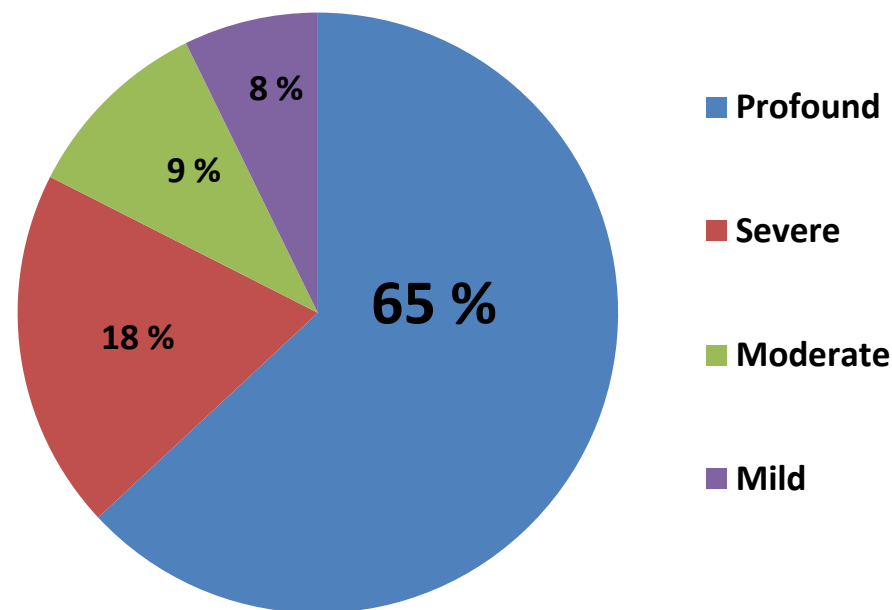


HDC RESIDENTS' STATISTICS

Level of Intellectual Disability of Residents' at Arkansas' HDCs



Class	IQ
Profound Intellectual Disability	Below 20
Severe Intellectual Disability	20- 34
Moderate Intellectual Disability	35- 49
Mild Intellectual Disability	50- 69

Source: Wikipedia November 2012

3RD QUARTER 2013 Statistics from Arkansas Developmental Disability Services

Arkansas Human Development Center Resident's Statistics September 2013

Total Clients	Ambulatory	Non-Ambulatory
935	616	319

Aggressive / Destructive / Self-Injurious	Health Fragile	Hearing Impaired	Regular Diets	Fed by Tube	Requiring Device for Body Alignment
411	414	120	124	110	199
		Vision Impaired	Physician Ordered Modified Diets		
		301	701		

Total Authorized Staff	FY 14 Total Annual Budget	Average Cost per Resident	Staff to Resident Ratio
2277	\$118,949,206	\$ 127,218	2.44

Comparisons from 2011 thru 2013:		
Quarterly Report	Total Residents	Decreased Population
Spring 2011	972	
Fall 2012	953	19
Fall 2013	935	18

Myths and/or False Statements That you will hear from time to time, And the *real truth* about the matter!

Item #:	Myths/False Statements:	Truth:
1	"Long Term Care Services are cheaper in the Community"	There is no cost savings if all "components of care" are factored in. For example, cost for housing, food, clothing, caregivers, transportation, recreational activities, medical needs, dental care, physical and/or occupational therapy, prescriptions, diapers, special equipment, etc.
2	"Least Restrictive Environment" is understood to mean "in the Community".	"Least Restrictive Environment" can be a Residential Care Facility for some individuals.
3	Those living in institutions are "incarcerated" and are not offered the opportunity to be involved in their own communities, families, and friends.	In actuality, individuals in ICFs/ID have many opportunities to be in their communities with family members, friends, shopping, eating in restaurants, movie theatres, county fairs, sporting events, church, horseback riding, fishing, and they have social interaction with their peers, staff, and volunteers.
4	"Institutions enforce an unnatural, isolated and regimented lifestyle that is not appropriate or necessary." Source: The Arc Position Statement	Facility-based care is a "positive" long term care choice with the close individual professional care that is needed on a 24-hour basis.
5	"Olmstead <u>requires</u> community integration." "Olmstead <u>requires</u> downsizing/eliminating the option of institutional care for persons with disabilities."	The Olmstead Decision supports facility-based (institutional care) for those individuals whose severe impairments require the close care found in such settings. Olmstead encourages a continuum of service options for disabled persons – home, community and institutional care.
6	"There is a need to rebalance the long term care current system. Overall about 60 percent of Medicaid long-term care dollars are still spent on institutional services, with about 40 percent going to home and community-based services (HCB)."	Opponents of ICFs/ID find it convenient to factor in the large population "disabled by age" receiving services in nursing facilities when making their case to "rebalance" the long term care system. There is no need to "rebalance" the long term care system for persons living with the effects of cognitive/intellectual and developmental disabilities (ID/DD). Far more persons with ID/DD in Arkansas are served through Home & Community Based (HCB) programs than are served through licensed-facility-based programs (Intermediate Care Facilities for persons with Intellectual Disabilities – "ICFs/ID" Services).
7	Source: www.adapt.org "A strong institutional bias remains in the provision of long term services and supports, both within Medicaid and in the private sector."	There is no "institutional bias" in Arkansas for individuals with cognitive-developmental disabilities – 74.2 % of Medicaid dollars are spent on Home and Community Based Waiver programs.

DON'T BE MISLED ON WHAT THE OLMSTEAD U.S. SUPREME COURT DECISION SAYS

(1) What Olmstead is Not:

"Olmstead" is not a federal act or statute. Rather, it is a U.S. Supreme Court decision which reinforced the rights of individuals with intellectual disabilities and their parents and guardians to choose the residential setting that is best for these persons.

(2) How Olmstead is misused:

In support of their objective to downsize and close ICF/IID (Intermediate Care Facilities for persons with Intellectual Disabilities), certain advocates are emphasizing portions of the Court's opinion regarding "unjustified institutionalization" and ignoring important parts of the Court's decision.

(3) ***The Olmstead decision supports facility-based (institutional care) for those individuals whose severe impairments require the close care found in such settings.***

A majority of Justices in Olmstead recognized an ongoing role for publicly and privately-operated institutions:

"We emphasize that nothing in the Americans with Disabilities Act or its implementing regulations condones termination of institutional settings for persons unable to handle or benefit from community settings. . . Nor is there any federal requirement that community-based treatment be imposed on patients who do not desire it." 119 S. Ct. at 2187

"Unjustified isolation, we hold, is properly regarded as discrimination based on disability. But we recognize, as well, the States' need to maintain a range of facilities for the care and treatment of persons with diverse mental disabilities, and the States' obligation to administer services with an even hand." 119 S. Ct. at 2185.

The plurality opinion in Olmstead stated:

"Each disabled person is entitled to treatment in the most integrated setting possible for that person - recognizing on a case-by-case basis, ***that setting may be an institution.***" 119 S. Ct. at 2189.

(4) ***Olmstead encourages a continuum of service options for disabled persons - home, community and institutional:***

In addressing the issue of when a disabled person's care may be changed from institutional placement to community placement, the Olmstead decision set forth a three part test to determine if community placement is appropriate:

- (a) the State's treatment professionals have determined that community placement is appropriate;
- (b) the transfer from institutional care to a less restrictive setting is not opposed by the affected individual; and
- (c) the placement can be reasonably accommodated, taking into account resources available to the State and the needs of others with mental disabilities." 119 S. Ct. at 2181

(5) People with intellectual disabilities, especially individuals with severe and profound intellectual disabilities and their families have vastly different support requirements than those with physical disabilities. As families age, their abilities to be the primary care givers (and fiscal intermediaries) will also change. Arkansas should continue its continuum of services for each stage of care-giving.

We are families and friends of disabled persons who support the full continuum of residential options required by the disability community and addressed by Olmstead. For many years, Arkansas has offered competent and compassionate care through its state-operated and private intermediate care facilities. In recent years, the state has also offered support for families who care for their disabled children at home and has steadily increased its support of community-based services (through the home and community-based waiver).

INFORMATION YOU NEED TO KNOW

The urgent situation FF/CFR faces in supporting and defending the Arkansas human development center programs presents the following important issues of concern:

- The lowering census at the human development centers - without public debate, our centers have been down-sized through aggressive transition policies and stringent admissions policies. There is pressure on the centers to discharge persons even if the persons have not requested transition.
- Adopted policies and programs have undermined the viability of the HDCs. We are seeing greater support for community-based programs, while noticing eligible persons for HDC programs are being transitioned from HDCs as well as eligible persons have been deflected from admissions to HDCs.
- All of the HDC's buildings are aging. They need capital investment for improvements and reconstruction.
- DHS has applied for and received multiple federal incentive grants to change the Arkansas human service system: the increased federal funds are in support of home and community based care programs, and not in support of institutional care programs like our HDCs.

FEDERAL INCENTIVE GRANTS RECEIVED BY OUR STATE:

The State has applied for and received federal grants which work to "rebalance states long-term care systems by reallocating funds from institutional care to community services and to integrate acute care with long-term services and supports." (Bridging the Aging and Developmental Disabilities Service Networks).

(1) Money Follows Person Grants (MFP)

- Until 2016, Participating states will receive up to 90 % of care costs for persons who transition from an institution who have lived there over 90 days. Mathematica Research reports: "States that participate in the program must use the increased FMAP they receive to expand long-term community services and supports." *Therefore, we contend that this grant will undermine the HDC programs by dwindling away the funding for them.*

(2) \$42 million Health Care Transformation Grant

- Funds used to carry out changes in the Arkansas Health Care system (including changes in long-term care/DD)

(3) State Balancing Incentive Payment Program (BIPP) Grant

- Under BIPP: States must implement structural reforms to increase non-institutional long-term services and supports: The 3 reforms include "using standardized assessment instruments to determine eligibility for services." The creation and implementation of the Arkansas InterRAI is the result. Our family members with developmental disabilities have been required to undergo this "new" assessment. This InterRai assessment tool has not been used on the DD population. Our concern is that it will not accurately reflect our family members' severe conditions.

NEXT GRANTS:

(1) Health Home Model for Medicaid Beneficiaries with Multiple Chronic Conditions.

- Under the Affordable Care Act, participating states who choose the health home option will receive a raise in "the federal matching rate to 90% for two years." It is not clear if people with DD are included in this grant. Also "health home" is used interchangeably with "medical home." However, in the AR Payment Improvement Initiative/DD Work group, both models were presented. Private DD providers will become "health homes." It is not known if HDCs can be "health homes."

2) The State plans to apply for Community First Choice (CFCO) grant, which requires a State Plan Amendment (SPA) to the Medicaid State Plan.