

**Division of Services for People with Disabilities**  
**Before and After Comparison of Management Responsibilities – Updated 6/22/10**

In FY2010 our Division took extensive and difficult cuts. In FY2011 additional cuts will go into effect. We implemented the FY2010 cuts through re-engineering our Division - primarily by reorganizing and privatizing a large number of our employees. We also collapsed our regional structure and centralized certain functions (like eligibility determination and waiting list services). We lost 9 employees through retirement, did a Reduction in Force (RIF) of 5 employees, and terminated one probationary employee.

To implement the FY2011 cuts, we will continue to eliminate positions (2 more FTE will be eliminated at the state office and so far 12 FTE will be eliminated in the regions) through attrition. We currently have a hiring freeze in place, and it will remain in place indefinitely. As a result of the extensive re-organization, some management and process responsibilities have changed.

**Administration (State Office)**

Prior to the cuts, our state administration had 37 FTE. This included the following:

- One Division Director who oversees all operations, including the Developmental Center; one administrative assistant
- One Assistant Director, who oversees program administration (2 people), waivers (2 people), nurses (3 RNs plus one admin asst), data systems and research (4 people), hearings, emergency placements (1 person), and our computer systems (4 people)
- One Assistant Director who oversees training (2 people), quality (4 people), housing assistance (1 person), regulations (1 person), the brain injury grant (1 person) and supported employment (1 person)
- One Financial Manager who oversees fiscal review and audit (1 person), budgeting and Medicaid collections (4 people) and contracts (2 people)

After the cuts, we eliminated one of the four quality positions, our brain injury grant has ended, and we have two open positions due to the hiring freeze. Other staff have taken on additional responsibilities. So the total number of employees has gone from 37 at the state office to 33 currently. One of our Assistant Directors will be retiring on June 30, 2010 and she will not be replaced. Her duties will be absorbed by the Division Director and our Program Administrator over quality. We further plan to eliminate an FTE through attrition at the state office. Going into FY2011, we anticipate having 31 staff, a cut of 6 FTE or over 16%.

Changes in responsibility were not extensive at the state office. We did begin Utilization Review in March of 2009, and it added responsibility to the Quality team. Utilization Review has saved the state about \$100,000 in general fund so far.

## **Regions**

Changes at the region level have been more extensive, since that is where support coordination was performed before the cuts. Prior to the cuts, our regions had 237 FTE, and now we have eliminated about 120 positions through privatization and another 20 through retirement, RIF and attrition. Additionally, there are several open positions due to the hiring freeze. Our current FTEs in the region total 96 (59.5% fewer state employees), and we anticipate losing several more through attrition.

This dramatic reduction in FTE has meant that the Division ended most of the direct service activities it had provided in the past and focused its remaining resources on the areas it continued to be required to manage. These areas include 1) all eligibility decisions concerning DSPD eligibility and Medicaid waiver eligibility, 2) final approval of the amount of funds used for services, 3) monitoring the level of contract compliance of our contract providers of services and the level of quality of services being provided, 4) comprehensive assessments of a person's support needs, 5) clinical supports where no other support service is available, and 6) financial personnel who ensure payments are made to providers.

Prior to the cuts, we had three Region Directors (several years ago there were four, but the Eastern region was absorbed into the Southern region) who oversaw geographic regions in Northern Utah, Central Utah, and Southern/Eastern Utah. Last year, after the cuts, the Region Director over Northern Utah retired and was not replaced. We collapsed the geographic structure and instead focused on program responsibilities. So we had two Region Directors for all of last year. This year, the Central Region Director will retire, and we will not replace her. So there will be just one Region Director with overall program responsibility. We will reorganize other responsibilities below the Region Director to ensure adequate local management.

The regions had many office/administrative support professionals who supported administrators, supervisors and caseworkers (had 25 FTE, now have 14 FTE through RIF, frozen hiring and other attrition). When we privatized our caseworkers and reduced our administration, we made a commensurate cut in our office/administrative support professionals.

Administrative Program Managers (we went from 28 FTE to 20) now have a much greater role in administering and providing oversight of the day-to-day business of the Division than they had in the past (where the focus was on supervision of their staff with QA oversight as a secondary responsibility).

The activities of the Administrative Program Managers now include:

- Monitor service contractor compliance with contract requirements, appropriate placements and services for individuals awaiting services.

- Provide administrative oversight of support coordinator efforts for providing support systems for DSPD clients to ensure their health and safety, their human rights are protected, that their community living support plans are administered appropriately, and they are free from abuse, neglect or exploitation.
- Provision of crisis services, and coordinate DSPD resources in the face of a crisis or disaster.
- Receive notifications of law enforcement/criminal justice involvement with a DSPD service enrollee and coordinate DSPD response.
- Give final approval for contract billings for services rendered.
- Provides administrative oversight and contractor compliance with corrective action plans sanctions issued against contractors in response to repeated non-compliance with corrective action plans,
- Provide consultation for referrals for additional or emergent services by Support Coordinators.
- Monitor the maximal utilization of available community resources and persons' development of natural supports
- Provide administrative oversight of SCE contractor behavioral support plans implementation of professional medication monitoring and other medical or dental support plans implementation of personal budget assistance or representative payee support plans housing or supported employment support plans monitoring

The clinical support staff (was 16 FTE, now 14; have frozen two RN positions) was consolidated into a statewide team to focus more on clinical evaluations and consultation and less on direct service delivery. The Division continued its role in conducting comprehensive assessment of a person's support needs with better-trained and more effective assessment methods and increased the amount and type of quality assurance monitoring conducted at the Regional level. This team does statewide crisis intervention/prevention activities, services, and/or program implementation with the Division's regional offices, contract providers, and other governmental entities. It provides behavioral consultations, mental health consultations, medical (nursing) consultations, expert testimony for court commitments, and court ordered competency restoration training and quality assurance/enhancement oversight of provider services in "clinical" areas. This has been a significant change in statewide responsibility. Some service coordinators may believe the clinical team is duplicative of their efforts, but the clinical team brings significant expertise and quality to the Division.

The Division is responsible for all eligibility decisions (was 16 FTE, now 10) concerning DSPD eligibility and Medicaid waiver eligibility. This group was cut extensively last year. Intake and eligibility staff provides intake services (information and referral services), make the determination of eligibility for DSPD services and Medicaid waiver eligibility and maintain the waiting list.

The Division is responsible for final approval of the amount of funds used for services (15 - 18 FTEs do objective Supports Intensity Scale assessments), and for monitoring the level of contract compliance (approximately 15 FTE) of our contract

providers of services and the level of quality of services being provided.

Finally, about 15 FTE work to ensure that provider billings are submitted correctly, authorized, and then processed for payment. We have 180 contracted providers who submit thousands of payment requests for the 4400 people the Division serves. These employees also assist providers with slow or missing payments and contract questions.

The Division is consistently looking for ways to streamline our employees and operations. But it is important to note that we operate under state laws and federal assurances that we must meet. State resources are precious so we must ensure system-wide fiscal accountability. Most importantly, the people we serve must remain safe and healthy. We believe that we are properly scoped to accomplish these goals. Further reductions in employees risk fiscal accountability and may endanger the health and well-being of Utahns with disabilities.