiver due to death, illness or other condition, which prevents continuation of care to the person with mental retardation. These issues serve to underscore waiting lists as one of the most serious problems facing the service delivery system locally, statewide, and across the nation.

In response to this problem, the Department of Public Welfare convened a waiting list work group. This group developed a plan known as, "A Long Term Plan to Address the Waiting List for Mental Retardation Services in Pennsylvania." The Annual Plan for FY 05-06 is the fifth plan to be submitted since the completion of the waiting list plan. The FY 04-05 budget contains no new money for the waiting list and contains no money for a cost of living adjustment.

As a result of the lack of resources to serve those in need, the mental retardation service system has no safety net to respond to emergencies and is unable to plan supports and services. MRS is anticipating that in FY 05-06 there will be 35 young adults aging out of DHS who will lose services on their 21st birthday and a minimum of 35 persons in emergency situations who will require service during the year. People with mental retardation need community services that are flexible in response to the needs of individuals and families, provide opportunities for choice, person-centered planning and self-determination. Increases in employment and day services and residential services in the community are but a few of the services needed to create a broader range of options in the community service system. To prevent or delay the need for out of home supports, Person/Family Directed Support Waiver Service including employment and day services, individual support, therapies, health care and community services must be developed or expanded.

Individuals live at home with caregivers who are parents, siblings, other family members, friends or housemates. Many people are over 40 years old; some have caregivers who are aging, ill or who will soon be unable to continue to provide care. Aging caregivers need supports and services for adult sons and daughters or other family members with mental retardation. Caregivers receiving public assistance, who are responsible for adults or children with mental retardation, are facing new requirements to work outside their home.

Some individuals on the waiting lists have single parents who would be unable to work if supports and services were not provided. A growing number of persons with mental retardation are themselves parents, who need supports to provide opportunities for their children. Services are needed to assist individuals with mental retardation to establish and maintain valued roles in their communities. Individuals who have graduated from high school or will graduate from high school during the plan year are in danger of losing important skills acquired through years of schooling. Leaving the entitlement of education without supports and services, such as supported employment, community based instruction or other day activities, young people are sitting at home, and family members may need to quit their jobs to provide care and supervision. Additional funding is needed to develop transitional supports and services for adults, 22-26 years old, graduating from the School District into the adult world.

New funding also is needed to meet the needs of severely challenged individuals with multiple

disabilities and/or significant behavior issues. If the family member with a disability is homebound the caregivers are homebound and unable to work outside the home. More intensive and individualized supports and services are needed to assist families who are providing care 24 hours a day, 7 days a week.

Special Offenders

MRS is faced with the burgeoning problem of serving persons with intellectual disabilities who have allegedly committed criminal offenses. As a result of their growing numbers, the Philadelphia Court system has increasingly come to rely on MRS to provide alternatives to incarceration for this population. These alternatives include residential placement, supports coordination, specialized therapy and testing services. Additionally, the Court requires that these services be provided in such a way as to ensure community safety.

MRS' efforts to meet the demands of this group of individuals began in the 1980's with the development of the Special Offenders Project. The Special Offenders Project is a cooperative effort between a supports coordinator, funded by MRS, and a Philadelphia probation officer. These two individuals supervise the special offender during his/her period of probation, providing support to between 35 – 50 individuals per year. Other specialized services, offered by MRS, include residential and therapy programs. Additionally, MRS maintains both a forensic psychologist and a forensic social worker, who together act as a liaison between the judicial and mental retardation systems.

Despite MRS' best efforts, the office is still unable to adequately meet the increasing service demands of this population. The difficulty in locating qualified residential service providers as well as the high costs of operating such programs, given the degree of security required by the courts, has placed a heavy burden on the mental retardation system. Further, there is a critical lack of specialized therapy programs available to persons with intellectual disabilities. The few that do exist tend to be overwhelmed, with lengthy waiting lists.

MRS estimates that approximately 5 special offenders a year are identified by the court and subsequently ordered to receive residential placement. The cost per program is approximately $250,000 per person for a total of $1,250,000. Because of the nature of the problem, it is impossible to identify these individuals by name prior to the commission of a crime.

See the following PUNS table and charts. The summary table identifies the number of individuals who are in each category of need according to the criteria that best expresses their circumstance. Another table displays in summary form the services that have been requested.

Table 1: INDIVIDUALS BY PUNS PRIORITIES AS OF 4/15/04

PRIORITY I: EMERGENCY	
Caregiver Unable To Continue	
Death Of Caregiver	
Caregiver Incapacitated	
Committed By Court	
Intolerable Temporary Placement	
Other Family Crisis	
Unduplicated EMERGENCY TOTAL	**336**
PRIORITY II: CRITICAL	
Aging Caregiver	
Ill Caregiver	
Behaviorally Unmanageable	
Personal Care Needs Cannot Be Met	
Family Crisis	
Caregiver Unable to Work	
Express A Need For Alternative Living Arrangement	
Graduated Or Will Soon Be Graduating	
Inappropriate Placement	
Moved From Another County	
Move From Another State	
County Plans On Moving Person	
Losing Eligibility For Support	
Leaving Jail/Prison/Criminal Justice	
Unduplicated CRITICAL TOTAL	**985**
Unduplicated Emergency/Critical Sub-Total	**1,321**
PRIORITY III: PLANNING	
Will Need If Something Happens	
Person Is Living in a Large Setting	
Child Lives In Therapeutic Foster Care	
Known Need More Than A Year Away	
Wants Increased Supports	
Losing Eligibility More Than A Year Away	
Other	
Unduplicated PLANNING TOTAL	**643**
Total People Waiting for Services in PUNS	**1,964**

Total People waiting for services and entered into HCSIS as of 4/15/2004

INDIVIDUALS BY PUNS PRIORITIES AS OF 4/25/03

Unduplicated EMERGENCY TOTAL	336

Unduplicated CRITICAL TOTAL	985

Unduplicated PLANNING TOTAL	643
Total of All Categories:	**1,964**

This number represents a complete new submission of PUNS that has been entered into HCSIS and is the basis for the plan request for FY 05-06.

What Services Are People Requesting?

STATUS	SERVICES					
	Day Service	Individual Support	Transportation	Vocational	Respite	Therapy
Emergency Need	134	242	241	179	159	175
Critical Need	277	480	448	379	292	259
Planning	150	303	237	181	140	148

STATUS	SERVICES			
	Independent Living	Live w/Family	Out of Home	Total Undup. People
Emergency Need	38	56	172	336
Critical Need	50	48	216	985
Planning	16	16	51	643

Building Capacity for A System In Need - General Implementation Issues

Our first priority must be to address the needs of people who are in emergency and critical need of services. These needs cannot be addressed without also addressing the needs of the system by building the capacity of the system at all levels. The most critical area is that of adequate staff salaries for those who work in the system. The system cannot continue to maintain quality and build capacity without ensuring that staffs are paid adequate compensation for the jobs they perform.

The major issues that impact upon the implementation of this plan and the Philadelphia mental retardation services system are the deficit incurred in expanding services to those in emergency and critical need, increasing options, adequate funding for direct support staff, and capacity.

Emergency responses and the resulting deficit: In FY 04, as in previous years, the Philadelphia service system responded to new emergency needs and anticipated revenue to meet the needs of people in crisis. Without these funds, individuals who have spent their whole life in the community would have faced institutionalization, which is neither an acceptable nor an appropriate solution. As FY 05 begins, Philadelphia is already experiencing a significant deficit and is not able to address the needs of people in emergency status who will come to us for service this year.

Competing priorities: The system is faced with the task of responding to years of unmet need. In the past several years when new funds were available, various priority groups were competing for service. Young adults graduating from high school are a priority group for employment services while older adults who may have languished while having no daytime supports are also in need. Aging caregivers who have kept their children at home now need service, as do young mothers with mental retardation and children aging out of other systems. People in prisons and people in state hospitals have existed without the necessary services and supports.

Unserved and the Underserved: Tensions exist between those already in service whose needs change and those at home with significantly less service who can wait no longer. Those in the waiver are entitled to the services necessary to meet their needs that are available within that waiver plan. As a result, significant resources and funding are directed toward meeting the mandates of an entitlement to provide adequately for those persons already in service who may have aged or become incapacitated. The Philadelphia mental retardation service system continues to strongly feel this impact.

The Waiting List Work Plan identified the importance of a significant, sustained financial commitment to meet the needs of people currently on the waiting list and to prevent future waiting lists. The Waiting List Initiative of FY 01, Year 1 of the Plan, was a good first step in responding to the needs of people in the community. It is imperative that there is an ongoing commitment to meet the needs of people on the waiting list, to reduce the time spent waiting for service.

For FY 2005, or Year 5 of the Waiting List Initiative, stakeholders are concerned that there are no new resources and the system is in danger of falling back to earlier unacceptable practices of institutionalization as an alternative to addressing the problems of the community system.

Increasing options: Expansion activities must focus on increasing the range of supports such as: In-home Services, Individual/Family Support Services, Supported Living, Community-based Instruction, Employment, Circles of Support, Bridge-building in the community, supported home ownership and self-determination in addition to the range of more traditional residential options.

In the last several years, Philadelphia MRS has had the opportunity to develop new services through the P/FDSW initiative. This opportunity enabled Philadelphia to focus on new services for persons in need of daytime service options and in-home support services. Within this service, we were able to offer significant levels of support to individuals who want to support their family member at home. While these options offer great opportunity both now and in the future, there are still a significant number of people who are faced with crisis situations that require comprehensive residential and day services as evidenced by the 52 people formerly in P/FDSW who required residential services through the Consolidated Waiver or an ICF/MR.

Family/Community Capacity: The strengths and resources of the individual and his/her natural supports, including family, friends, and co-workers must be used to expand supports and increase the array of options. Greater effort must be made to work with families and the community to ensure that the support each is providing is used effectively in meeting the needs of the individual. Improved coordination, communication, and trust will strengthen and improve the overall quality of support.

System Capacity and Quality: Mental Retardation Services must ensure that current capacity is effectively utilized and that additional capacity is developed. Capacity development must address expansion of existing providers, recruitment of new providers, and provision of technical assistance to assure quality services and supports. Recruiting, training and retaining qualified staff is a constant challenge throughout the service system. All staff are expected to take on new responsibilities as our focus shifts from care and supervision to supporting inclusion and self-determination.

Adequate Funding/Staff Salary Increases: Over the last decade, cost of living adjustments (COLA's) allocated to providers have ranged from zero to less than two percent (2%). In FY 2004, there is no COLA. The cost of providing services continues to increase, effectively shrinking the dollars available for staff salaries and benefits, and ongoing operation.

The current crisis in community service cannot be addressed without providing adequate salaries to staff who provide services. Several years ago, a report prepared by the Legislative Budget and Finance Committee of the Pennsylvania General Assembly indicated that salaries in the MR System are inadequate and have not kept pace with the cost of living thus making it difficult to hire and maintain qualified staff.

The salary issue is most evident in older community homes that have been in existence since the 1980's. It is imperative that this office work with OMR and stakeholders in the system to develop capacity and identify funding to address this issue. Competitive salaries for direct support workers and other provider agency staff are necessary to ensure system stability and future growth in capacity. It is estimated that $4,100,000 is needed to increase salaries by $1,000 for each of the 4,100 personnel employed in all services within the mental retardation service system in Philadelphia.

The MH/MR Coalition, a stakeholder group comprised of provider, county, and advocacy organizations, has worked with members of the General Assembly, the Governor's Office, and the Department of Public Welfare to address the direct support worker recruitment and retention crisis. The Governor recognized this issue in a previous budget year. While this money has carried forward, it has not grown. Therefore, the problem has continued largely unresolved.

Technology Needs and Issues: In order to fulfill the promise that the Commonwealth Business Processes Initiative holds, a significant investment of resources is needed at all levels of the system. New equipment, extensive training and ongoing technical support will be required.

IV. Philadelphia Planning Process – FY 05-06

Public Hearing and Highlights of Testimony

Philadelphia County, Mental Retardation Services invites all interested persons concerned about the future of supports and services for people with mental retardation to testify Wednesday, May 19, 2004, at a public hearing conducted by the Mayor's Advisory Board on Mental Health and Mental Retardation. Additional comments will be accepted until June 11, 2004 and will be considered for the development of the final plan. Highlights of testimony, including direct quotes, are included in the plan in an effort to portray the ideas and feelings expressed by those providing testimony. Written testimony is appended to the complete text submitted to the State Office of Mental Retardation (OMR). Oral testimony will be included as part of the transcription of the Plan Hearing which will also be submitted to the State OMR.

V. Mental Retardation Services Annual Plan Request for FY 2005-06

In the FY 2005-06 Stage I (Planning) Budget and Plan, the community Priority population will be defined as the persons identified in the Emergency and Critical Need portions of the County Waiting List Survey (PUNS). County programs will use the PUNS information, as entered into HCSIS by April 15, 2004, in developing the FY 2005-06 State I (Planning) Budget and Plan.

- Priority one, includes everyone in that category who is in need of service.
- Priority two includes only those persons the county feels it can reasonably serve through the creation of new capacity.

For Fiscal Year 2005-06, county programs are asked to address the following system priorities:

I. Services to persons meeting the Emergency Need definition as defined in the County Waiting List Survey (PUNS).
II. Services to persons aging out of EPSDT.
III. Services to persons meeting the Critical Need definition as defined in the County Waiting List Survey (PUNS).
IV. Services to support the individuals the County Program proposes to move from State Centers into the community during the Plan year.
V. County program proposed private ICF/MR conversions.

These priority areas are intended to assess the number of individuals who meet the priority definitions and the cost of providing these individuals with the necessary supports and services within the 12 months of the Plan year.

No service has been requested for anyone in the planning category and no costs have been projected for that group.

The actual plan submission is comprised of tables identifying individual persons for whom we are requesting money to serve and that we have the capacity to serve. This Plan contains only summary data.

It is recognized that, at any time, individual circumstances may change and an individual may move into the emergency category. The impact of unplanned emergencies or the identification of individuals previously unknown to the system cannot be ignored if the system is to be responsive to all persons in need.

This year's plan also includes a request for money to increase the numbers of persons providing supports coordination in Philadelphia. This money is specifically requested to reduce the caseload of the supports coordinator/case manager providing services to people in the community who do not have the benefit of waiver services and show needs that are not always know or documented. It also contains a request for money for external supports coordination to 900 persons in ICF/MRs.

SUMMARY OF EXPANSION REQUEST FOR FY 2005-2006
IN FULL YEAR COST

Priority	**People**	**Supports Coordination**	**Employment/ Day Support**	**Res. and In-home Support**	**Total**
Priority I. Emergency	336	1,008,000	Included	$15,440,000	$16,948,000
Priority II. EPSDT	100	300,000		$4,000,000	$4,3000,00
Priority III Critical	300*	900,000	5,000,000	4,000,000	9,900,000
Priority IV State Center	5	$15,000	Included	$650,000	$665,000
Priority V. ICF/MR	8		Included	Included	
Total					

*Includes 200 High School Graduates

SUMMARY OF SUPPORTS COORDINATION ENHANCEMENT REQUEST FOR FY 2005-2006
FULL YEAR COST

Priority	People	SC $$	Service Support	Total
Priority #1 Community	3000	$ 1,000,000	Included	$ 1,000,000
Priority #2 Intermediate Care Facility (ICF/MR) Persons with Mental Retardation	900	$2,700,000	Included	$2,700,000
Total	**3,900**	**$3,700,000**		**$3,700,000**

APPENDIX I

EXPLANATION OF COSTS
PRIORITY AREAS I, II ,III, IV

Supports Coordination	$ 3,000
Individual Support Services	$ 3,000
Person/Family Directed Support Waiver Services	$ 21,225
Adult Developmental Training/Vocational Services	$ 18,125
Employment Services/Community Based Instruction (less than full time)	$ 18,125
Employment Services/Community Based Instruction (more intensive support)	$ 40,000
Family Living*	$ 60,000
Community Living Services	$ 90,000
Community Living/Day Services: with intensive staffing	$120,000
Community Living/Day Services: more intensive staffing	$213,000

*Therapy Costs are included in the residential costs.

Executive Summary
Annual Plan for Supports and Services
for
People with Mental Retardation
Fiscal Year 2005-2006

The Annual Plan for Fiscal Year 05-06 developed within the context of changing times and limited resources. This is a challenging time for individuals, families and the mental retardation services system, a period of change and new beginnings. With input from stakeholders, MRS is reorganizing Supports Coordination and how services are delivered to individuals and families. Through the Home and Community Services Information System (HCSIS) and new business processes, we are developing more of a statewide system of supports and services. However, even in changing times key issues remain the same:

- People Waiting for Services
- Salaries to recruit and retain a qualified workforce
- Cost of Living Adjustment (COLA)
- Resources for Supports Coordination and lower community caseloads

Supports Coordination

After three years of planning, and working with the input of all stakeholders, MRS has selected four organizations to provide supports coordination for individuals with mental retardation. These organizations are: The Consortium, Partnership for Community Supports, PersonLink, a program of Philadelphia Health Management Corporation and Quality Progressions. Through the advocacy of individuals and families, people will choose their supports coordination organizations.

Services to individuals living with their families. With the exception of approximately 900 individuals funded through the PFDSW program, supports coordination services to individuals living with their families have been less than optimal with caseloads that often exceed 100 people. Supports coordinators have time to focus only on individuals with emergency needs. Outreach and identification of community resources is compromised. MRS is requesting $1,000,000 to add eight supports coordinators or two to each of the new organizations in order to reduce the community caseloads to 65.

Funds would also be used to provide modest increases in salaries. Because of fiscal constraints, the starting salary for the new supports coordinators was set at $28,000. MRS would like to increase the starting salary to $30,000 following the completion of the core training curriculum and provide a commensurate increase to current staff to encourage staff to remain in the system. Finally, additional funds would be used to cover increased operating costs in areas such as training, staff travel and technology.

Services to individuals served in ICFs/MR. Supports coordination for individuals served in Intermediate Care Facilities for Persons with Mental Retardation (ICFs/MR) is not eligible for federal reimbursement through the Targeted Services Management program. Because of

this funding restriction, supports coordination services to these individuals have been severely limited.
As part of the reorganization, Philadelphia MRS plans to transfer supports coordination responsibility for individuals served in ICFs/MR to MRS. MRS is requesting funding to add ten (10) supports coordinators and a supervisor to form a new ICF/MR supports coordination unit. Each supports coordinator will serve approximately 100 individuals. While this is still a very high caseload, it is recognized that individuals served in ICFs/MR have a high degree of service and their need for supports coordination is not as extensive. At the same time, MRS has a responsibility to insure that appropriate supports coordination is available as needed.

Waiting List Initiatives

As of April 2004, throughout the Commonwealth of Pennsylvania, 19,305 people were waiting for supports and services. This number includes 9,211 people in Emergency (1,928 people) and Critical (7,283 people) circumstances. In Philadelphia as of April 15, 2004, 1,964 people were waiting for services, 336 people in the emergency category and 985 people in critical categories, those who are in need of services now or within the plan year. In addition, 643 people are in the planning category. There is also a significant number of people that comprise a "Shadow List.", that is Individuals not registered for services and identified only when an emergency occurs, such as the illness or death of a parent or other caregiver.

IN FY04-05, MRS has been advised by the DPW/OMR that new funds will be available to develop services for approximately 35 people in the Consolidated Waiver; this number includes individuals in crisis and young adults aging out of the child serving systems, as well as those who are "Underserved", that is individuals who are in community homes and require a change in the intensity of service. There is also new funding for five persons in the Person Family Directed Support Waiver (P/FDSW) as well as some that is unused from prior years. P/FDSW provides in-home and daytime support services to people on the waiting list who are unserved and/or need supports in order to remain in their own homes.

Person/Family Directed Support Waiver (P/FDSW)

This innovative waiver program enables families to receive a variety of in-home and day supports; it differs from the existing Consolidated Waiver in several ways. First, and foremost, the P/FDSW does not include out of home residential services. Additionally, it has an expenditure cap of $21,225 per person, per plan year. Implementation of the P/FDSW began in spring of FY 2000. Over 900 people have enrolled in the PFDSW, including 326 new people. 85 people have been discharged; 45 have moved to Consolidated Waiver or an ICF/MR because they require residential services.

Philadelphia continues to urge the Commonwealth to increase the ceiling on the waiver from $21,225 per person to $40,000 per person. This level of increase will make the P/FDSW viable for a significantly larger group of individuals including those who want full time support for employment or community habilitation. Our experience suggests that over time, individuals and families are identifying additional need, or circumstances change and a higher level of support is needed.

INDIVIDUALS LIVING IN STATE CENTERS

STATE CENTER	FISCAL YEAR 2004 Data
Altoona	**17**
Ebensburg	**62**
Hamburg	**41**
Laurelton	**0**
Selinsgrove	**57**
White Haven	**55**
Total	**232**

The most recent data available shows a total of 232 people from Philadelphia living in state centers.

In FY 05, OMR anticipates that we will again begin with assisting people who want to move. Philadelphia has identified five people who have expressed their preference to move and is requesting money to serve those individuals. Philadelphia MRS remains committed to assisting individuals in state centers to live in the community of their choice with family, friends, or supporters and to work with individual or agency providers to develop Family Living homes or new community homes.

In FY 05-06, Philadelphia is anticipating a small amount of state center expansion to respond to those who wish to move to the community; however, our major focus must be people in the community who need services and making every possible effort to keep people in the community**.**

Special Offenders

Despite MRS' best efforts, the office is still unable to adequately meet the increasing service demands of this population. The difficulty in locating qualified residential service providers as well as the high costs of operating such programs, given the degree of security required by the courts, has placed a heavy burden on the mental retardation system. Further, there is a critical lack of specialized therapy programs available to persons with mental retardation. The few that do exist tend to be overwhelmed, with lengthy waiting lists.

MRS estimates that approximately five special offenders a year are identified by the court and subsequently ordered to receive residential placement. The cost per program is approximately $250,000 per person for a total of $1,250,000. Because of the nature of the problem, it is impossible to identify these individuals by name prior to the commission of a crime.

A STATEMENT OF NEED IN PHILADELPHIA - FY 2005-06

Waiting Lists and The Prioritization of Urgency of Need for Services (PUNS)

Table 1: INDIVIDUALS BY PUNS PRIORITIES AS OF 4/15/04

PRIORITY I: EMERGENCY	
Caregiver Unable To Continue	
Death Of Caregiver	
Caregiver Incapacitated	
Committed By Court	
Intolerable Temporary Placement	
Other Family Crisis	
Unduplicated EMERGENCY TOTAL	**336**
PRIORITY II: CRITICAL	
Aging Caregiver	
Ill Caregiver	
Behaviorally Unmanageable	
Personal Care Needs Cannot Be Met	
Family Crisis	
Caregiver Unable to Work	
Express A Need For Alternative Living Arrangement	
Graduated Or Will Soon Be Graduating	
Inappropriate Placement	
Moved From Another County	
Move From Another State	
County Plans On Moving Person	
Losing Eligibility For Support	
Leaving Jail/Prison/Criminal Justice	
Unduplicated CRITICAL TOTAL	**985**
Unduplicated Emergency/Critical Sub-Total	**1,321**
PRIORITY III: PLANNING	
Will Need If Something Happens	
Person Is Living in a Large Setting	
Child Lives In Therapeutic Foster Care	
Known Need More Than A Year Away	
Wants Increased Supports	
Losing Eligibility More Than A Year Away	
Other	
Unduplicated PLANNING TOTAL	**643**
Total People Waiting for Services in PUNS	**1,964**

Total People waiting for services and entered into HCSIS as of 4/15/2004

INDIVIDUALS BY PUNS PRIORITIES AS OF 4/25/03

Unduplicated EMERGENCY TOTAL	336

Unduplicated CRITICAL TOTAL	985

Unduplicated PLANNING TOTAL	643
Total of All Categories:	**1,964**

This number represents PUNS that have been entered into HCSIS and is the basis for the plan request for FY 05-06.

What Services Are People Requesting?

STATUS	SERVICES					
	Day Service	**Individual Support**	**Transportation**	**Vocational**	**Respite**	**Therapy**
Emergency Need	134	242	241	179	159	175
Critical Need	277	480	448	379	292	259
Planning	150	303	237	181	140	148

STATUS	SERVICES			
	Independent Living	**Live w/Family**	**Out of Home**	**Total Undup. People**
Emergency Need	38	56	172	336
Critical Need	50	48	216	985
Planning	16	16	51	643

In the FY 2005-06 Stage I (Planning) Budget and Plan, the community Priority population will be defined as the persons identified in the Emergency and Critical Need portions of the County Waiting List Survey (PUNS). County programs will use the PUNS information, as entered into HCSIS by April 15, 2004, in developing the FY 2005-06 State I (Planning) Budget and Plan.

For Fiscal Year 2005-06, county programs are asked to address the following system priorities:

I. Services to persons meeting the Emergency Need definition as defined in the County Waiting List Survey (PUNS). Priority one includes all persons in that category.

II. Services to persons aging out of EPSDT.

III. Services to persons meeting the Critical Need definition as defined in the County Waiting List Survey (PUNS). Priority two includes only those persons the county feels it can reasonably serve through the creation of new capacity.

IV. Services to support the individuals the County Program proposes to move from State Centers into the community during the Plan year.

V. County program proposed private ICF/MR conversions.

These priority areas are intended to assess the number of individuals who meet the priority definitions and the cost of providing these individuals with the necessary supports and services within the 12 months of the Plan year.

No service has been requested for anyone in the planning category and no costs have been projected for that group.

The actual plan submission is comprised of tables identifying individual persons for whom we are requesting money to serve and that we have the capacity to serve. This Plan contains only summary data.

It is recognized that, at any time, individual circumstances may change and an individual may move into the emergency category. The impact of unplanned emergencies or the identification of individuals previously unknown to the system cannot be ignored if the system is to be responsive to all persons in need.

This year's plan also includes a request for money to increase the numbers of persons providing supports coordination in Philadelphia. This money is specifically requested to reduce the caseload of the supports coordinator/case manager providing services to people in the community who do not have the benefit of waiver services and show needs that are not always know or documented. It also contains a request for money

SUMMARY OF EXPANSION REQUEST FOR FY 2005-2006

IN FULL YEAR COST

Priority	People in Need/ PUNS Data	People/ Service Requested	**Supports Coordination**	**Employment / Day Support**	Res. and **In-home Support**	Total
Priority I. Emergency	336	336	$1,008,000	Included	$15,440,000	$16,448,000
Priority II. EPSDT	5	5	$15,000	Included	$500,000	$515,000
Priority III Critical	985	300*	$900,000	$5,000,000	$4,000,000	$9,900,000
Priority IV State Center	5	5	$15,000	Included	$650,000	$665,000
Priority V. ICF/MR	N/A					
Total	**1331**	646	$1,938,000	$5,000,000	$ 20,590,000	$27,528,000

*Includes 200 High School Graduates

FULL YEAR COST

Priority	People	SC $$	Total
Priority #1 Community	3000	$ 1,000,000	$ 1,000,000
Priority #2 Intermediate Care Facility (ICF/MR) Persons with Mental Retardation	900	$1,000,000	$1,000,,000
Total	**3,900**	**$2,000,000**	**$2,000,000**