

Workload Standards Study

Technical Report:

Case/Resource Management

in the Division of Developmental Disabilities

Washington State Department of Social and Health Services
Administrative Services Division
Research and Data Analysis

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TABLE OF CONTENTS

Acknowledgements	i
EXECUTIVE SUMMARY	iv
<i>Introduction</i>	iv
<i>Study Purposes</i>	iv
<i>Study Methods</i>	iv
<i>The Development of Minimum/Essential and Optimal/Best Practice Workload Standards</i> . v	
<i>Key Findings</i>	vi
INTRODUCTION.....	1
CHAPTER 1: HISTORY OF FIELD SERVICES AND NATIONAL COMPARISONS	5
<i>Origins of Case/Resource Management</i>	5
<i>Increasing Demand for Quality Case/Resource Management</i>	6
<i>National Comparisons</i>	9
<i>Cross-State Comparison with States Similar to Washington</i>	10
CHAPTER 2: STUDY DESIGN	15
<i>National Models for Workload Studies</i>	15
<i>Advisory/Work Groups</i>	16
CHAPTER 3: SCIENTIFIC MEASUREMENT OF CURRENT WORKLOAD	19
<i>November 100% Time Measurement</i>	19
<i>April 100% Time Measurement</i>	24
<i>Prevalence of Complex Characteristics Survey</i>	25
<i>February Case-Tracking: Case Management</i>	29
CHAPTER 4: ESSENTIAL WORKLOAD STANDARDS	35
<i>Case Management: Standards Development</i>	35
<i>Resource Management: Expert Estimation and Standards Development</i>	37
<i>Mapping Written and Unwritten Mandates to Essential Workload Standards</i>	41
CHAPTER 5: STAFFING NEEDS AND PROJECTIONS	43
<i>Extra Essential FTEs: The Calculations</i>	43
<i>Technical Note on Essential Work Not Being Done</i>	44
<i>Work Not Being Done to Meet Both Essential and Optimal/Best Practice Standards: Tentative Findings and Corresponding Further Extra FTEs Needed</i>	44
<i>Extra Essential FTEs: The Projections</i>	45
<i>Projections of FTEs Required in the Next Biennium to Implement DDD’s Strategy for Reducing Unmet Service Needs</i>	47
<i>Information on the Role of “Service Brokers” in Pilot “Self-Determination Projects”</i>	47
DISCUSSION	49

EXECUTIVE SUMMARY

Introduction

The client population in the Division of Developmental Disabilities (DDD) has grown in size and complexity without a corresponding increase in case/resource management staff. Caseloads had increased to 141 persons per case/resource manager in 1997, making Washington the state with the highest caseloads nationally. Some of the caseload changes leading to increased complexity are: inclusion of individuals with many more challenging concerns, such as mental health or community protection issues, and increased life span of people with developmental disabilities.

Adapting a previously successful research design used nationally in many workload studies of Children and Family Services, including Washington State, DDD funded a research project to be conducted by the Department of Social and Health Services (DSHS) Research and Data Analysis division.

Study Purposes

- Provide a scientific measurement of current workload: how long it takes case/resource managers to provide community case management and community resource development and management services to clients of DDD.
- Develop a set of minimum/essential workload standards and of optimal/best practice standards for the provision of services in DDD both for case management and for resource management activities.
- Provide the tools for DDD to calculate staffing needs to fulfill essential and best practice standards and to project such needs based on estimates of caseload growth, the effects of policy changes and projections of unmet service needs.

Study Methods

A scientific time measurement of workload

Four Week
100% time
measurement

Case/resource managers participated in a four-week 100% total-time measurement split between two ten-day work segments involving logging all daily activities. Response rates were very high: 96 percent in November and 89 percent in April. Estimates were obtained for leave and administrative time, and service activities not directly related to individual clients, such as the development and management of resources.

Prevalence
Survey of
Complex
Characteristics

Case/resource managers also answered a prevalence survey about complex characteristics and situations of current individuals on their caseloads and about those not contacted at all during the previous year. They responded to a random sample survey of more than 10% of their client caseloads (about 2,700 persons statewide), regarding yearly contacts and the prevalence of certain complex characteristics and situations. These included diagnosed mental illness, high nursing care needs, involvement with the legal system, family coping problems and others. This survey provided the basis for the random sample and the over-sampling of the groups with special characteristics used subsequently in the one-month tracking. A very high response rate was obtained in this survey: 92 percent.

One Month
Case
Tracking

Case/resource managers were asked to participate in a one-month case tracking, logging all activities and times spent with a statewide random sample of DDD clients, and with an additional over-sampling of clients with complex characteristics and situations (February 1998). Again the response rate was high, even for this long, one-month, tracking: 82 percent. Detailed measurements were taken of time spent in case management activities supporting the average client, or specific groups of clients, in a variety of programs.

The Development of Minimum/Essential and Optimal/Best Practice Workload Standards

Essential and
Best Practice
Standards for
Case
Management

With the guidance of two national experts, a group of case/resource managers, supervisors and regional administrators, experienced in the field of developmental disabilities, developed a set of essential workload standards. As the group and the consultants methodically developed each essential standard for the typical caseload, they used the actual times and the activities done during the month long data collection as a basis for their decisions. They looked at the time actually spent and determined how much longer a modified set of activities should have taken in order to meet minimum/essential mandates and, additionally, to fulfill optimal/best practices.

- They listed the steps and activities that were minimally and optimally necessary to complete a process of support in a variety of programs.
- They examined how long each activity actually took and looked at which activities should be done differently, were not done long enough, or were not done at all.
- They determined for how many people and how often each activity should be done, both to meet minimum/essential standards and, for major programs, to meet optimal/best practice standards.

- They met again two months later to review the set of activities and overall times established for the phases in each program and to make any needed adjustments in light of requirements to meet essential legal and administrative mandates for essential standards.

Standards for Resource Management

A similar process was used to develop essential standards for a variety of resource management tasks, both for developing and maintaining such resources. However, due to the episodic nature of some of these tasks estimates of actual time spent had to be made using an expert estimation process.

The development of a calculation system for estimating staffing needs

Estimates were obtained of the proportion of work not being done by comparing current work time with the time required to fulfill essential minimum standards. An automated calculation system to produce overall staffing needs was generated by electronically linking such time differences across programs for a given year (1997) and a given population served.

Furthermore, automated projections of staffing needs were made possible by modifying the parameters of the above calculation system: modifying either the overall number of clients served, the composition of the clients or the mix of programs. These modifications were based on

- overall caseload growth projections,
- changes in particular programs due to policy or entitlement criteria,
- expansion of DDD-funded programs to address unmet service needs.

Key Findings

Extent of Work Below Standards: Essential and Best Practice

In 1997, the work of 170 DDD case/resource managers was well below either essential or best practice standards in supporting 24,000 persons with developmental disabilities and their families.

- With caseloads of 1:141 they were able to fulfill only 45 percent of essential mandated work: 55 percent was left undone.
- If one considers not only essential but also optimal/best practice work, only 29 percent was being done: 71 percent was left undone.

Comparison with Other

The extent of the severity of DDD understaffing is also revealed when comparing Washington's caseload ratio with those of other states.

- Washington has the highest caseload ratio nationally (the national median was 1:40 in 1995).
- Washington has the highest caseload ratio among states similar to Washington in economic and demographic characteristics and in having a state operated case management system (the caseload average was 1:60 among the states most similar to Washington at the end of 1997, the same year as this study).

Work with
Clients with
Special Needs

This understaffing is further exacerbated by the fact that almost half of DDD clients have special needs in addition to their developmental disability, such as community protection issues, mental illness, language/cultural differences, and families with coping difficulties.

- Up to four times more time is spent with these persons than with the average person.

Types of Work
Left Undone

Some of the consequences of this understaffing are:

- Most of the essential work is done to connect persons to needed services when the services are available (60 percent done), but much less of the essential work is done in monitoring services to ensure quality (only 37 percent done) and in reviewing the adequacy of the services to changing needs of persons and families (only 33 percent done).
- Over a one-year period, one in four clients is never contacted and one in five is contacted only indirectly.

Extra Staff
Needed to
Meet
Essential and
Best Practice
Standards

In 1997, the following number of extra case/resource FTEs would have been necessary to fill the gap in work not being done above and beyond the 170 employed:

- 198 extra to meet minimum/essential standards, resulting in caseloads of 1:65;
- a further 163 to also meet optimal/best practice standards, resulting in caseloads of 1:46.

Projections of
Staffing
Needs

The work gap is increasing through time due to caseload growth projected to increase from 24,000 in 1997 to 33,550 by the end of the next biennium, the year 2001.

- By that time, 254 extra case/resource managers and 69.5 additional supervisors and administrative staff would be necessary to meet minimum/essential standards. These should be interpreted as minimum requirements, since a lack of proportional expansion of funding for services would create even more case management work as unmet needs increase, and the health and safety of clients are likely to be endangered.

INTRODUCTION

This introduction lays out the organization of this report. Since it is a technical report, not simply a report on findings, there are long sections on research methods, with further methodological details (forms, definitions and calculations) included in the Appendices. This workload study, even though adopting a research design based on previous successful national models, is the first one conducted on case/resource management activities with persons with developmental disabilities and their families. Furthermore, the results of this study have immediate, important policy and staffing implications. For these reasons the methods used need to be carefully presented in detail so that they can be scrutinized, and the merits of the findings can be judged.

The purpose of this introduction is to guide the reader through the study details, by indicating for each major section of the report the questions to be answered, the methods chosen to collect appropriate data and the results of the major analyses. The organization of this report reflects a logical sequence of steps. In reality, often, the experiences of an earlier set of research activities influenced the subsequent set, as more information was gathered to guide the application of the general research design in this pioneering effort. Moreover, given the immediate policy relevance of the results obtained, this study had to be responsive to the concerns of the users of these results. This led to helpful additions, modifications and amplifications of certain aspects of the research design in the course of the study.

Chapter 1: History of Field Services and National Comparisons

A crucial concern for the DSHS Division of Developmental Disabilities (DDD) was how the Division could expect to fulfill essential legal and administrative mandates, to serve people with developmental disabilities and their families, with overly high caseloads per case/resource manager. The two background questions that immediately arose were:

- What is the history that led up to this situation?
- How unusual is this situation in comparison to the experience of other states?

This section briefly describes the evolution of Field Services since 1974, the crucial functions performed by these services, the escalating job demands in terms of complexity and sheer numbers, and past attempts at solutions. Comparative evidence is presented based on two recent studies: 1) the *1995-6 Case Management Survey*, conducted by the National Association of State Directors of Developmental Disabilities Services, and 2) a comparison survey of thirteen states similar to Washington.

Chapter 2: Study Design

To obtain scientifically based information useful to address the concern mentioned above, DDD funded a workload study to be conducted by Research and Data Analysis that was to use and adapt the most successful research models available nationally.

This section discusses the best methodological features of available national models. It also presents the crucial functions of a committee of DDD staff with expertise in developmental disabilities service (referred to as the Field Committee). It describes the Field Committee's role in guiding the application of these methods to the new subject matter: the varied and complex array of services and supports provided to persons with developmental disabilities throughout their lifetimes. Finally, it outlines the major concerns voiced by the Oversight Committee.

Chapter 3: Scientific Measurement of Current Workload

The ultimate objective of this study was to estimate the amount and types of essential work that was **not** being done. This would provide the data necessary to calculate the number of extra staff needed to fulfill such standards.

To determine what essential work was not being done, first the study had to measure, as accurately as possible, what work was currently being done. The measurement of how long specific activities currently took would also produce factual guides to inform the development of workload standards.

Three different research activities are described in this chapter:

- *A four-week total-time (100%) measurement split between two ten-day work segments* (November 3-17, 1997 and April 17-30, 1998). This method would provide estimates of time spent on all activities not directly related to specific clients: administrative tasks, leave, and resource management. It would also inform estimates of intake and eligibility review activities due to the latter's infrequent, periodic occurrence.
- *A survey on the prevalence of certain special characteristics and situations among individuals on the DDD caseload.* This survey was conducted due to the hypothesis that a very large part of case management work was spent arranging supports to meet the needs of individuals with such characteristics. In order to measure accurately the work time involved, a larger than random sample had to be obtained for each of these groups. A sampling frame for these groups was missing from available state records and had to be obtained with this survey.

- *A one-month tracking of a statewide random sample of DDD clients and of groups with special characteristics and situations* (February 1998). This was the core measurement of case management activities. This case tracking (i.e. related allowed the grouping of activities into process steps of support in a variety of different programs for different groups of clients.

Chapter 4: Essential Workload Standards

- *Case Management* - Essential standards for DDD-funded services, other DSHS services, and links to community resources were developed by a committee of experienced DDD case/resource managers under the guidance of national experts. The process used is explained in detail.
- *Resource Management* - A similar process was used to develop essential standards for activities not tied directly to specific clients. These include the development, maintenance and periodic review of resources, individual, agency and county providers of community-based supports.
- *Mapping written and unwritten mandates* - Written and unwritten mandates and expectations all played a key part in the standards building process. The various ways used to record these mandates are described.

Chapter 5: Staffing Needs Estimates and Projections

- *Extra FTEs: The Calculations* - A calculation system was needed in order to estimate the extra FTEs necessary to fulfill essential work standards. A series of steps was followed. A data system was devised wherein sets of essential steps and activities and the time required for their completion were collected for each program or support/service. Total actual time was divided by the number of people in a program and subtracted from the corresponding essential time. Additional FTEs calculated from the expert estimation of resource management work were added to the case management staff requirements. This yielded how many more case/resource management staff would be needed to do the essential work necessary.
- *Extra FTEs: the Projections* - An automated system was needed to be able to project staffing needs based on overall caseload growth estimates, policy changes or changes in level of program funding. This involved building changeable parameters in the automated system. A particular application of this system was completed to project staffing needs by the year 2001, assuming no growth in DDD-funded programs, and assuming certain expansions in DDD-funded programs to serve persons with unmet service needs.

Discussion

In the final section, study accomplishments and limitations are discussed, possible further analyses (using data already collected) are listed, and further research possibilities are presented.

As DDD is planning to implement more choice in supports/services, basic workload information will be useful. Even within the context of seeking more self-determination for people with developmental disabilities, knowledge is needed about the amount of work that needs to be done to assure quality and accountability.

CHAPTER 1: HISTORY OF FIELD SERVICES AND NATIONAL COMPARISONS

Origins of Case/Resource Management

Prior to 1974, all services to individuals with developmental disabilities in Washington State funded through the Division of Developmental Disabilities (DDD) were provided by institutions. In 1974, Case Services (now called Field Services) was established to respond to the needs of non-institutionalized individuals. Some of the goals driving this change were:

- **support for community services** as an alternative to institution-based services for individuals living in the community
- **establishment** of a non-institution based point of entry for services
- **provision** of appropriate assessment and referral to the least restrictive work and residential supports for eligible individuals
- **creation of a stronger link** between the community and the institution
- **interest in ensuring** "the personal liberty, human and civil rights of all clients and their families." Bureau of Developmental Disabilities; Case Services Program Manual, (Olympia, WA 1977, pages 1-3.)

Gradually, a variety of community-based services were provided to individuals living in the community, including educational and training programs, group homes and other living facilities. In 1976, Home Aid Services (now called Family Support) was established to strengthen the family "in order to reduce or eliminate the need for out-of-home residential placement."

Table 1

Case Management Responsibilities
Intake and eligibility determination
Identifying the individual's and family's service needs
Developing individual service plans
Authorizing payment for publicly-funded services
Arranging delivery of needed public benefits and services
Monitoring and coordinating service delivery
Evaluating effectiveness of services
Information and referral
Assistance to community agencies
Crisis intervention

Field Services offices are located in six regions throughout the state. Field Services staff provide the primary access to all DDD-contracted and DSHS-funded services for eligible clients: The Collective Bargaining Agreement governing the relationship between

DSHS and the DDD institutional staff was expanded in October 1974, to include what is now Field Services staff. Strong limitations regarding contracting out work done by case/resource managers became part of the agreement. (See Table 1.)

In 1979 DDD reported caseload ratios of 78 clients for each case/resource manager.

When Case Services was first formed, the primary job classification of staff providing services to clients was that of Psychiatric Social Worker, in keeping with the institutions. In May, 1980, those positions became Developmental Disabilities Specialists. In July, 1988, the two DD Specialist classifications (DDS II and III) were combined into the single classification of Case/Resource Manager. At that time new job classifications for trainee and outstation manager were added. As of February 1998, there were 169.8 full time equivalent case/resource and outstation manager positions statewide, serving a client population of approximately 24,000.

Increasing Demand for Quality Case/Resource Management

Since the formation of Field Services, the duties and responsibilities of its staff have increased significantly in numbers, complexity and degree of difficulty.

Some of the factors contributing to increases in the difficulty and complexity of case/resource management tasks are:¹

- Changes in the Washington Administrative Code (WAC) that have resulted in the inclusion of individuals with many more challenging concerns - e.g. serious mental health problems, Fetal Alcohol Syndrome, traumatic brain injury, substance abuse issues, criminal behavior and sexual deviancy².
- Downsizing and closure of Residential Habilitation Centers (RHC), Intermediate Care Facilities for the Mentally Retarded (ICF/MR) and Nursing

¹ *Class Study of DDD Case /Resource Managers*, Fall 1996

Increases in the difficulty and complexity of case/resource manager job duties between 1988 and 1996 were described in a document submitted by DDD to DSHS Employee Services in September 1996. This document formed the basis of DDD's request for a class study. Employee Services subsequently verified DDD's findings through a series of state-wide audits of staff duties and job descriptions. The document detailing the changes in job duties, combined with the audit findings, were submitted by Employee Services to the Department of Personnel (DOP) in conjunction with the recommendation for a 5% increase in DDD staff salaries. DOP found this recommendation to be valid.

² Kohlenberg, *et al.*, February 1996, *Who is Eligible for DDD Services? A 5-Year Analysis (July 1989-August 1994)*.

Facilities (NF) resulting in the need to develop more individualized services in the community for people with serious challenges, including maladaptive behavior and physical limitations.

- The higher survival rate of medically fragile children, requiring staff to develop in-home nursing supports to families that are roughly the equivalent of maintaining a bed in an intensive care unit of a hospital.
- Outreach to communities of color and Tribes, resulting in the need for staff to communicate effectively with people from a broad range of cultures and languages.
- Increased life span of people with developmental disabilities, more of whom are living at home with aging parents, requiring staff to expand their knowledge about elder care issues.
- Increase in the numbers of clients who are parenting children, resulting in the need for staff to evaluate their clients' parenting skills, advocate for their right to parent and ensure the safety of children living with them.
- Changes in expectations around the treatment of people with developmental disabilities requiring staff to support persons in different ways - placing more emphasis on self-determination and choice and less focus on assistance and supervision.
- Implementation of a variety of new programs, laws, and policies requiring staff to have increased knowledge and skills. (See Table 2.)

Table 2

New Programs, Laws, and Policies
Omnibus Reconciliation Act (OBRA) of 1987 including the need for pre-Admission Screening and Annual Resident Review (PASARR)
RCW Revision (71A) in 1988 modifying eligibility criteria for enrollment in DDD
Mental Health Treatment Act of 1989 , resulting in the requirement for DDD to divert people who are dually diagnosed from mental health treatment facilities and provide specialized services to them in the community
House Bill 1968 , the expansion of the Washington State Medicaid Plan to include Medicaid Personal Care Services
Medically Intensive Program
Community Alternatives Program
Nurse Delegation Law (Public Law 1908)
Quality Assurance Program
Residential and County Service Guidelines
Positive Behavior Support policies
Family Opportunities Program
Increased emphasis on finding non-government volunteer and community supports for people

As a result of extremely high caseloads and escalating job demands,^{3,4} Field Services staff were perceived as operating predominantly in response to urgent situations and bureaucratic deadlines. The “credibility” and the usefulness of staff work was being questioned given the

staff’s limited ability to respond to many routine workload demands and to individuals and families who were not in crisis. The higher priority of health and safety issues pushed staff to respond first to those individuals with no support in their lives. This probably left many families wondering what case/resource managers really did. Case/resource managers reported that what they did in a given day was frequently determined by the phone calls they got that day.

There have been concerns about workload issues within Field Services for many years. The first attempt at a workload standards study was begun in 1979, but not completed. In 1991, a Labor/Management task force was formed to address workload issues and offer suggestions. Many recommendations were formulated but none was implemented. The most radical idea was the development of a waiting list for all services, including case management services. This concept, of having a waiting list for case management, utilized in some other states, was never implemented overall.⁵ Regional and Field Service Administrators reported that they tried many ways to manage the workload, including streamlining paperwork and prioritizing job duties. In King County, a new way to organize work in staff teams was implemented. However, field staff report that these efforts have yielded limited benefit, since they have not addressed the core issue—an unmanageable workload.

³ See Weber, *et al.*, May 1995, *Patterns and Trends in the Caseload of The Division of Developmental Disabilities. A 5-Year Analysis (July 1989-August 1994)*, pp. 13-14 for details on the increases in the DDD Community Caseload.

⁴ *Class Study of DDD Case /Resource Managers*, Fall, 1996.

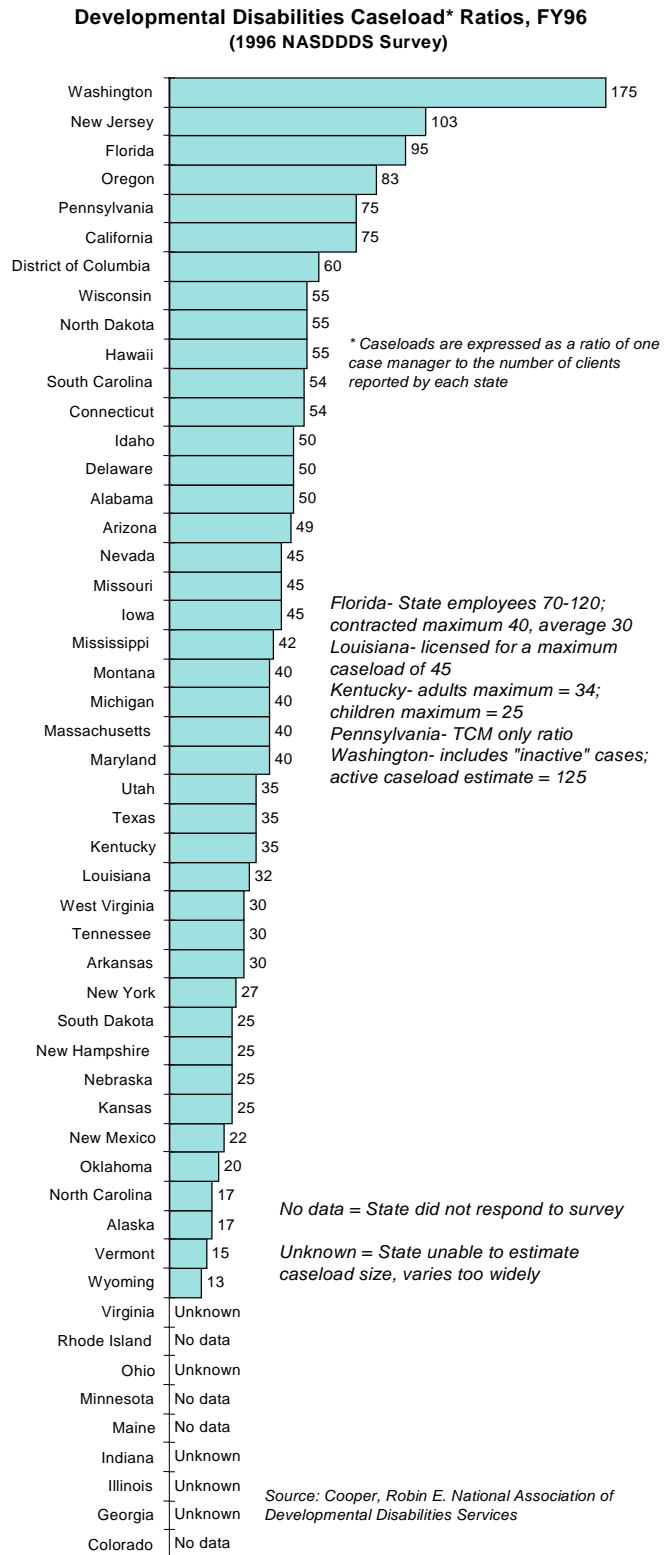
⁵ Note: Some services, such as Family Support Opportunities, the DDD Residential Programs, and the DDD Adult Day Programs, do have waiting lists.

National Comparisons

In 1996, a survey conducted by the National Association of State Directors of Developmental Disabilities Services produced the data shown in Figure 1.⁶

The caseload ratio reported for Washington State was the highest—175 cases per case/resource manager. Even with the adjustment for “inactive” cases, Cooper (1996) still reported Washington State at 125 cases per case/resource manager. (See Table 3.) The median caseload ratio for those forty-one states and the District of Columbia was 40 cases per case/resource manager.

Figure 1



⁶ 1995-6 Case Management Survey, NASDDDS, Inc.

Table 3
Caseload Ratios

Source	Year	Ratio
<i>1995-6 Case Management Survey, National Association of State Directors of Developmental Disabilities Services</i>		
All cases in Washington (permanent staff only)	1995	1:175
Cases in Washington who receive yearly direct or indirect contact (permanent staff only)	1995	1:125
National median, across all states reporting	1995	1:40
<i>1979 DDD Report</i>	1979	1:78
<i>1998 DDD Workload Standards Study Technical Report, Research and Data Analysis, DSHS</i>		
Actual data: all currently enrolled cases regardless of contact (permanent and temporary case/resource managers)	1997	1:141

The data from the national study⁶ showed that Washington State had the highest ratio of case/resource managers to clients out of 41 U.S. states and the District of Columbia. This workload standards study will show that caseloads were 1:141 in 1997 and should be 1:65 in order to meet essential standards in Washington. Note, however these caseload ratios shown in Table 3 are for different years, use different definitions, and compare states that are very different from each other.

How do Washington's caseloads compare to those of states similar to Washington if similar definitions for caseloads are adopted? Do other states require periodic or yearly contact? A separate survey was conducted comparing states with similar demographics and/or state operated systems to the Washington State developmental disabilities system in order to deal with these issues.

Cross-State Comparison with States Similar to Washington

Purpose

A survey of states comparable to Washington was conducted to expand the understanding of case management workload issues in Washington State. The purpose of this review was to gather information about how the workload is managed; who provides case management services; what is the average caseload size; how active status is defined; and what, if any, are the requirements for case manager contact with individuals served in the states included in the survey.

Sample

An original sample of nine states was drawn by the Center for Disability Policy and Research at the University of Washington.⁷ An additional group of four states with state-operated systems was added to the original sample group.⁸ The states surveyed were chosen either because they had economic and demographic characteristics similar to Washington State, or because they had state-operated case management systems or both.

Eight states in the sample have state-operated case management systems. They are Arizona, Connecticut, Hawaii, Maine, Massachusetts, Missouri, Nebraska and New Jersey. Of the states with state-operated case management systems, the following are considered to have characteristics similar to Washington State: Arizona, Massachusetts, Missouri, and New Jersey. Four states were included which do not have state-operated case management systems but are considered to have characteristics similar to Washington State. These are Colorado, Minnesota, Vermont and Wisconsin. The state of Oregon was included in the sample because it is a sister state to Washington. (See Figure 3.)

Initial contacts were made via the resource directory of State Directors of Developmental Disabilities. In some instances there was only one respondent to the survey questions, and in other instances contact was made with more than one person, depending on how services were organized.

The following questions were asked of respondents to this survey:

- How many people are in the service delivery system?
- Who provides case management (or the equivalent) services?
- How is active status defined?
- What are the requirements, if any, for contact by the case manager with the person served?
- How many case managers are responsible for these services?
- What is the average caseload size?

Selected Results of the Survey⁹

For purposes of easier understanding, the state-operated and non state-operated systems will be described separately.

⁷ Arizona, Massachusetts, Missouri, New Jersey, Colorado, Minnesota, Vermont, Wisconsin, and Oregon

⁸ Connecticut, Hawaii, Maine, Nebraska

⁹ Note, the caseload ratios of this comparison study are different than the national study cited earlier (see Figure 1) because of the different time frames for which data were collected.

States with State-Operated Case Management Systems

- 1) **Caseload size** - Of the eight states surveyed, only one state has caseloads over 100—New Jersey—where caseloads are approximately 110 per case manager. Among the remaining seven states, caseloads range between 25 and 60. Smaller size caseloads are generally associated with people with greater need. The average caseload size is 52.
- 2) **Definition of active status** - Four of the states consider anyone who wishes to be on the rolls in active status. The other four states require that a person be receiving services and/or be seen by a case manager in order to be considered in active status.
- 3) **Requirements for contact** - Of the states surveyed, all but one among those that responded have definite requirements for case manager contact with the person being served (one state did not answer this question). Four states require that such contact should occur once/year, two states require that it should occur once/month and one state requires contact once/quarter. As might be expected, states with lower caseload sizes tend to require more frequent contact. The state of New Jersey, with the highest caseloads (1:110) has developed a system for handling the workload that consists of dividing case management services into the following categories:
 - telephone case management (information and referral), with no minimum requirement for contact;
 - monitoring case management;
 - traditional more intensive case management.

States with Non State-Operated Case Management Systems

In states without state-operated case management systems, information was sketchier and more difficult to obtain.

- 1) **Methods of delivering services** - In four of the five states surveyed, the counties handle case management services. In one state, services are provided through state-paid private service providers and public guardians.
- 2) **Caseload size** - Caseload sizes in four of the five states surveyed range from 16 to 100 with the average being 56.
- 3) **Definition of active status** - Three states consider anyone wishing to be on the rolls to be in active status. In one state, definition of active status differs from county to county. No information was available from one state regarding the definition of active status.
- 4) **Requirements for contact** - Two states require twice yearly face-to-face contact by the case manager with the person served. One state has no minimum requirement for contact, but allows counties to bill differently for clients served, depending on their level of risk. One state has no requirement for case manager contact with clients who are not on the waiver for home and

community-based services, but requires at least a collateral contact once/month for all clients who are.

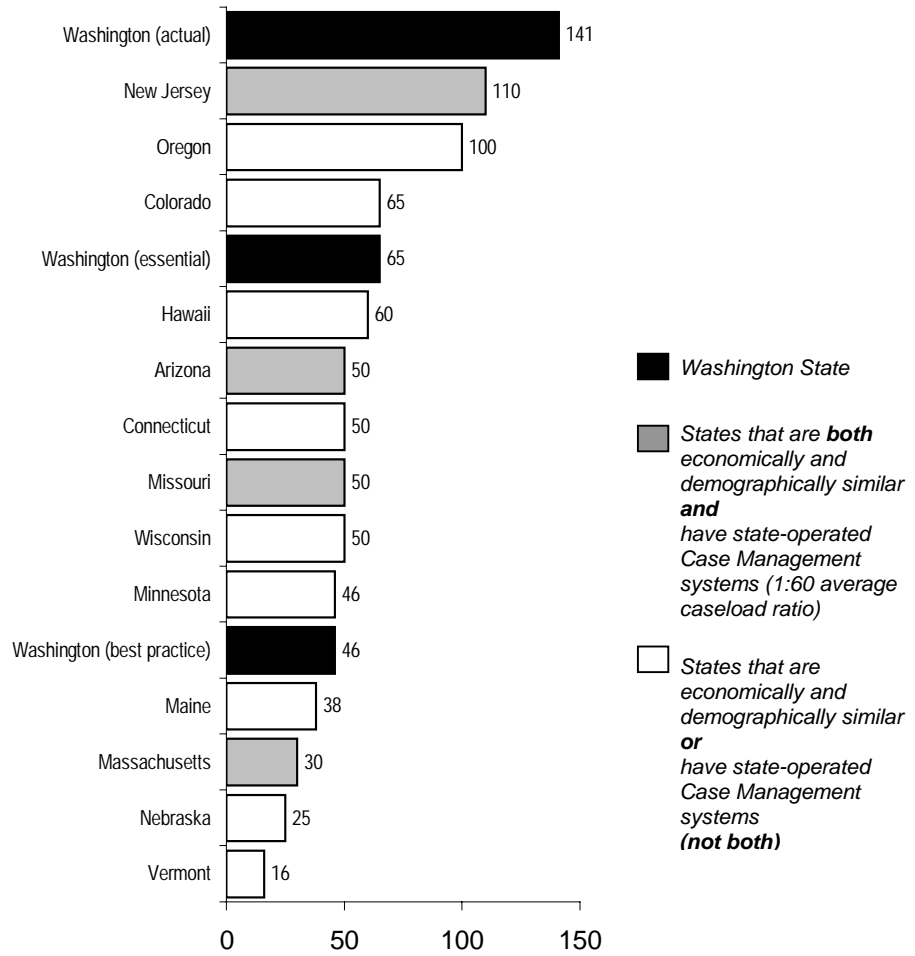
Summary Results

- Almost all states surveyed required case management contact once a year or more frequently for all enrolled DDD clients.
- Average caseload size was 52 among the eight states with state-operated case management systems.
- Average caseload size was 56 among the five states who did not have state-operated case management systems but had similar economic and demographic characteristics.
- Average caseload size was 60 among the four states that had both similar characteristics and state-operated case management systems.
- The actual caseload ratios for these states are less than half of Washington’s 1:141. They are somewhere between Washington’s best practice caseload ratio of 1:46 and its essential caseload ratio of 1:65. (See Figures 2 and 3.)

Figure 2
 Cross State Comparison
 Caseload Ratios in States Surveyed

	State Operated	Not State Operated	Average Similar
Similar to Washington State	1:60 AZ, MA, MO, NJ	1:56 CO, MN, OR, VT, WI	1:57
Not Similar to Washington State	1:43 CT, HI, ME, NE		
Average State Operated	1:52		

Figure 3
 Comparison of Washington's Caseloads (Actual, Essential, Best Practice)
 with Similar States' Caseloads



CHAPTER 2: STUDY DESIGN

DSHS Division of Developmental Disabilities funded the Workload Standards Study in 1997 to apply the best features of national workload models conducted for the provision of children's services to the DDD System.

The DDD workload study would have to include design features that would allow it to:

- Provide a scientific measurement of current workload: how long it takes case/resource managers to provide community case management and community resource development and management services to clients of DDD.
- Develop a set of minimum/essential workload standards and of optimal/best practice standards for the provision of services in DDD both for case management and for resource management activities.
- Provide the tools for DDD to calculate staffing needs to fulfill essential and best practice standards and to project such needs based on estimates of caseload growth, the effects of policy changes and projections of unmet service needs.

National Models for Workload Studies

In 1994 and 1997, DSHS Division of Children and Family Services (DCFS), published two reports of time measurement and workload standards development conducted by their Office of Children's Administration Research (OCAR).¹⁰ The 1994 study developed the components of a workload management system to be used by DCFS in Washington State. It was designed to 1) define the time it took to provide casework services to families in DCFS programs, 2) develop workload standards for the provision of services, 3) design a methodology for staff assignment and distribution of resources statewide, and 4) produce accurate data about costs of DCFS direct services.¹⁰ The data were collected following a model of workload measurement and standards development designed and implemented by two national experts, John D. Fluke, Ph.D. and Homer Kern, Ph.D.¹¹

The 1994 DCFS study requested information regarding the methodologies used from other states that had completed workload studies within Children's Services. They learned that three states had completed workload studies: New Jersey, Texas, and South Dakota. The New Jersey study tracked activities of case managers for a selected

¹⁰ English, D.J., *et al.*, September 1994. *Workload Study Project Report for The Division of Children and Family Services.*

¹¹ John D. Fluke, Ph.D. , Director, Program Analysis and Research, Children's Division, The American Humane Association, and Homer Kern, Ph.D. Professor, Department of Human Services, University of Texas (retired)

sample of cases. The Texas study tracked all the work activities of case managers during two two-week periods. Finally, the South Dakota study chose a similar method to the Texas study, but asked case managers to complete time logs for six randomly selected days per quarter. OCAR decided to apply the methods used in the New Jersey study (with some contribution from the Texas study) into a model that was suited to measuring the workload for Washington State, DSHS DCFS services.¹⁰

The 1997 OCAR study looked at a 100% time measurement of supervisor activities in DCFS.¹² The selected model used a methodology similar to the earlier Texas study outlined in a workshop run by Kern in 1992.¹³

The DDD Workload Study was modeled after previously successful workload standards-building effort conducted by other states dealing with children's services and by DSHS Division of Children and Family Services (DCFS). An existing and tested national model was adapted to Washington's DDD system.

Advisory/Work Groups

Two groups were formed at the inception of the study to make key decisions, to provide a perspective from the field and to keep the major interest groups informed as to the progress and direction of the study.

The Field Committee

Purpose

A committee was formed of DDD field staff members who are experts in developmental disabilities. These experts worked closely with the project staff to assure that the information gathered reflected: 1) the unique characteristics of the population served by DDD in Washington State; 2) the culture and values of the agency and its staff in the delivery of services; and 3) the different approaches to work utilized in different regions and in both urban and rural areas. Several meetings of this "Field Committee" were convened throughout the year. (Oct 15-17, Dec 3, 1997, Jan 6, May 26-29, Aug 5, 1998)

Members

The Field Committee consisted of about 30 persons selected statewide that represented case managers, outstation managers, resource managers, supervisors, and regional administrators with many years of experience in developmental disabilities. They were chosen because of the specific work they did, the type of caseloads they had, or because of their geographic locations (urban or rural), or the size of their offices (small, medium, large or one-person offices). They also represented various supports/services within the Division of Developmental Disabilities such as the

¹² Wingard, T.R. *et al.*, August 1997. *A Workload Study Project Report for the Division of Children and Family Services. A Time Measurement of Supervisor Activities.*

¹³ Kern, H. *1992 Workload Analysis & Resource Management Workshop.*

Family Support Project, mental health issues, and Medicaid Personal Care. Each of the six DSHS regions were represented by two to six staff members. (See Appendix A for a list of the members and their affiliations with Division of Developmental Disabilities.)

Some of the Field Committee members also participated in specialized subgroups. They worked on resource management expert estimations and the verification and modification of essential standards for those services/supports. In addition, Field Committee members also helped communicate the purpose of the study in the field, explaining to their colleagues the scientific design of the study and the importance of the field participation. They communicated information and concerns from the field back to the study as well.

Method

Decision-making groups within the Field Committee were divided according to the kinds of work participants did. There were generally three categories—case managers working primarily with adults, case managers working primarily with children, and resource managers. The facilitation method used was selected because it helped to ensure the maximum participation of all group members, including those who communicated more comfortably through written than oral means. It was called the Workshop Method¹⁴ and it included the following steps:

1. individual group members reflected on and wrote ideas regarding the topic
2. pairs were formed to discuss and build consensus around the ideas and
3. all ideas were posted on a "blue board" where they were sorted, labeled, discussed, and prioritized by the whole group.

The decisions made at each of the Field Committee meetings often had significant influence on the application of the workload methodology to the measurement of the varied and complex types of work done supporting persons with developmental disabilities throughout their lifetimes.

Oversight Committee

Purpose

The other committee formed by the DDD workload study was the Oversight Committee. This group was brought together both for input from its members and to keep the major groups who had interest in the study apprised of the methodology and progress of the study.

Members

The committee included representatives from Senate and House Legislative staff, the Governor's Office of Financial Management, Labor, County Programs, and DDD Field Services and Central Office. It also included community advocates, people with

¹⁴ *Workshop Method*, Institute of Cultural Affairs

developmental disabilities and family members of people with developmental disabilities.

Expressed Concerns

Each member of the Oversight Committee (See Appendix B for a list of members and their affiliations) brought his or her own expectations to the meetings. Likewise, each different viewpoint (e.g., fiscal, advocate, labor, program, or consumer) needed to be addressed at some level by the Workload Standards Study. Fiscal representatives from the legislature, the governor's office, and the division emphasized issues of effectiveness and efficiency. Labor representatives emphasized overwork and scope of work issues. Program representatives participated on behalf of the supports and services provided by case/resource managers. The advocates and the people with developmental disabilities and their families wanted assurance that their rights as members of the community were protected and that they would have a real voice in the decisions made. Members were generally concerned about quality assurance, the development of workload standards, and Washington's comparison to other states.

The Oversight Committee voiced four major concerns for the DDD Workload Standards Study to address.

- 1) How is the study addressing Quality Assurance?
- 2) How is the study addressing Standards Development?
- 3) How is the study characterizing "active"/"inactive" DDD cases in Washington State, and how can Washington best be compared to other states?
- 4) How is the study addressing the issue of "choice" (consumer/family choice of services and/or providers)?

Particular attention to issues raised in addressing these concerns has been incorporated in the methodology of the study and will be outlined in the discussion section of this report.

CHAPTER 3: SCIENTIFIC MEASUREMENT OF CURRENT WORKLOAD

Three different research activities are described in this chapter:

A four-week total time (100%) measurement split between two ten-day work segments (November 3-17, 1997 and April 17-30, 1998).

A survey on the prevalence of certain special characteristics and situations among individuals on the DDD caseload.

A one-month tracking of a statewide random sample of DDD clients and of groups with special characteristics and situations (February 1998).

November 100% Time Measurement

With modifications to match the type of work and culture unique to the Division of Developmental Disabilities, the DDD Workload Standards Study (DDWLS) used the Texas study methodology for the November 100% time measurement. During the development of the measurement tool, the DDWLS research staff, along with the Field Committee, recommended that the following should be included in the November 100% time measurement (or later in the February Case-Tracking): 1) define areas (domains) of an individual's life in which a person may need assistance, and for which a case/resource manager provides or arranges supports; 2) organize resource management tasks into related functions; 3) determine which complex client characteristics and situations require a disproportionate amount of case/resource management time.

Purpose

The main purpose of the 100% time measurements was to separate the percentage of time spent on case/resource management and intake from administrative activities and leave time. There was no other way to gather this information.

The data collection done in November 1997 was the first of a two-part measurement of 100% of work time spent by case/resource managers in DDD—the other was conducted in April 1998.¹⁵ The two ten-workday periods covered an entire month's worth of case/resource work time. The November 100% time measurement was designed to measure the average time it took case/resource managers to complete a type of activity in main categories of work. From these data, the study reported on the percentage of time that case/resource managers spend on Case Management, Resource Management, Intake, Administration, and Leave. The study also reported on the percentage of time spent on paperwork and other office activities on behalf of individuals on the caseload versus telephone calls or face-to-face meetings with clients, their families, other DDD staff, other DSHS staff, or outside consultants and providers.

¹⁵ The April 100% time measurement will be discussed later in the report

Participants

The group who provided data during this data collection consisted of the statewide staff of DDD case/resource managers, and outstation managers.¹⁶ The participants also included case/resource manager supervisors who performed resource management and intake functions. The total number in the group was 190. (See Appendix C for position specifications, location, full-time/part-time status, and appointment type.)

Data Collection

Instrument

The daily log for the November 100% time measurement was designed to reflect the work done by case/resource managers and to categorize that work into measurable units. A copy of the instrument and accompanying set of instructions can be found in Appendix C. A start time and a finish time defined each activity described. The 190 developmental disabilities case/resource managers reported 100% of their work for ten working days in November. They submitted approximately 30,000 individual activity records.¹⁷

Case/resource management was divided into five categories:

- 1) **Case Management:** activities that relate to a particular client.
- 2) **Resource Management:** activities relating to the development, monitoring, or review of a resource, especially DDD-funded residential and vocational programs, but also other community resources used by persons with developmental disabilities.
- 3) **Intake:** activities that take place prior to a person being found eligible for DDD and being assigned to a case manager or team; it also includes eligibility review activities.
- 4) **Administrative:** activities that are not case or resource management or intake.¹⁸
- 5) **Leave:** includes annual, sick, personal holiday, civil/jury, military, etc.

¹⁶ Full or part-time, permanent, probationary, project, or temporary.

¹⁷ Project staff traveled to all regions statewide to conduct training sessions on the completion of the daily logs and profiles. Training was conducted for at least two sites in each region. The daily logs and profiles were distributed at these training sessions (or sent by mail) along with instructions for returning them to the project staff in a timely manner. The returned daily logs were recorded and prepared for data entry. The descriptive data received were coded using a set of codes devised by the project staff to extract information from the daily logs in a way that would be easy to analyze and interpret. (See Appendix C) Subsequently, a data transcription team entered the coded data into a Microsoft Access™ database from the daily logs and client profile forms. (See Appendix C)

¹⁸ Administrative functions tracked included training, staff meetings, information and referral, personnel paperwork activities, and building-related activities.

At its first meeting,¹⁹ the Field Committee recommended that on the data collection form case management should be further divided into domains (reflecting major life areas), and resource management should be divided into functions. More than one domain could be included in a single activity. The domains were:

- **Residential:** activities relating to a person's residential situation; e.g. Medicaid Personal Care, Family Support, placement into a residential program, maintaining a person in the family home.
- **Vocational/Educational:** activities related to a person's regular daytime activity; includes school, early childhood programs and all DDD-funded day programs.
- **Health:** activities related to a person's physical or mental health
- **Community Integration:** activities related to community involvement; includes social and recreational activities.
- **Legal:** activities related to legal issues, including preparation for or appearances at court or administrative hearings, consultation with attorneys, guardianships.
- **Financial:** activities related to a client's personal financial affairs (SSI, etc.)
- **Resource Management Functions** were Contract Development and Maintenance, Evaluation and Certification; Technical Assistance and Training, Budget Management, Development of Resources, Partnerships, and Referral Coordination.

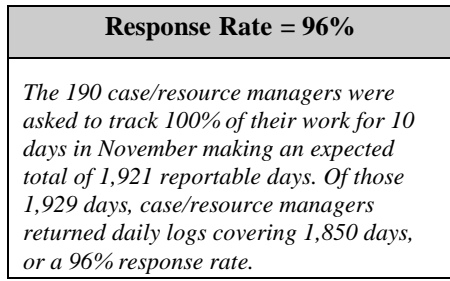
Case/Resource Manager Profiles

Case/resource managers also completed a profile (Appendix C) which asked for their name, location, job class, demographics, experience, and current work duties. Case/resource manager profiles were updated periodically during the course of the study to reflect the composition of the staff being measured during each data collection. The purpose of the profile was to allow for analysis of the experience level, the location, and the program expertise of the case/resource managers across the state.

¹⁹ October 15-17, 1997

Response Rate

Figure 4

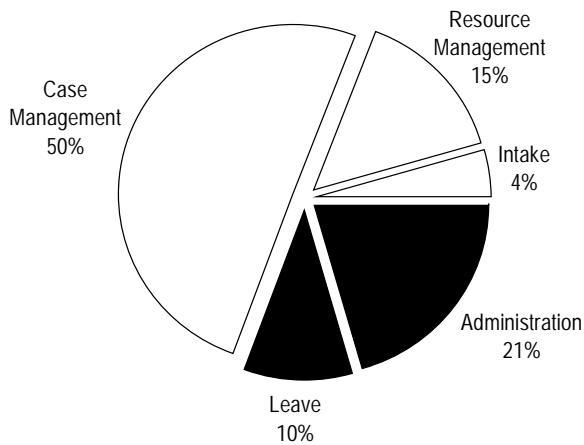


The success of this data collection effort is indicated by the very high response rate achieved: 96%. (See Figure 4.)

Selected Results from November 100% Time Measurement

Figure 5

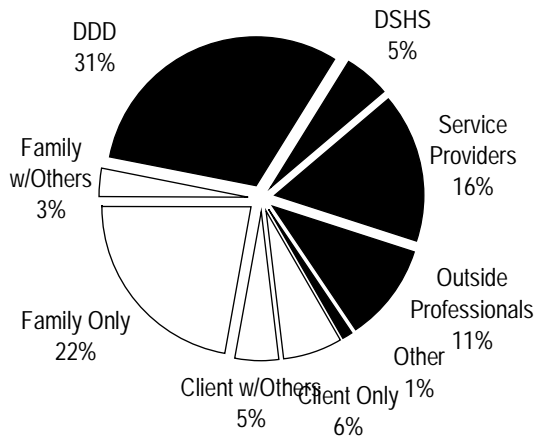
Percentage of Time Spent on Five Major Categories



- 69% of a case/resource manager’s time is spent in case and resource management

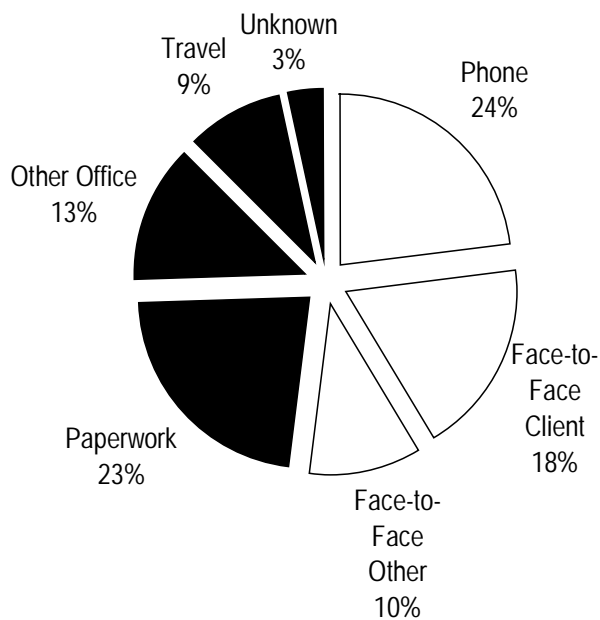
This result is similar to the one from DCFS in Washington State and children services in other states. This percentage is equivalent to 1,296 hours per year per case/resource manager dedicated to work supporting specific clients and their families and developing, monitoring and evaluating resources to support DDD clients and their families in each community.

Figure 6
 Percentage of Case Management Time Spent by
 Case/Resource Managers by Type of Person/Agency
 Contacted



- 36% of case management time is spent with clients and/or their families.
- 32% of case management time is spent with service providers, professionals and other DSHS staff providing services to DDD clients.
- 31% of case management time is spent consulting with other DDD staff including training and necessary resource management coordination.

Figure 7
 Percentage of Case Management Time Spent
 by Type of Activity



- More than half of Case Management time is spent on interactions face to face or by phone with clients, providers, and other professionals.
- 23% of Case Management time is spent on paperwork and other office activities, 13% on other office functions, and 9% on travel.

April 100% Time Measurement

The April data were collected to support and supplement data from the earlier November 100% time measurement.

Purpose

The April 100% time measurement, conducted April 17-30, 1998 was similar to the November 100% because it, too, was designed to measure the average time it took case/resource managers to complete a type of activity in a given category of work. In addition to its original purpose of separating non-administrative work from administrative work, the April 100% data will be used to increase the precision of the estimate of time that case/resource managers spend on Case Management, Resource Management, Intake, Administration, and Leave. The April data would firm up the estimates of the percentage of time spent on paperwork and other office activities and the estimates of the time spent on telephone calls or face-to-face meetings with clients and/or their families, other DDD staff, other DSHS staff, or outside consultants and providers.

The April 100% time measurement differed from the November 100% time measurement in several ways. Case/resource managers were asked to indicate the entities for whom and with whom an activity was conducted—these were critical to describing a completed process. A key difference between the April 100% and the November 100% was the way Resource Management data were collected and coded. (For details of the differences as illustrated by the daily log and instructions, see Appendix I.)

Many resource management processes do not fit into the month-long or ten-day time spans, nor do they occur during the specific times of the year that the data were collected for this study. While Expert Estimation was used to determine the times spent on the connection and review phases and some of the times associated with the monitoring phase, the April 100% data collection was designed to capture and measure the monitoring phase of resource management.²⁰

²⁰ An Addendum containing discussion about the April 100% time measurement's corroboration of the results from the November 100% time measurement, and better data from the Monitoring Phase of Resource Management will be released at a later date.

Sample

Figure 8

Response Rate = 89%
<i>Case/resource managers were asked to track 100% of their work for 10 days in April making a potential total of 2096 reportable days. Of those 2,096 days, case/resource managers returned daily logs covering 1,858 days, or an 89% response rate.</i>

The sample measured in this data collection consisted of the statewide population of DDD case/resource managers, case/resource manager trainees, and outstation managers. For the April data collection, case/resource managers were asked to fill out profiles if a) they were new or b) their jobs were significantly different from what they had been in November. Again, the sample also included case/resource manager supervisors who

performed resource management and intake functions. The total number in the sample was 210. The response rate was again high: 89 percent. (See Figure 8.)

Prevalence of Complex Characteristics Survey

The need to address the complex characteristics of the caseload, as indicated by the Field Committee in its first meeting, required constructing a new survey to determine the prevalence of such characteristics.

Among DDD case/resource managers, there has been general knowledge that the challenges presented by some people on the caseload take substantially more time to manage than others. The reasons for the increased complexity and corresponding time commitment usually had little to do with a person's developmental disability, but rather with other problems or conditions affecting that individual's life. In spite of this knowledge, there has never been a systematic exploration of the types of characteristics that make a person's situation more difficult to manage. Thus, no database existed to track the number of individuals on the caseload with these complex characteristics.

Purpose

This survey was part of a larger exploration of case/resource managers' workload. In order to meet the goals of the larger study, it became necessary to identify individuals whose supports were more time consuming to manage. With this knowledge, case/resource managers' perceptions could be verified, and workload projections could be made more accurately as caseload composition changed.

This sub-study attempts to address the complex characteristics and special situations that the study's Field Committee had said require a disproportionately large amount of case/resource managers' time. A second objective of this study was to develop a method of assessing these characteristics that is time and resource efficient. The study then attempted to determine the prevalence of those characteristics, as well as the prevalence of unusually low intensity cases, among Washington State's DDD caseload.

The Field Committee was asked to define categories of characteristics and situations which require minimal time by case/resource managers. At its second meeting²¹ the Field Committee further defined the low intensity cases.²²

The results of this part of the study were used for several purposes. First, the sample identified individuals with certain characteristics who would later be followed in the case tracking. Second, the information gathered regarding low intensity cases was used to help explore and create definitions of “active” caseload members that are compatible with definitions used by other states. In this way, the caseload per case/resource manager could be more accurately compared nationally.

Third, data on direct contact, indirect contact, and no contact would be used to address the unmet need of the current DDD caseload.²³

Sample

Clients

The sample consisted of a stratified random group of 2,700 DDD clients (1,800 adults and 900 children) and added another 261 of 273 randomly selected people who had participated in a University of Washington ISIS Study.²⁴ The 2,700 clients were distributed across all six regions of the state in the DDD community caseload. They were identified either as adults who would be aged 18 or older by February 1, 1998, or as children who would be aged 17 and younger by February 1, 1998. Adults were over-sampled two to one over children because several of the characteristics to be studied were likely to be significantly less prevalent among children, i.e., alcohol/drug problem, client is a parent, diagnosed mental illness. It was decided that a sample size of 2,700 would produce a minimum of 50 cases regardless of age of each category for use in the case-tracking data collection and meet the constraint of case/resource manager time available to complete the survey. Next, the group of people, who had been interviewed in the ISIS Study, was matched to the randomly chosen group. Those who appeared in both groups were flagged and only counted once. Those who appeared only on the ISIS list were flagged and added to the original sample of a stratified random group of 2,700. The total number of people in the sample was 2,918.

²¹ December 3, 1997

²² The list of reasons can be found on the survey form in Appendix D

²³ Weber, L. *et al.*, 1999. *An Analysis of Unmet Service Needs for Washington State Division of Developmental Disabilities*

²⁴ The Individual Supports Identification System was developed by the University of Washington Center for Disability Policy and Research. For further information on the ISIS assessment, contact CDPR University of Washington at (206) 685-7260. These data were collected in order to analyze workload impact of persons with self-identified different support needs. These data remain to be analyzed.

Survey Respondents

Individuals completing the prevalence survey were the DDD case/resource managers of the clients who were surveyed.

Data Collection

Instrument

The survey instrument contained the names and identifiers of the people from the sample, the case/resource manager's name, identification number, region and reporting unit, and brief definitions of each characteristic or situation. Detailed instructions were also included with the survey. A copy of the survey and its instructions containing further definition of these characteristics and situations can be found in Appendix D.

Survey Distribution

Case/resource managers were mailed a list of names and identifiers for a subset (about 10%) persons on their caseload and were asked to indicate on the survey instrument whether these persons were known to have a series of characteristics. Case/resource managers could indicate as many characteristics per person as applied.²⁵

Response Rate

Figure 9

Response Rate = 92%
<i>Case/resource managers returned data on 2,617 people from the sample of 2,918 for a response rate of 92%.</i>

A very high response rate was achieved: 92 percent of the 2,918 sample survey forms were completed and returned.

²⁵ Note: In Region 4 (King County), where a team case management approach is used, the lists were circulated among the different teams and those case/resource managers who were familiar with clients on the lists completed the surveys. The lists continued to circulate until the surveys were as complete as possible.

Selected Results from Prevalence of Complex Characteristics Survey

Table 4

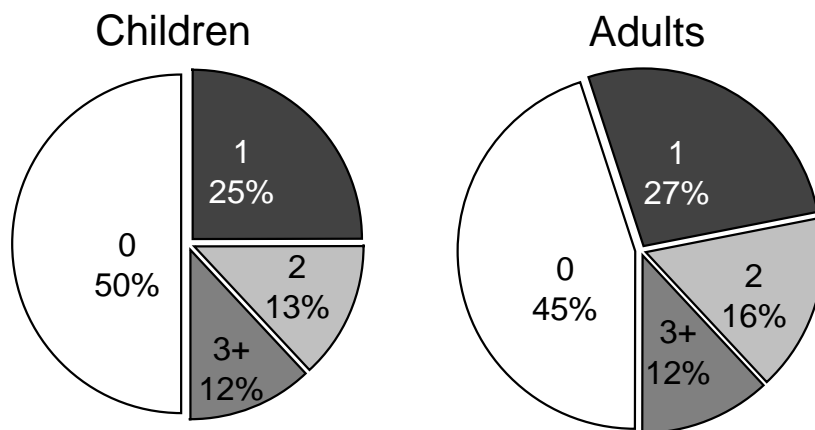
Percent of Caseload with Special Characteristics

Complex Characteristics of Caseload	Children	Adults
Physical Need	22%	20%
Behavior Problems	19%	22%
Family Difficulty Coping	19%	12%
Language/Cultural Differences	10%	8%
Mental Illness	3%	13%
Nursing Care Needs	5%	8%
Protection Services	1%	5%
DDD Person is Also a Parent	1%	2%
Alcohol/Drug Abuse	1%	2%
Legal Services	1%	2%
Total Percentage Having One or More Complex Characteristics	50%	55%

The results of the survey verified that the Field Committee had been correct in its perception that many persons on the caseload had multiple problems and issues other than their developmental disability.

Figure 10

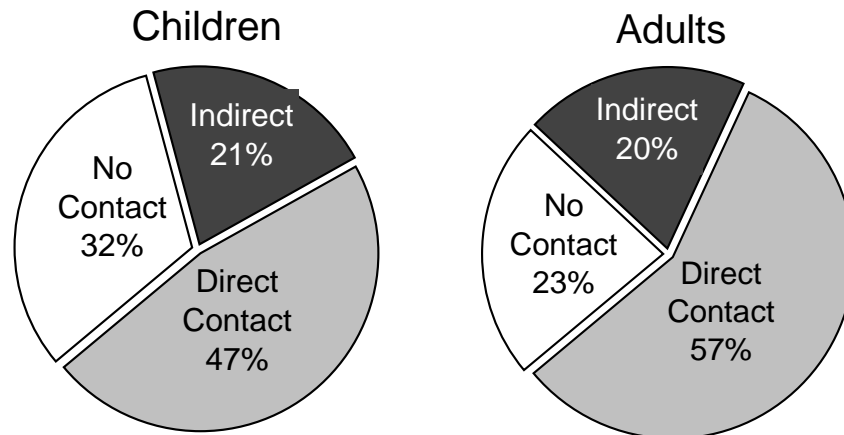
Percent Having One or More Special Characteristics



- About one-half of the people surveyed had at least one special characteristic over and above their developmental disability. (See Table 4.)
- Over one-fourth of the people surveyed had two or more complex characteristics other than their developmental disability.

- The more prevalent characteristics were physical needs, behavior problems, family coping difficulties, language/cultural differences and, among adults, mental illness.

Figure 11
Percent Having No Yearly Contact
Direct and Indirect Contact



- Thirty-two percent of children and 23% of adults had received no contact during 1997
- 21% of children and 20% of adults had only indirect contact.
- This means that 47% of children and 57% of adults had direct contact with case/resource managers during the year.

Note: A recent phone survey of a sample of persons with no apparent support need was conducted, as part of the unmet needs study. The results of the survey indicate significant unmet need among the persons with no yearly contact and a great deal of missing information on how to contact such persons.

February Case-Tracking: Case Management

Purpose

The information from the survey about the prevalence of certain complex characteristics and situations provided a sample that included enough people with those characteristics to track in February.

A DDD case/resource manager's work begins with the eligibility determination of a person with developmental disabilities and continues until that person leaves the state, grows out of the disability, has no further needs for support, or dies. DDD case/resource managers are involved in all facets of the life of a person with a developmental disability. The information from the 100% time measurement, such as the time spent on case management, resource management, and intake, was critical for the process of work time measurement. However, the 100% time measurement did not address the multiple processes those DDD case/resource managers started and completed with specific clients over time. The measurement of how long it took to complete a process over a full month was a key piece of information to be provided by the case tracking.

The purpose of the February Case-Tracking was to provide an in-depth picture of the variety of activities started and/or completed by case/resource managers on behalf of their clients.

The complexity, variety, and overlap of work done by case/resource managers required a comprehensive look at the DDD system. To address this complexity, it was essential to measure specific processes from beginning to end. If this were not done, comparing the actual data collected with the sets of steps/activities associated with standards would not be feasible.

Sample

Three groups were included in the sample for the February Case-Tracking data collection.

1. existing clients
2. newly eligible clients
3. potential clients in the intake process

*Existing Clients*²⁶

A stratified random sample of persons on the DDD community caseload was produced for tracking by DDD case/resource managers during the month of February 1998 (February 2-27). These people were selected from 1) a stratified random group of 2,700 people from the Prevalence of Complex Characteristics Survey conducted in December 1997, 2) the group of 218 from the ISIS list, and 3) those appearing on four special lists provided by program managers in DDD.

First, the four special lists (community protection, psychiatric hospitals, Family Support Opportunities and medically intensive program) were merged with the original random sample to find out how many more were needed to get 50 from

²⁶ Existing clients were those people on the Developmental Disabilities caseload as of December, 1997. In Appendix E.

each list. Next, after case/resource manager identification numbers were added to the new group, the data set was merged with the special groups as reported in the Prevalence of Complex Characteristics Survey.²⁷ Third, the original sample was then polled to select people from prescribed age groups²⁸ in numbers that were in proportion to the total community caseload. At each step, duplicate records were removed from the resulting new group. The final sample for the February case tracking equaled 957 people.

Newly Eligible and Potential (Intake) Clients

Case/resource managers were asked to pick the first newly eligible person that was assigned to them and between one and ten potential (Intake) person(s) who contacted DDD at the beginning of February. They tracked the activity on these cases from the beginning of February until the Intake or Newly Eligible processes were completed or until March 13, whichever came first. The Newly Eligible Process ends when the new client is connected with needed services or put on a waiting list. The Intake process ends when an eligibility determination is completed and the person/family is informed.

Adult Family Homes

In addition to the sample of clients, case/resource managers assigned to monitor Adult Family Home-Quality Improvement (AFH-QI) were asked to track the first five completed processes. (This version of the February data collection instrument is also in Appendix E.)

This report only reflects analysis of the randomly chosen sample of existing clients from the February data. The samples of clients in special groups and lists, newly eligible clients, potential (intake) clients, and Adult Family Homes are yet to be analyzed and discussed.

Data Collection

*Instrument*²⁹

The February Case-Tracking activity sheets were designed to collect case management data on existing and newly eligible clients, intake data on potential clients and resource management quality improvement data on Adult Family

²⁷ Definitions of Complex Characteristics can be found in the instructions for the Prevalence of Complex Characteristics Survey

²⁸ Age groups are as follows: 0-2, 3-12, 13-17, 18-21, 22-44, 45-59, 60+ (date of birth related to 2/1/98)

²⁹ Project staff traveled to all regions statewide to conduct training sessions on the completion of the activity sheets and client profiles. Training was conducted for at least two sites in each region. The activity sheets and client profiles were distributed at these training sessions (or by mail) along with instructions for returning them to the project staff in a timely manner, (August 5, 1998)

Homes. To assure a connection to the November data collection, the types of activities tracked during February were the same, i.e., face-to-face meetings, telephone calls, office and paper work, and travel. To each individual activity was attached a start and a finish time. From these could be calculated the average duration of an activity in mean and median time. Later in the study, these actual activities were compared directly to the times for the essential standard developed by the Field Committee.

To address the issue of complete processes, case/resource managers were asked to indicate whether the activity was the first or last in a particular process. The type of support or service, the location of the activity (i.e., in the case/resource manager’s office, in the client’s home, or in the field) was added. The case/resource managers were asked to indicate with whom this activity occurred. They were also provided a section in which to describe each activity in detail.

The study also asked the case/resource managers to indicate if the activity was, to their knowledge, mandatory/essential, mostly mandatory/essential, additional/effective, or mostly additional/effective. This scale provided information about the case/resource managers’ perceptions of the laws, administrative codes, and policies overseeing their work and related to building the workload standards. These data also relate directly to the process of mapping written and unwritten mandates to essential workload standards described on page 38 of this report. The data collection instruments and instructions for the case-tracking phase of the data collection process can be found in Appendix E.

Finally, each respondent was asked to record the type of program, support, or service related to an activity. Table 5 has a list of the general programs or supports/services that case/resource managers recorded on the activity sheets.

Table 5
General Programs or Supports/Services

Contracted Services	Community Resources, Other DSHS services, General life activities
Individual Medicaid Personal Care	Medical/Therapy
Family Support	Mental health/counseling
FS – Opportunities program	Community Resource Linking
FS - regular program	Advocacy
DDD Residential	Financial assistance (payee)
Intensive Tenant Sup. (ITS)	Housing
Supportive Living (SL)	Recreational/Social
Alternative Living (AL)	School
Group Home (GH)	Support group
DSHS Residential	Transportation
Adult Family Home (AFH)	Own Home
Adult Res. Center (ARC or CCF)	Parent/Relative Home
Nursing Facility (NF)	CPS
Adult Day Programs	APS
Pre-Vocational (SI)	General life activities (client)
Individual Employment (IE)	
Group Support (GSE)	
Community Access (CA)	

Client Profiles

The profiles for this data collection referred to the client being tracked. The profile asked the case/resource managers to verify the person's full name, DDD identification number and date of birth on the label printed on their profile sheet. It also asked specific questions about the client's current residential situation, case/resource manager-authorized programs, and other supports or services to which the client was connected. The case/resource managers were also asked to provide any information, at the end of February, about specific situations (as previously described in the Prevalence of Complex Characteristics Survey) regarding the client that arose during the tracking month. During the analysis, the client profile data were merged with the activity data. See Appendix E for the client profile for February Case-Tracking.

Response Rate

Figure 12

Response Rate = 82%
<i>Case/resource managers returned data on 784 people from the sample of 957 for a response rate of 82%</i>

- The response rate was high: data were obtained for 82 percent of the sampled clients.

Selected Results from February Case-Tracking

Table 8

Areas of Supports / Services

Contracted Services	51.5%
Individual Medicaid Personal Care	13.7%
Family Support	9.8%
DDD Residential (agency)	11.6%
DSHS Residential	6.2%
DDD Adult Day Programs	10.2%
Links to Community Resources, other DSHS services, General life activities	48.5%
Community Resource Linking	15.4%
Own Home / Parent-Relative Home	12.5%
Other DSHS Services	13.6%
General Life Activities	3.6%
Miscellaneous	3.4%

- Half the time was spent on DDD funded services and DSHS residential programs used by DDD adults.
- The other half of the time was spent mainly on linking to community resources, providing supports to persons living in their own homes or parent/relative homes, and linking to other available DSHS services.

Table 6
 Percentage of Case Management Time Spent with Persons with Special Characteristics
 Compared to the Time Spent to Serve an Average Person with Developmental Disabilities

Special Characteristics	Percentage of Time Spent
Contact with Legal Services	438%
Living in Psychiatric Hospitals	405%
With Community Protection Issues	395%
With Alcohol and Drug Use Problems	373%
With Mental Illness	325%
Family has Difficulty Coping	190%
In Need of Protective Services	188%
With Behavior Problems	175%
With Physical Problems	153%
With Language/Cultural Differences	145%
Client is a Parent	113%
Medically Intensive*	73%
Average Person with Developmental Disabilities	100%

**Note: these people typically have 24-hour nursing services in their homes that could decrease the need for case management involvement.*

- Up to four times more time was spent with persons with special characteristics or situations than with the average DDD client.

CHAPTER 4: ESSENTIAL WORKLOAD STANDARDS

Case Management: Standards Development

Purpose

Knowledge of which activities case/resource managers **actually** do and how much time they spend doing them is only half of the information needed. The other half is determining which activities case/resource managers **should** be doing and how much time they should spend doing them. This study's approach to the development of essential standards, which addresses local mandates and local needs, consists of

- identifying processes (sets of activities) which need to be done in terms of essential minimum standards (based on federal, local, state, division policy requirements, and defensible local program expectations) and secondly, in terms of optimal, best practice standards;
- identifying the essential steps/activities for each of these processes (adding, subtracting or modifying from the list of tasks currently being done, on the basis of justifiable criteria);
- scientifically measuring how long the essential activities currently take to perform;
- deriving standards on how long one should take to perform the essential activities based on consensus of practitioners' expert judgment. The latter consensus is not arbitrary. It is based on
 1. consideration of the data collected scientifically (the statewide averages on the time it currently takes to perform each activity);
 2. systematic evaluation of this time, adjusted either upwards or downwards, on the basis of justifiable criteria.

The advantage to this approach is the ability to derive a standard that is applicable to the local setting (in terms of available service resources, geography and work organization, of the unique composition of the population served, and of the local, legal, and policy requirements). It is the main approach recommended and used extensively nationwide in the past 15 years to measure state-specific workload standards for Child Protective Service (CPS) programs by national organizations and consultants.

The disadvantage in using this approach is that it is based on particular patterns of work organization and local expert judgment. One could argue that the standards would be different under different (more 'efficient') work organization and with different (less local and more comparative) expert judgment. More confidence in local results would be gained if more studies were conducted in different states on the workload of DDD case managers supporting persons with developmental disabilities and their families. Lacking these studies the only comparative evidence is the caseload ratios as presented in Chapter One.

Participants

The group responsible for developing the essential workload standards was the Field Committee described earlier, guided by the national consultants.

Process

First, the analysis of the November 100% data had provided the percentage of time spent by case/resource managers on case management. Next, the February Client-Tracking data had been analyzed and organized by time spent on supports/services, phases, types of activities, and specific activities. Then the Field Committee met to describe the actual time spent and to define the essential and best practice standards. Project staff organized the work done by case/resource managers into several supports/services.

The Spreadsheets

Table 8 illustrates the different service categories specific to case management in DDD. A service category is a group of similar activities or program components. The components of a single program might fall into several service categories, e.g., Medicaid Personal Care has an assessment component, a planning component, a linking component, a delivery, maintenance, and monitoring component, and an evaluation and program compliance component. (See Appendix F for a more complete list of service categories, components, programs, supports and services.)

Table 9
Service Categories as Related to the Phases of Case Management

Service Category	Phase
A. General Information and Referral	
B. Intake and Eligibility Determination DDD eligibility eligibility review	} — Intake And Eligibility Determination
C. Assessment and Planning	
D. Individual Resource Development E. Referral/Linking to Programs and Services	} — Connection To Services And Supports
F. Service Delivery, Maintenance, and Monitoring (Quality Assurance)	
G. Evaluation (Compliance Issues)	— Review And Evaluation

The identification of service categories was the first step in building the spreadsheets. The next step was to group these categories into three phases of Case/Resource Management and two aspects of Intake—eligibility determination and eligibility review. The three phases of Case/Resource Management are:

- **Connection:** Initial assessment, planning, development, and contracting of supports and resources.

- **Monitoring:** Periodic and regular contact to maintain the service and assure the quality of the service.
- **Review:** Periodic formal evaluations of the services/supports provided.

Once the phases were defined, under the guidance of the study's two national experts experienced in building workload standards, the Field Committee studied the supports/services listed previously in Table 6. They developed a set of steps and activities for each phase within each support/service. As the Field Committee methodically developed each essential standard for the typical caseload, they used the actual median times, the activities done during the February data collection, and their own experience as the guides for their decisions. Each of the decisions was made by consensus.³⁰ The group accomplished the following:

- 1) they listed the steps and activities needed to complete a process
- 2) they proposed the time each activity should take to complete
- 3) they determined for how many people and how often each activity should be done. (See Appendix F for a complete set of the spreadsheets.)

The Field Committee reconvened a final time³¹ to review the steps and activities that they had developed for the essential standards for each of the phases of each of the supports or services. The group was asked to review the times and percentages that they had originally agreed were essential to meeting the expectations and mandates. They were also asked to build essential standards for intake and eligibility review, and for re-contacting clients with no contact at all in the past year.

Resource Management: Expert Estimation and Standards Development

Purpose

Due to the episodic nature of DDD resource management an expert estimation process was required to estimate time spent on developing and managing resources in the communities.

An Expert (or Structured) Estimation process was implemented to determine the amount of time it takes to do resource management, because it is difficult to get times for actual resource management activities through a simple time-tracking exercise. Resource management activities tend to happen more sporadically than case management activities, and many are not completed within a thirty-day

³⁰ Consensus process: Thumbs up meant the participants agreed with the decision; thumbs sideways indicated the participants had some concerns, but could live with the decision; thumbs down meant the participants wanted further discussion.

³¹ August 5, 1998

period. The measurement of an activity that occurs only during certain months (e.g. re-contracting in the months of June and July) will not provide a fair representation of resource management activities across the board. Using an approach parallel to the one utilized for case management (i.e. tracking certain clients for 30 days) by asking resource managers either to track all their activities or those activities associated with a particular program would not have yielded much useful information.

Expert Estimation is often used as an alternative to gathering information about a process. OCAR used it to “establish the amount of time needed to complete each case, licensing application process...for several units of service (adoption and licensing, in particular).”³² The Expert Estimation process was used to get information on how long activities took in the four major resource management areas: DDD Residential Services, Adult Day Programs, Contracting (primarily individual providers doing Family Support or Medicaid Personal Care), and Community-Building (primarily Family Support Opportunities Community Guide activities.) These areas are described below:

1. **Residential**—includes all phases of work with DDD-contracted residential agencies such as Intensive Tenant Support, Supportive Living, and Group Homes and individual residential providers (mostly Alternative Living providers). Includes the contracting activities with these programs. (There are no separate data on non-agency based residential services even though this is a type of support that will probably be used more and more in the future.)
2. **County Day Programs**—includes all phases of work related to county-contracted programs. All day programs (Individual Employment, Group Supported Employment, Specialized Industries/Pre-Vocational, Community Access, and Child Development Services) are in this category. Includes the contracting activities with these programs.
3. **Contracting**—Primarily individual contracts for people doing Family Support respite care and Medicaid Personal Care. Also includes some individual contracts for services like nursing and behavior management/counseling and some agency MPC contracts. The data gathered for Expert Estimation took into account differences in activities and times for agency and specialized service contracts.
4. **Community Building**—Primarily the recruiting and contracting activities with Community Guides for Family Support Opportunities. (Work with clients and families in Family Support Opportunities is included in Case Management spreadsheets.) The study was not able to obtain data on other types of

³² Note: OCAR used Expert Estimation to establish the actual times, not the essential times. They planned to use the data from the estimates as a baseline for “current workload reality when establishing workload standards.” OCAR, *Workload Study, Expert Estimation of Workload, Fall 1993*, unpublished document.

community-building activities that occur due to their variety and sporadic nature.

As was described earlier in some detail in Case Management: Standards Development on page 31, the work in Resource Management was also divided into three phases: connection, monitoring, and review.

Sample

“Experts” were selected by asking the DDD administrators in each region to indicate which of their staff had the most experience working in the four areas described above, then inviting these people to convene in four separate meetings. Each participant was asked to complete a profile (See the profile forms in Appendix G) describing their years of experience in Division of Developmental Disabilities, their education, what percentage of their time is spent on Resource Management activities related to DDD Residential, County Adult Day Programs, Contracts, or Community-Building. Those case/resource managers who worked with County Adult Day Programs were asked to list the counties with which they worked. The following list shows the representation of the regions at those meetings: (See also Appendix G)

- **DDD Residential** - Five regions were represented at the meeting.
- **County Adult Day Programs** Four regions were represented at the meeting. There were also conference calls conducted with additional people representing the missing regions and extra people from the regions which attended the meeting, because Day Program activity varies so much from county to county.
- **Contracting Individuals** - Five regions were represented at the meeting.
- **Community Building** - Five regions were represented at the meeting. Information from the sixth region was obtained via phone at a later time.

(For further details on the regional participation at these meetings, see Appendix G.)

In addition to these meetings, information was gathered from the regions to fill in some of the “blanks” especially in determining how many times per year or month certain processes happened (e.g., contracting with a new residential agency, contracting with a MPC provider).

Process

Each of the four meetings followed basically the same three-step procedure. First, the participants brainstormed to produce a list of the activities they did (e.g., locating potential providers for a new residential program, training Community Guides, getting a background check on a potential provider). These activities were grouped to form processes (e.g., evaluating a residential program, preparing a work order budget, terminating a contract, or “hiring” Community Guides).

Where possible, the processes or activities were put into one of the three phases: Connection,³³ Monitoring, or Review.³⁴

The second step was to ask each participant independently to determine how much time it took to do each of the activities listed. In some cases, a participant was not able to give an estimate on a particular activity or set of activities either because he or she had never done them or because, in that region, administrators or case/resource managers did the activity.

The third step was to ask each participant to report back to the group the times he or she came up with. In general, because practices vary so much between (and sometimes within) regions, the times given by each participant were accepted. In some cases, large differences in estimated times sparked discussions that resulted in greater clarity about the necessary components of the activity under discussion. Resource managers reported that the actual times spent were often very close to the essential minimum times spent. This was because, if resources were developed, resource managers had to perform a minimum set of contracting and evaluation activities. However, response managers also noted that there was often insufficient time for more frequent monitoring of and the development of new/better resources to allow for variety and choice.

Data Entry

Data fell into two broad categories. In the first, it made sense to determine an average for certain processes especially those clearly defined by federal or state laws or policies, e.g., contracting with a new MPC provider, evaluation of an ITS program. To determine the amount of resource manager FTE time needed per year for these processes, these averages were multiplied by the number of times the activity or process happened in a month or year. This was the procedure followed in the Connection and Review phases since these phases are made up of relatively well-defined processes.

The second category covered activities and processes in the Monitoring phase. This phase is usually made up of a large number of separate activities whose frequency and length is determined by regional policy, availability of other people (e.g., County staff) to do the activity, and the time available for resource managers to do them. In this phase, the total amount of resource manager FTE time needed resulted from adding up all the yearly or monthly times that resource managers spent doing these activities across the state. For example, the amount of time all resource managers in each region spent assisting case managers in placing people was summed with the times all resource managers spent in statewide meetings discussing policy and program changes. Where it made sense, averages of the

³³ Connection may also be referred to as “Development” in Resource Management

³⁴ Note: The activities/processes for Day Programs were not put into phases although this could be done. Also, the Day Program participants preferred to discuss things in terms of processes without detailing the activities that went into the processes

regions that had supplied information on activities were used to estimate times for those regions that had not reported.³⁵

Data for the Monitoring phase of Resource Management was also collected during the April 100% time measurement.

Mapping Written and Unwritten Mandates to Essential Workload Standards

The final step in the study process was to examine the written/formal mandates guiding workload from federal, state and DDD documents and systematically collect the unwritten/informal ones based on office and community expectations from the perspective of case/resource managers.

Theoretical Perspective

What work should be done with whom and how it should be done was conceived as determined by two sets of factors:

1. written and unwritten mandates, that is
 - written ones – federal and state statutes, rules and administrative policies and procedures, and
 - unwritten ones – office and community expectations, (examples: returning phone calls; locating a housing resource for a homeless developmentally disabled adult, even though there is no written requirement to do so), and
2. norms of effective best practice.

Essential workload standards were designed to reflect written and unwritten mandates only. Best practice standards were to be guided by additional criteria of effectiveness. Thus, best practice standards would be higher than essential standards and would have a larger impact on workload.

Given limitations in staff and time it was hypothesized that what work actually got done – the study’s scientific measurement of time actually spent – would be less than that required by essential standards. This study collected information on how the differences – the gap between the work time actually spent and the time required to meet essential standards, were linked to specific written and unwritten

³⁵ Note: Where no data were given either for a specific activity or for a whole area, sometimes an average was used for that activity or area. In the Connection and Review phases, total time was calculated by multiplying the time/process by the number of times the process occurred. So when averaging was done in these two phases, it was put in just to make calculating “total time = time for each process x number of processes” for that region easier. In Monitoring, total time is a sum of all the time done by all resource managers across the state. If there were no data from a region on Monitoring in a resource management area, it would not have been accurate just to assume that no Monitoring activities took place. So the averages of the regions who reported were used for the regions who did not report, and then it was added to the time reported by the other regions.

mandates. This was done for each program or support/service, in each of the three phases: Connection, Monitoring and Review. (See description in Table 9.)

Process

At the third meeting (1/6/98), the Field Committee was asked two specific questions:

1. What are the **essential** tasks you have to do, including those tasks that will get you into trouble if you don't do them? and
2. What **additional** tasks should you do to be effective in your job?

Using the Workshop Method described earlier, Field Committee members suggested an array of tasks, organized the tasks into categories, and attached the tasks to major levels of formal/written and informal/unwritten mandates and expectations that drive activities in Case and Resource Management. The levels include Federal and State Laws (RCW), Washington Administrative Code (WAC), Policies (DSHS, DDD), and Best Practices. The results of that exercise are found in Appendix J.

Subsequently, specific RCWs, WACs and policies were mapped to each of the steps/activities by phase for each of the major programs or supports/services for which essential workload standards had been developed. Individual Medicaid Personal Care, which has the most written mandates, is the program that has the most complete map of written mandates (included in Appendix J).

Next, during the February Case-Tracking, all case/resource managers were asked to indicate whether the activity they were doing was, in their opinion, mandated/essential, mostly mandated/essential, additional/effective, or mostly additional/effective. Their instructions were: "At the bottom of the Details section, check the box related to Required and Additional activities. Required/Essential activities are those that you feel are necessary, not optional. Additional/Effective activities are those that may not be required, but you do to be more effective in your job." (From Appendix E, "Directions for Filling out the Activity Entry Sheets.")

Then, at the fourth meeting (5/26-29/98), the Field Committee used both written and unwritten/informal mandates as guidelines as they developed the essential workload standards.

At the final meeting (8/5/98), the Field Committee was presented with the results of their previous decisions: the gap between essential and actual workload time had been calculated. The Committee was asked to review these results and, based again on both written and unwritten mandates, to justify the FTE gap (at the step/activity level) between the essential standard and the actual work done. To do this they considered the differences in time required to complete activities at each step, the change in number of people served in each step, and the changes in type of activity done.

CHAPTER 5: STAFFING NEEDS AND PROJECTIONS

Extra Essential FTEs: The Calculations

Purpose

The objective was to estimate the percent of essential work left undone and the extra FTEs required to do it: the difference between the number of full-time employees (FTE)³⁶ needed to meet essential standards and the FTEs actually employed. Initially, this was calculated on the basis of the “1997 Gap.” The 1997 Gap is the number of extra FTEs needed to meet essential standards, based on the 1997 DDD caseload and the programs used by those individuals with developmental disabilities. The details of the calculation methods are described in Appendix H.

Selected Results of FTE Calculations

Table 9

1997 Gap: Percent of Essential Work Not Done and Extra FTEs Needed

	% Essential Work NOT Done	Actual FTEs	Extra FTEs
Review persons on caseload who have not been contacted	100%	0.0	22.4
Case Management			
Connecting persons to adequate supports/services	40%	39.6	26.7
Monitoring supports/services to ensure quality	63%	51.7	87.5
Reviewing match between clients and supports/services*	67%	13.7	28.1
Resource Management			
Developing and maintaining resources	33%	43.7	21.5
Intake and Eligibility Review	48%	12.8	11.7
Other supports**	n/a	8.3	n/a
Total	55%***	169.8	197.9

* Note: Reviews are required by federal and state mandates. Not meeting these reviews creates major problems regarding compliance.

** Such as child development services, school related service, Division of Child and Family Services supports

***This percentage is calculated excluding “other supports”: 197.9 divided by $(169.8 - 8.3)$

- Overall, 55% of the essential work is left undone.
- Two major categories of functions are not being done at all well, much below acceptable standards:
 1. functions involving reviews—which raise problems in accountability:
 - 100% not done, for those not contacted at all during the year,

³⁶ This is referred to as “full time equivalent.”

- 67% not done, for reviews of the match between clients and supports/services,
 - 48% not done in intake and eligibility review—mainly eligibility reviews.
2. monitoring supports/services—which raises concerns regarding 'quality assurance':
- 63% not done
- Case/resource managers equivalent to 170 FTEs statewide were doing this work on behalf of 24,000 on the DDD caseload—that is, one FTE per 141 persons with developmental disabilities and their families. This number was up from one per 78 eighteen years ago, in 1979.
 - Overall, 198 extra case/resource manager FTEs would have been needed in 1997 to do the work left undone, i.e., to come up to essential standards; this would have reduced the number of persons per FTE from 141 to 65.

Technical Note on Essential Work Not Being Done

How much of the work left undone is simply a matter of spending too little time on activities currently done with persons served? How much is it a function of needing to do things differently and with more people?

In order to answer this question, the times for activities determined essential were modified back to the actual times currently spent, whenever activities matched exactly between actual and essential work. The remaining difference found in overall time between essential standards and actual measurement would then be a result of needing to do things differently and with more persons.

- Of the essential work left undone, 10% is due to spending too little time, 90% is due to the need to do things differently and with more people. This means that of the 55% proportion of the essential work not done, only 5% corresponds to adjustments in time, while a much larger part, 50%, corresponds to the need to do things differently and with more people.

Work Not Being Done to Meet Both Essential and Optimal/Best Practice Standards: Tentative Findings and Corresponding Further Extra FTEs Needed

How many extra case/resource managers (FTEs) would be needed to fulfill optimal/best practice standards, in addition to meeting minimum/essential ones?

Optimal/best practice standards were developed for the major DDD-contracted programs (Medicaid Personal Care, DDD Residential, DDD Adult Day Programs and Family Support), other DSHS residential programs used by DDD adults and DSHS Child and Adult Protective Services. These programs accounted for almost two thirds of Case Management time. The same standards development process

was followed as the one described for building essential standards except that the criterion was further effectiveness of practices in addition to fulfilling minimum requirements.

- Overall, for the above programs, 71% of the work necessary to meet both essential and best practice standards is left undone: 41% corresponds to essential work not done, another 30% corresponds to optimal best practice work not being above and beyond the essential standards.
- If these findings were projected to all Case Management, an extra 163 case/resource managers would have been needed to meet optimal best practice standards in 1997 (above and beyond the 198 extra to meet essential standards), for a total additional 361. This is in comparison to the 170 actual case/resource managers working in 1997.
- If best practice standards were met, the average caseload ratio in 1997 should have been one case/resource manager for 46 clients (1:46). This is much lower than the 1:65 caseload needed to meet minimum essential standards, but still higher than the national median of 1:40.

Table 10

1997 Caseload Ratios and FTEs Needed to Meet Essential and Best Practice Standards

	Caseload Ratios	Current FTEs	Extra FTEs
Actual data: all currently enrolled cases regardless of contact (permanent and temporary case/resource managers)	1:141	170	
If Essential Standards were met	1:65		198
If Best Practices were met	1:46		163

Extra Essential FTEs: The Projections³⁷

Purpose

Using the 1997 Gap figures, as described above, the study calculated the projected FTE need for each year from FY98 through FY01. Each program was looked at separately to determine what factors affected its growth (or decline). The use of some programs is only related to the size of the DDD caseload (for example, Children's Protective Services). Others are tied specifically to the amount of resources available (for example, DDD residential services). Some programs, such as Medicaid Personal Care, are entitlements, so they are primarily tied to caseload size, but are affected by program eligibility rules as well.

³⁷ See Appendix H for detailed description of FTE Projections by support/service.

Caseload growth factor. The DDD community caseload growth was projected through 2001 using the past few years of data on DDD caseload increases. This factor (annual 8.78% increase) was used in the calculations of projected FTEs for programs affected by caseload size.

Support/Service change factor. The study calculated the specific annual percentage increase or decrease associated with each of the programs whose use is expected to change between 1997 and 2001. The change factor was calculated, based on the past few years' use of each program.

Selected Results from FTE Projections

Based on 1) the functions performed by case/resource managers, 2) support/change factors in specific programs and, 3) caseload growth projections in the years 1997-2001, the following results were obtained:

Table 11
FTEs Needed with No Increase in Funding for DDD Contracted Services

	1997 Gap (for 24,000 clients)		1997-2001 Increase (for 33,550 clients)		Total Extra Needed by 2001	
	Extra FTEs Needed	Cost	Extra FTEs Needed	Cost	Extra FTEs Needed	Cost
Reviews of Clients Not Contacted	22.4	\$1,531,460	9	\$615,141	31.4	\$2,146,601
Case Management	142.3	\$9,727,350	37.6	\$2,569,922	179.9	\$12,297,272
Resource Management	21.5	\$1,468,300	0	\$0	21.5	\$1,468,300
Intake and Eligibility Reviews	11.7	\$801,996	9	\$615,141	20.7	\$1,417,137
Case/Resource Management Total	197.9	\$13,529,106	56	\$3,800,204	253.9	\$17,329,310
Supervisors + Administrative Support*	56.5	\$3,561,045	13	\$784,976	69.5	\$346,020
Total FTEs and Annual Costs	254.4	\$17,090,150	69	\$4,585,180	323.5	\$21,675,330

- It was estimated that an extra 56 FTEs are needed beyond the extra 198 FTEs needed to fill the gap in 1997: The total needed are 254. (A detailed explanation of the calculation methodology for FTE projections is found in Appendix H.)
- The proportional number of extra supervisors and administrative staff by the year 2001 are 69.5.
- The total annual cost by the year 2001 is \$21,675,330.

Projections of FTEs Required in the Next Biennium to Implement DDD's Strategy for Reducing Unmet Service Needs

Based on the time requirements to meet minimum essential standards, projections were made on the number of case/resource managers necessary in the next biennium to:

- move all families, 3,969, from the waiting list to the Family Support Opportunities Program,
- develop new DDD-funded residential resources for 425 more individuals,
- expand a variety of employment/day programs.

Details of the calculations are presented in Appendix K of this report. The results of these projections are reported in the *Unmet Service Need* report and in DDD's *Strategies for the Future: Long-Range Plan Report Phase 1: 1999–2001*.

Information on the Role of “Service Brokers” in Pilot “Self-Determination Projects”

A separate survey of states that have self-determination pilots was conducted to collect further information useful for DDD planning. The findings are available in a separate report: *Implementing Self-Determination*.

DISCUSSION

During the design stage of this study it became clear that no such workload study had ever been conducted before nationally that measured, in detail, the work necessary to support persons with developmental disability and their families in the community. The Division of Developmental Disabilities Workload Standards Studies is the first.

The general design was based on ten or more years of experience gained from previously successful workload measurement and standards development in children and family services. This included the strategy of using daily logs, of tracking work with a sample of clients, and of a systematic, detailed, data driven, process of developing standards. Such a study had been conducted recently for Washington State's DSHS Division of Children and Family Services (DCFS). However, from the point of its inception, the DDD Workload Study had to pioneer different ways of applying these general methods.

Study Accomplishments

1. Response rates for all data collection efforts were very high. They ranged from 82 to 96 percent.
2. The timelines were very tight. This necessitated data collection forms that were much more efficient: forms requiring less coding of open-ended entries. This was difficult since no such forms had ever been developed. It also necessitated conducting an expert estimation of detailed resource management workload, due to the episodic nature of this work through the year. In spite of these difficulties, the study was able to provide useful results within one year—one-third of the time as that of the workload study conducted for DCFS.
3. The Field Committee reported that some groups of clients required much more work time than others. Not knowing who these groups were and not knowing their relative prevalence in the population made sampling problematic. A separate 'prevalence survey' became necessary.
4. As expected, many activities were not being done at all or were done in an inappropriate way. This necessitated estimating essential times from similar activities that were done in different programs.
5. Many essential mandates for work were tied to specific programs. In order to develop essential standards actual time spent had to be measured at the detailed 'program' level. For case management alone, not including resource management or intake and eligibility reviews, the study identified thirty one 'programs,' each including three phases. These were subsequently reduced to fifteen, in order to develop consistent essential standards and to avoid problems with very small samples. DCFS had to track the workload in only four programs.
6. The workload data collected in this study were organized in spreadsheets: one for each program, each phase, and each standard (actual, essential and best

practice). This generated more than one hundred spreadsheets that had to be systematically interrelated (i.e. linked) to each other and to caseload sizes in order to calculate overall results efficiently. A system was developed to partially automate the process of projecting staffing needs depending on trends in overall caseload growth, projected increases in services, and estimated expansion of DDD funded services to address unmet need.

7. The mapping of the written and unwritten mandates to such a wealth of detailed workload information became a challenge. The study organized the written mandates from the legislature, federal agencies, and division policies for the main DDD programs.
8. The issue of whether to count “Inactive” cases in the total DDD caseload was broached by the study’s Oversight Committee. This issue affected estimates of workload to review persons not contacted, and the calculation of overall caseload ratios. A brief separate sub-study was conducted comparing Washington State’s developmental disabilities system with that of other states. The states were either similar to Washington demographically, or they had similarly-run state developmental disabilities systems.
9. The issue of the workload impact of implementing ‘self-determination’ practices arose in light of discussions with both the Oversight Committee and the statewide DDD Stakeholder Workgroup.³⁸ This study supported and advised a study of self-determination and support brokerage in other states authored by Judy Olmstead, Ph.D.³⁹ Furthermore, the database developed by this study can be used for estimating the work time necessary for ‘service brokers,’ while still maintaining accountability and the development of local resources.
10. Quality assurance was another issue raised by the Oversight Committee. This study partially dealt with this issue since the essential standards include monthly monitoring activities related to quality of the supports received by persons with developmental disabilities and their families.

Other Possible Analyses

This study collected information, but did not analyze and report results in the following areas.

1. At the onset of the study, the Field Committee cautioned that the DDD population consisted of a wide range of people, some with complex characteristics and situations in addition to their developmental disabilities.

³⁸ Members of committee working in conjunction with DDD since June 1997 on planning strategies for future services and supports.

³⁹ Olmstead J, 1999, *Implementing Self-Determination*.

These people, it was found, do in fact require much more of case/resource managers' time than a typical person with developmental disabilities. However, it is not yet known what activities and programs take more time for each of the groups with special characteristics. The program specific data for each of the groups that were over-sampled have yet to be analyzed. This was not in the scope of the current study.

2. More work is needed in mapping the unwritten/informal office mandates and community expectations collected from the perspective of experienced case/resource managers in the field. Notes and sound tapes are available, but these have not been organized, transcribed, nor analyzed.
3. The study developed not only essential workload standards, but also best practice standards for all DDD-contracted programs and two main DSHS ones. These have not been fully analyzed and reported.
4. It is not known how much time case/resource managers spend with clients who have unmet service need relative to those whose service needs are being met. They may be spending an inordinate amount of time connecting these clients to other community supports. The data are available to answer this question since, for a sample of clients, workload data have been matched with data on specific unmet service need compiled by case/resource managers (Trends and Patterns Database) and data collected from persons with developmental disabilities and their families (Individual Supports Identification System, ISIS, data).
5. The degree to which case/resource management workload differs by region, and particularly by urban rural differences, has not been analyzed.
6. Finally, the second of the two 100% time measurements, taken in April, has yet to be analyzed. An addendum containing discussion about the April 100% time measurement's corroboration of the results from November, and better data for the Monitoring phase of Resource Management will be released in the Spring of 1999.

Study Limitations

A larger sample should have been drawn for the case-tracking part of the study. It was decided that with all of their other work pressures, the case/resource managers, who were to track cases, might not participate fully, if they were overburdened with a large sample of cases to track. A high response/participation rate, crucial to this study, was guaranteed at the expense of a relatively low sample size. Because of this decision and because of the unanticipated large number of programs (or support/services), the number of activities reported per program in the sample was often too small. This was partially handled by combining similar programs (like the different DDD residential ones). However, this led overall to a decrease in desired precision in estimates of actual time in some of the programs.

The study design would have to be modified to measure actual work time in resource management better. Due to the episodic nature of resource management work in developmental disabilities, a one or two-year time period would be necessary to collect relevant data. The current study had to rely on the results of an expert estimation process.

Further Research

A workload measurement needs to be done regularly in order to capture the workload changes that may be associated with changes in caseload characteristics, with different staffing patterns, with the expansion or contraction of some of the programs, or with the implementation of new policies. DCFS is currently in the planning stages for conducting another workload measurement for their case managers after a five-year hiatus.

Also, as mentioned above, the analyses of types of workload associated with persons with special characteristics and/or situations could be conducted with existing data in order to provide a more complete picture of case/resource management work done in DDD. This is particularly important since so much of the work time is currently spent with such persons. It could become even more important if persons with such characteristics were to increase in the future at higher rates than the general DDD caseload.

TABLE OF CONTENTS—Appendices

Appendix A	
<i>Workload Study Field Committee</i>	A-1
Appendix B	
<i>Workload Study Oversight Committee</i>	B-1
Appendix C	
<i>November 100% Time Measurement</i>	C-1
Appendix D	
<i>Prevalence of Complex Characteristics</i>	D-1
Appendix E	
<i>February Case Tracking</i>	E-1
Appendix F	
<i>Workload Case Tracking</i>	F-1
Appendix G	
<i>Resource Management Expert Estimation</i>	G-1
Appendix H	
<i>FTE Calculations and Projections</i>	H-1
Appendix I	
<i>April 100% Time Measurementt</i>	I-1
Appendix J	
<i>Mandates and Expectations</i>	J-1
Appendix K	
<i>Estimations and Projections of Case/Resource Managers for the Planned Expansion of DDD Programs in the 99-01 Biennium</i>	K-1

Appendix A
Workload Study Field Committee

Appendix A

Workload Study Field Committee

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Oversight Committee

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Appendix C

November 100% Time Measurement

WASHINGTON STATE DEPARTMENT OF PERSONNEL

Specification for Class of

DEVELOPMENTAL DISABILITIES CASE/RESOURCE MANAGER

Definition: As a skilled professional, provides extensive case management services to developmentally disabled clients in a region, and/or provides resource management services with a region's contracted vendors and providers on behalf of developmentally disabled clients.

Distinguishing Characteristics

- This class is a journey level class, designed for those employees who provide case and/or resource management at a skilled level, requiring little supervision.
- Case management, at this level, requires a broad spectrum of professional skills, which includes an extensive knowledge of numerous programs.
- Problem resolution skills are expected to address issues from the routine to the complex.
- This level requires the ability to coordinate various groups of people in the implementation of the case management plans.

Typical Work

- Functions independently and provides skilled specialized services to a caseload of clients; develops, implements, and monitors Individual Service Plans;
- Interprets State and Federal regulations to county boards, citizen groups, providers and others concerned with services for people with developmental disabilities;
- Coordinates resource programs with case management services, CSO, county coordinators and county boards, other vendors and other DSHS services;
- Recommends specialized funding for medical expenses and social absences for group homes; screens billings for county services and group homes;
- Arranges for special placement and other residential, vocational and recreational supports for children and/or adults;
- Makes final decisions on determinations of client eligibility, and provides intake services;
- Reviews provider program compliance with ICF/MR standards, and group home certification;
- Plans, organizes and coordinates specific special projects for resource development;
- Evaluates individuals for admission to residential habilitation centers;
- Assesses need and arranges for client placement in employment, training, or other day services;
- Assists and/or makes referral to the appropriate professional (i.e. Mental Health, Children's Protective Services, etc.) in reducing and/or preventing community and client problems;
- Assesses/evaluates facility situations, makes recommendation, and plans for family/community support service, including respite care, chore, day program for adults, early childhood development program, therapies and others;
- Provides skilled assessment of client needs, including diagnoses and evaluation of individual clients who have behavioral, social and emotional problems;
- Prepares, presents and represents the department at fair hearings, court dependency/termination hearings;
- Coordinates services to a client within the community and/or agencies, including professional communication with clients, providers, vendors, advocates, parents, guardians, and significant others;

Appendix C

- Prepares appropriate authorization or other approval documents which will ensure vendor payment;
- Prepares referral documents for client placement on other services; maintains documents necessary for clients to receive services;
- Performs other duties as a Qualified Mental Retardation Professional (QMRP), in maintaining compliance with Federal IMR and CAP regulations;
- Develops, manages and monitors contracts with counties, group homes and other providers;
- Develops corrective action plans and reports in response to evaluations/audits; assists contractor to comply with contract, and takes appropriate actions;
- Investigates complaints of noncompliance with contract and WAC;
- Locates and develops providers and other resources for family support, professional services, alternative living, residential and other services;
- Coordinates and provides resource development activities with county boards;
- Assists local groups in planning for and establishment of new services;
- Monitors local resources and county plans to assure fiscal and programmatic compliance with contracts, State and Federal regulations and standards;
- Analyzes BARS reports, residential program cost reports and county budgets;
- Provides, arranges and coordinates technical assistance for fiscal and program requirements and interpretation to the counties, residential providers, and county employment/early childhood programs;
- Arranges and participates in certification review of residential services; recommends approval for certification; participates in the county's certification or approval process, and makes recommendations;
- Represents the department at county and residential services' board meetings;
- Performs other work as required.

Minimum Qualifications

One year of experience as a Case/Resource Manager Trainee or equivalent class.

OR

A Bachelor's degree in a social services field and two years of experience providing social services to people with developmental disabilities or other handicapping conditions.

Graduate training in a social services field will substitute, year for year, for one year of the experience providing social services to people with developmental disabilities or other handicapping conditions.

New class

Effective July 1, 1988 (approved June 9, 1988)

WASHINGTON STATE DEPARTMENT OF PERSONNEL

Specification for Class of

DEVELOPMENTAL DISABILITIES CASE/RESOURCE MANAGER TRAINEE

Definition: As a Case/Resource Manager Trainee, provides case management services to developmentally disabled clients in a region, and/or provides vendor contract monitoring and corrective action for contractors providing services to a region's clients.

Distinguishing Characteristics: This is an entry level classification designed to provide employees with training and experience in provision of case/resource management. It is distinguished from the Case/Resource Manager by the presence of close supervision. Adjustment of caseload, or vendor contract load, is common to allow development of the incumbent through the management of more difficult work.

Typical Work

- Under supervision, manages cases for community clients; develops, implements, and monitors Individual Service Plans (ISPs);
- As part of the service planning process, interviews clients and significant others; assesses client needs; arranges for delivery of residential, vocational, and/or other services, including preparation of necessary authorization documents which will ensure vendor payment; coordinates and follows up on client response to services, and current status;
- Assists in preparing necessary documents for clients' referral for other services;
- Maintains client records, including necessary administrative records for departmental tracking;
- Assists in responding to client emergencies; including necessary arrangements of services necessary to protect the client's health and safety;
- Assists in the intake process;
- Develops, manages, and monitors contracts with counties, residential services and other local providers;
- Prepares and follows up on corrective action plans/reports as a result of evaluations/audits; assists in investigation of complaints of noncompliance with contract standards;
- Orients and trains providers regarding department, rules, regulations, policies and procedures;
- Assesses need for, and arranges for provision of, technical assistance to service providers;
- Recruits and develops resources for Family Support and Professional Services;
- Keeps and maintains records; writes reports;
- Performs other duties as required.

Minimum Qualifications

A Bachelor's degree in a social services field.

AND

Two years of experience in a social services field, one year of which must have involved providing social services to people with developmental disabilities or other handicapping conditions.

Graduate training in a social services field will substitute, year for year, for the general experience in a social services field.

NOTE: Upon satisfactory completion of the 12-month DDD core training, the Case/Resource Manager Trainee will be automatically promoted to Case/Resource Manager.

New class

Effective July 1, 1988 (approved June 9, 1988)

WASHINGTON STATE DEPARTMENT OF PERSONNEL

Specification for Class of

DEVELOPMENTAL DISABILITIES CASE/RESOURCE SUPERVISOR

Definition: Supervises professional developmental disabilities case/resource managers and provides case management services for developmentally disabled clients in a region; or, plans, develops, and conducts all of the utilization review, mental retardation program functions for ICF/MR facilities in one of six DSHS regions; or has primary coordination responsibility for all resource management for a region and performs selected resource management functions.

Typical Work

- Directs activities of and assigns work to regional resource management staff in coordinating, arranging and monitoring contracts with counties and vendors;
- Coordinates planning and DD resource development activities within the region consisting of one or more counties with government and private organizations;
- Formulates internal operational policies and procedures for the organization, e.g., management and monitoring of certifications, audit follow-up and corrective action plans, program and habilitation planning, special project and assigns operations;
- Implements, evaluates and supervises major mental retardation, habilitation and training components of the Title XIX utilization control program in a region and neighboring state ICF/MR institutions;
- Coordinates and cooperates as a member of the utilization review team with nursing care consultant, local sanitarians, etc.;
- Visits ICF/MR facilities, reviews individual records, interviews residents, observes training and habilitation program and consults with facility staff in order to assess training and care of residents as recorded in individual habilitation plans as needed by the client;
- Plans, trains, coordinates, and evaluates work of assigned DD Case/Resource Managers;
- Prepares reports, records, and data for case management;
- Periodically participates in individual program plan conferences with DD Case/Resource Manager Trainees;
- Performs other work as required.

Minimum Qualifications

Three years of experience, in the Washington State service, equivalent to a Developmental Disabilities Case/Resource Manager.

OR

A Bachelor's degree in a social services field and four years of experience in a social services field, of which three years must have involved people with developmental disabilities or other handicapping conditions.

Graduate training in a social services field may be substituted, year for year, for one year of the required experience.

New class: July 1, 1980

Revised definition: March 3, 1986

Revises

Revised definition, minimum qualifications, general revision, and title change (formerly Developmental Disabilities Specialist : 4July 1, 1988 (approved June 9, 1988)

WASHINGTON STATE DEPARTMENT OF PERSONNEL

Specification for Class of

DEVELOPMENTAL DISABILITIES OUTSTATION MANAGER

Definition: As a skilled professional, manages an outstation office and provides case/resource management services to developmentally disabled clients in a designated area of a region, consisting of one or more counties; or an incorporated area with a minimum of 100 clients, which is at least 35 miles from the Regional Office. May lead other Case/Resource Managers in outstations located away from the DDD Regional Office. Represents the Regional Administrator in the local area.

Distinguishing Characteristics: This class is designed for those positions in a designated work station, absent of on-site supervision, which provide case/resource management at a skilled level and represent the Regional Administrator.

If a supervisor is present and responsible for services within the county or counties or incorporated area, then the supervisor shall manage the outstation.

Typical Work

- Manages the local outstation office facility and arranges for custodial and other office supports;
- Acts as leadworker and directs, trains and assigns work in an outstation;
- Represents regional administration at local public meetings, on local governmental task forces and committees;
- Provides skilled case management to a caseload of clients;
- Develops, implements and monitors Individual Service Plans (ISP's);
- Assists and/or makes referrals to the appropriate professional (i.e., Mental Health, Childrens Protective Services, etc.) in reducing and/or preventing community and client problems;
- Provides skilled assessments of client needs, including diagnoses and evaluation of individual clients who have behavioral, social and emotional problems;
- Makes final decisions on determination of client eligibility, and provides intake services;
- Prepares, presents, and represents the department at fair hearings, court dependency/termination hearings;
- Coordinates services to a client within the community and/or other agencies, including professional communication with clients, providers, vendors, advocates, parents, guardians, and significant others;
- Prepares appropriate authorization or other approval documents which will ensure vendor payment;
- Prepares referral documents for client placement on other services;
- Maintains documents necessary for clients to receive services;
- Maintains client records, including administrative records for departmental tracking;
- Performs some duties as a Qualified Mental Retardation Professional (QMRP), in maintaining compliance with federal IMR and CAP regulations;
- Interfaces with service providers to review incident reports, technical assistance requests, requests for rate reviews/staff add-ons and makes recommendations for approval to Regional Administrator/supervisor;
- Provides county administration with individual and composite data to assist in planning day programs for clients;
- Interfaces with other local state agencies to assure the local service delivery system is responsive to client needs;
- Plans, organizes and coordinates specific projects for resource development in a region or single geographic location within the region;
- Develops, manages and monitors contracts with counties, group homes and other providers;

Appendix C

- Develops corrective action plans and reports in response to evaluations/audits; assists contractor to comply with contract, and takes appropriate actions;
- Investigates complaints of noncompliance with contract and WAC;
- Locates and develops providers and other resources for family support, professional services, alternative living, residential and other services;
- Coordinates and provides resource development activities with county boards;
- Assists local groups in planning for and establishment of new services;
- Monitors local resources and county plans to assure fiscal and programmatic compliance with contracts, state and federal regulations and standards;
- Analyzes BARS reports, residential program cost reports and county budgets;
- Provides, arranges and coordinates technical assistance for fiscal and program requirements and interpretation to the counties, residential providers, and county employment/early childhood programs;
- Arranges and participates in certification review of residential services;
- Recommends approval for certification; participates in the county's certification or approval process, and makes recommendations;
- Represents the department at county and residential services' board meetings;
- Performs other duties as required.

Minimum Qualifications

Two years of experience as a Case/Resource Manager or equivalent class.

OR

A Bachelor's degree in a social services field and three years of experience providing social services to people with developmental disabilities, or other handicapping conditions.

Graduate training in a social science field will substitute, year for year, for one year of the experience providing social services to people with developmental disabilities or other handicapping conditions.

New class

Effective July 1, 1988 (approved June 9, 1988)

**Frequency Count of
Organization Type
Case / Resource Manager - Trainee
Case / Resource Manager
Outstation Manager
December 1997**

Organization Type	Number of Persons	Percent of Total Persons
Region 1 DD Services	30	15.8
Region 2 DD Services	8	4.2
Region 3 DD Services	19	10.0
Region 4 DD Services	32	16.8
Region 5 DD Services	24	12.6
Region 6 DD Services	9	4.7
Clarkston Outstation DDD	1	0.5
Ellensburg Outstation DDD	1	0.5
Sunnyside Outstation DDD	1	0.5
Kennewick Outstation DDD	5	2.6
Walla Walla Outstation DDD	3	1.6
Mount Vernon Outstation DDD	4	2.1
Bellingham Outstation DDD	5	2.6
Oak Harbor Outstation DDD	2	1.1
South King County Outstation DDD	8	4.2
East King County Outstation DDD	6	3.2
North King County Outstation DDD	5	2.6
Bremerton Outstation DDD	6	3.2
Aberdeen Outstation DDD	3	1.6
Port Angeles Outstation DDD	3	1.6
Vancouver Outstation DDD	9	4.7
Kelso outstation DDD	3	1.6
Centrali Outstation DDD	2	1.1
Port Townsend Outstation DDD	1	0.5
Total Number of Persons	190	100.0

**Frequency Count of Part_time
Percent
Case / Resource Manager - Trainee
Case / Resource Manager
Outstation Manager
December 1997**

Percent of Work Time	Number of Persons	Percent of Total Persons
0.200	1	0.5
0.400	1	0.5
0.500	20	10.5
0.550	3	1.6
0.600	5	2.6
0.700	2	1.1
0.750	5	2.6
0.800	9	4.7
0.850	2	1.1
0.875	2	1.1
0.900	4	2.1
1.000 (full time)	136	71.6
Total	190	100.0

Total FTE 170.65

The total Actual FTEs in December 1997, as reported above by the Trends and Patterns Database, on the basis of DSHS personnel data, equaled 170.65. This is slightly different from the number reported in the text: 169.8 actual FTEs. The latter is the official figure reported by DDD as of March 1st 1998, on the basis of reports from DDD regional accounting staff, for the time period in which the case tracking occurred in the Workload Study. This study decided to use the official DDD estimate, since it was closer to the time of actual data collection (the month of February, 1998), it was the 'official' figure, and Trends and Patterns did not have data yet for more recent months in 1998. The small difference in the two figures ($170.65 - 169.8 = 0.85$) is probably due to small differences in the actual percentage of time worked by part time staff in any given month.

Frequency Count of Appointment Type

Case / Resource Manager - Trainee

Case / Resource Manager

Outstation Manager

December 1997

Appointment Type	Number of Persons	Percent of Total Persons
Permanent	142	74.7
Probationary	5	2.6
Temporary	42	22.1
Intermittent	1	0.5
Total Number of Persons	190	100

DDD WORKLOAD STUDY

GENERAL INFORMATION - DAILY TIME LOG

The Daily Time Log is designed to be used to record all activities performed each day during the measurement periods by each Case/Resource Manager, Outstation Manager, and Supervisor taking part in the study. The measurement will consist of two ten-day periods. The first is November 3 - 17, 1997; the second is March 18 - 31, 1998. The information gathered with this instrument will provide the quantity, types, and duration or time spent on the activities associated with case/resource management.

To get a high degree of accuracy, it is preferable to fill in each activity as it is completed rather than reconstructing later. If it is not possible to complete the activity line at the time it occurs, please try to fill it in as soon after the activity as is feasible.

CATEGORY CODES: Category Codes are listed in the top section of the form.

Case Management: activities that relate to a particular client. Mark the Case management activity code even if the client is not on your caseload.

Resource Management: activities that relate to the development or monitoring of a resource. Consulting with a case manager about his or her case may be a resource management activity. (See separate list of typical activities.)

Intake: activities that take place prior to a person being found eligible and being assigned to a case manager or team. Includes eligibility review activities.

Administrative: activities that are not case or resource management or intake. (See list on reverse.)

Leave: Includes annual, sick, personal holiday, civil/jury, military, etc.

CASE MANAGEMENT -- DOMAINS: A domain is a major life area for a person with a developmental disability. Only case management activities are tracked in these areas.

Residential: activities relating to a person's residential situation; includes Medicaid Personal Care, Family Support, placement.

Vocational/Educational: activities related to a person's regular daytime activity; includes school, early childhood programs and all DDD-funded day programs.

Health: activities related to a person's physical or mental health.

Community Integration: activities related to community involvement ; includes social and recreational activities.

Legal: activities related to legal issues, including preparation for or appearances at court or administrative hearings, consultation with attorneys, guardianships, fair hearings, etc.

Financial: activities related to a client's financial affairs (SSI, etc.)

RESOURCE MANAGEMENT FUNCTIONS: See separate list for examples of activities .

Contract Development & Maintenance
Evaluation & Certification; Technical Assistance & Training
Budget Management
Development of Resources
Partnerships
Referral Coordination

ADMINISTRATIVE ACTIVITIES:

training
meetings (unit, all-staff, general community meetings etc.)
information and referral
break time
personnel paperwork
building-related activities

WHEN AND WHERE TO SEND IN DAILY TIME LOGS:

Daily Time Logs are to be mailed to your Regional Workload Study Coordinator each day when completed. Please make a copy of each day's Log so that you won't have to reconstruct it in case it gets lost in the mail.

If mailed via inter-office mail (courier), this form is designed to be a self-mailer. It doesn't need an envelope. Simply turn over the form, fold in half with the Regional Coordinator's address showing, staple, and mail. If sent through regular mail, it will require an envelope.

Please put your name on the mailing side of the form on the line provided, and place a check mark or X on the blank, which corresponds with the date that the activities represent. The daily log can then be tracked and forwarded to Olympia unopened, thus further ensuring confidentiality.

SPECIAL INSTRUCTIONS FOR STAFF FILLING OUT DAILY TIME LOGS ON COMPUTERS

1. This disk is in Excel format on a template which means that you shouldn't be able to erase any of the format by accident while you are typing in your information. However, we still suggest that you make a copy of this disk and give it a new name. Then use that copy to enter your information on and keep the original disk to go back to if you need it.

2. Type in your Name and Office Number below those headings on the top of the form. You won't be able to enter the Sample Number since we will be assigning that.

3. Tab to the E column to enter Today's Date. Tab to the K column to enter the "Page __ of __" information (you will have to type in your own "of"). Tab to the O column to type in your starting time (you will have to type in your own "am" or "pm").

4. The cells for Client Name and Description of Activity have smaller font and are set up to wrap around. If you put in more than 2 lines however, the extra lines won't print.

5. You can move from cell to cell across a row or down a column by using the arrow keys on your keyboard. You can also use the Tab key to move across rows.

6. We are still not technically competent enough to have you send us your computer data to us directly, so you will still need to print a copy of your data and send it to your Regional Data Coordinator just like everybody else.

7. As you discover glitches in this disk, or better, short-cuts in using it, please let Dave or Meg know so that we can improve our technical competence and pass the information on to others.

DDD WORKLOAD STUDY

SPECIFIC INSTRUCTIONS - DAILY TIME LOG

The following information is recorded on the Daily Time Log:

NAME: Print your name.

SAMPLE NUMBER: Leave blank. Project staff will assign a number to each staff person for the purposes of data entry and analysis and to further ensure the confidentiality of information reported.

OFFICE NUMBER: Enter your 800-series office number. If you do not know this number, write in the location of your office.

TODAY'S DATE: Enter the date on which the activities reported on this Daily Time Log took place.

PAGE ___ OF ___ : 1 of 1, 2 of 3, etc.

DAY BEGINS AT: Enter the time (hour and minute) that your daily activities began and circle am or pm. This time entry is the start time for your initial activity of the day. If you start the day with leave time, include that on your Log.

CAT CODE: Category code. Refer to definition in the GENERAL INSTRUCTIONS, and enter code from Activity Category Code Key on top of form.

DOMAINS: Put X in the column to which the activity relates. NOTE: You can put X's more than one column, however, it's best if you can check the primary domain your activity was addressing. If you were involved in an individual's personal or family plan which covered all domains, please check all areas. If an activity, like a meeting, covers two or three domains, you can break the activity up into separate activities, each with its own domain and time.

RM FUNC: Resource Management Functions. Fill in the number or underlined letter of the category to which the activity belongs. (See attached list of functions and activities.)

Check if CRISIS: To identify crisis management, when it occurs.

Definition: A crisis is an emergent situation requiring immediate attention and causes you to change what you were doing or had planned to deal with the issue.

FINISH TIME: Enter the time this activity was completed. (This entry also serves as the start time for your next activity.) The project staff will calculate the amount of time the activity took.

CLIENT NAME: Print last name, first name (or DDD number if you prefer). Fill in this column any time you do an activity that is client specific whether it is a case management, resource management, or intake activity. If the activity relates to one client only, fill in that client's name. If it relates to more than one client, just enter the total number of clients in the CLIENT NAME box (no names).

DESCRIPTION OF ACTIVITY: Brief description of what you did. If the description takes more than one line, that's okay. Please include with whom the activity was done (client, parent, coworker, provider, etc.), if appropriate.

MISCELLANEOUS HINTS ON DATA RECORDING--NOVEMBER

Review the sample Daily Time Logs we have provided. That should clarify the kinds of entries that are easiest for us to interpret.

No positive or negative value is attributed to any recorded activity. What is happening, is happening.

If you are doing the same type of activity for an extended period of time that involves many short activities for many clients (e.g., two hours entering SSPS information, an hour filing), it is not necessary to list an activity for each client. Indicate the time of the activity and approximately how many clients were affected by the activity.

Use abbreviations in describing your activities (e.g., TC for telephone call, CC for collateral contact, FF for face-to-face contact, MPC for Medicaid Personal Care, FS for Family Support). If your abbreviation is one that you think we will have trouble deciphering, explain it the first time you use it on a Log.

When you are entering data, you will sometimes have an opportunity to enter either a number or a letter. It will be easier for us if you enter a number, but if it is easier for you to enter a letter, that's fine.

Distinguish between transporting (driving a client or family member) and travel (driving yourself or other staff members).

When driving to a meeting, record 3 activities: driving to, having the meeting, driving back .

General information and referral (I & R) will most often be an administrative activity. An exception might be if you are giving information and referral to or for a client on your caseload; then you would list it as a case management activity. Of if you are giving information and referral about a particular resource, list it as resource management. If you are giving information and referral during the intake phase related to a specific person seeking to be a client, list it as intake; otherwise it would be administrative.

It is important to record break times if we are going to be able to calculate how much time you actually have for doing case/resource management. Please also put in your lunch time so we can get a continuous time track.

Sometimes you start out on a particular activity (e.g., a break or travel) but end up consulting about a client or resource. In the "description of activity", list both, i.e., break-consultation, or travel-consultation.

If you are having trouble figuring out how to fill out the Daily Log, check first with your supervisor (if he or she went to the training), then with your Regional Coordinator. Or you can call Dave Langford at 360-902-7583 or Meg Strong at 360-902-7557.

Resource Management Functions

11) Contract Development & Maintenance:

- statement of work negotiation
- \$ contract negotiation
- residential rate setting
- residential staff add-on negotiation
- client allowance negotiation
- background checks
- WAC & policy interpretation
- individual contract processing
- support re: blood-born pathogens
- nurse delegation support to agencies

12) Evaluation & Certification; Technical Assistance & Training:

- certification of residential agencies (ITS, GH, SL)
- resource evaluation, plan of correction
- maintenance of federal requirements
- quality assurance
- set up and conduct training
- coordinate technical assistance
- provide technical assistance (provider support)
- TA implementation
- consultation
- trouble shooting (as contact person for residential/vocational providers)

13) Budget Management:

- budget data/tracking
- authorization of funding
- termination of services

14) Development of Resources:

- resource development for specific clients
- case staffings
- downsizing RHC, etc.
- agency development
- capacity building for unserved
- housing development

15) Partnerships:

- liaison with other agencies (DVR, APS, DJR, state hospitals, Health Dept., etc.)
- group provider meetings
- mental health crisis diversion
- county partnership development
- parent group mobilization
- maintenance of community relations
- dispute resolution (“arbitration”)
- regional representation at state meetings
- community protection list and follow-up

16) Referral Coordination:

- case management support
- resource identification (description/use)
- coordinating/authorizing referrals to vacancies
- placement (residential, vocational)
- emergency placements

MORE INFORMATION ON FILLING OUT
DAILY TIME LOGS
10-27-97

1. We have decided that it will make tracking easier if we ask each staff person who is filling out Daily Time Logs to turn in a sheet for each of the 10 days even if that is not a scheduled work day for you (e.g., you work 4-40 or you work only Mondays and Tuesdays). Just mark the Log for that day “Not a scheduled work day.”
2. The Daily Time Log is available in the Excel format for your computer. If you would like to enter your data this way, see your Regional Coordinator. We will still need a paper copy of your information each day, however.
3. More thoughts on Information and Referral. To determine which Category Code to use, think about what the I & R related to. If it was I & R for a specific client, mark it as “case management.” If it was I & R related to a specific resource or about DDD services in general, mark it as “resource management.” If it’s just general I & R not related to a client or to a DDD service, then mark it “administrative.”
4. If you are supervisor who is filling out Daily Time Logs because you do intake and/or resource management, you do not have to give us details on your other activities that related to your role as a supervisor. However, we do need you to keep a continuous time track, so for those activities, mark the category code as “administrative”, fill in the “Finish Time” as usual, and write in “supervision” under the “Description of Activity.” If you do several supervisory activities in a row, you can group them and put down just one “Finish Time.”
5. The more we think about it, the more useful it is going to be for us to have information in the “Client Name” column. So anytime you have an activity that relates to a specific client (whether that is a case management, resource management, or intake activity), please write in that person’s name. If the activity relates to more than one specific client, then just put in a number letting us know how many clients that was.
6. For any of you doing “community connector” or Family Support Pilot work, if an activity is for a specific client (or group of clients), mark it as “case management” in the “Category Code.” If it is a more general activity with no specific client(s) in mind, mark it as “resource management.”
7. **Special information for Region 4 Teams:** If anybody on your team does a case management activity that relates to a specific client (or specific group of clients), mark that activity as “case management.” If it’s a resource management activity (may be related to a specific client or not), mark it “resource management.” If intake, mark it “intake.”

To: Field Services Administrators

Date: 10-3-97

From: Dave Langford

Subject: DDD Workload Study

In preparation for getting the DDD Workload Study started, we are asking Field Services Administrators to help us (1) in setting up dates for training Case Managers in data completion and (2) in selecting Regional Coordinators who will be responsible for picking up data sheets and sending them to us. Could you please review this information which will be discussed at the Field Services Administrators' meeting in Tacoma on October 9th. If you want to talk with me about it before then, you can reach me at 360-902-7583.

We would like to do at least two 2 ½ hour trainings in each region. Case Managers could also attend trainings in other regions if that were easier for them in terms of schedules and travel. Supervisors should also attend the training so that they will be aware of what Case Managers are being asked to do and so that they can train any Case Managers who are unable to make our training sessions. The Regional Coordinator should also attend the training.

I have attached a tentative schedule for training dates and places. These are not "cast in concrete" although we do have some limitations related to travel logistics. If the dates and places suggested for your region look okay, you could go ahead with notifying staff and scheduling a meeting room. If these dates or places don't work for your staff, we can discuss alternatives at the October 9th meeting, or you can call me before then.

The job of the Regional Coordinators for data sheets would include (1) collecting the sheets at the end of each day, (2) keeping a list of which sheets had been turned in by whom, and (3) sending the sheets to Olympia on a regular basis.

Case Managers will be asked to fill out data sheets for 10 consecutive days, turning them in to the Regional Coordinator each day (mailing or FAX'ing them in in the case of outstations). Because the validity of our study will be helped by having the highest participation rate possible, the most important traits for the Regional Coordinator would be conscientiousness in collecting the data sheets and the ability to encourage Case Managers who had not turned in their sheets to do so. The data sheets will be folded and stapled to preserve confidentiality, but because there might be a concern that these sheets would be used in some way to evaluate the quality of work done by staff, it would probably be best if your Regional Coordinator were not a supervisor or administrator.

We'll be presenting a lot more detail about the Workload Study at the October 9th meeting, but if you need any more information before then, please call. Thank you for your help with this.

Profile
DDD Case/Resource Manager
DDD Outstation Manager

Date: _____

Demographics

Name: _____ Worker Number _____

Job Classification: _____ Office: _____

Gender & Ethnicity (optional):

1 - African American/Black

2 - Asian/Pacific Islander

3 - Caucasian/White

4 - Latino/Chicano

Female _____ Male _____

5 - Native American/Alaska Native

6 - Other (specify) _____

Ethnicity

Code _____

Languages used besides English: Spanish yes _____ no _____

Sign language yes _____ no _____

Other (specify) _____ yes _____ no _____

Experience Total years as C/RM, Outstation Manager or DDD Supervisor _____

Total years in current position _____

Total years experience in DSHS _____

Current Work Duties Hours per week _____

Percentage of workload: Caseload - adults _____

Caseload - children _____

Intake _____

Resource management - residential _____

Resource management - county programs _____

Other (specify): _____

Estimated caseload # _____

Are you a temporary employee? yes _____ no _____

Thank you!

10/97

DDD WORKLOAD STUDY
DDD CASE/RESOURCE MANAGER, OUTSTATION MANAGER PROFILE
INSTRUCTIONS

The DDD Case/Resource Manager, Outstation Manager Profile is designed to gather demographic and descriptive information about the staff participating in the workload measurement to be used for comparative analysis of the average activity times calculated from the daily time log information. This information will be completed at the time the individual receives his or her workload measurement training.

The following information is recorded on the profile:

DEMOGRAPHICS

DATE: Today's date:

NAME: Enter your name.

WORKER NUMBER: Enter your 6-digit worker number used for SSPS.

JOB CLASSIFICATION: Enter DDD Case/Resource Manager, Outstation Manager or Supervisor as appropriate.

OFFICE: Enter the reporting unit number of your office (800 series number used for SSPS).

GENDER: (Optional) Check the appropriate box.

ETHNICITY: (Optional) Enter the appropriate code number from the form.

LANGUAGES: Check the appropriate boxes if you feel you are reasonably competent in a language other than English.

EXPERIENCE

TOTAL YEARS AS CASE/RESOURCE MANAGER, OUTSTATION MANAGER OR DDD SUPERVISOR: Enter total number of years experience in any and all of those classifications. Please include fractions of years if desired.

TOTAL YEARS IN CURRENT POSITION: Enter total number of years with current duties. Please include fractions of years if desired.

TOTAL YEARS EXPERIENCE IN DSHS: Enter total number of years. Please include fractions of years if desired.

CURRENT WORK DUTIES

HOURS PER WEEK: Enter the number of hours in your regular work week (full-time = 40 hrs., 80% = 32 hrs., etc.)

PERCENTAGE OF WORKLOAD: Estimate the percentage of your time you spend at the designated jobs. If you have a specialized position (Family Support Pilot, individual provider contracts, etc.), please indicate in "other."

ESTIMATED CASELOAD #: Enter the number of individuals on your current caseload. If you are not currently assigned a specific caseload, enter 0.

ARE YOU A TEMPORARY EMPLOYEE?: If you are not a permanent DSHS employee, please check yes. If you are a permanent DSHS employee, but are in a temporary position within DDD, check no.

- 10 Travel
- 11 Travel - client contact
- 12 Travel - collateral contact
- 13 Travel - other
- 14 Travel/consult (X2)
- 15 Transport (client or family)

Client/Family Contact

**0 tel **1 field **2 office

- 20 Client Only
- 21 Family (w/ or w/o client)
- 22 Client
- 23 Family (w/ or w/o client)
- 24 Client
- 25 Family (w/ or w/o client)
- 26 Client
- 27 Family (w/ or w/o client)
- 28 Client
- 29 Family (w/ or w/o client)

with:

- DCFS
- DCFS
- other DSHS
- other DSHS
- outside prof
- outside prof
- serv. prov.
- serv. prov.

Consultation (DDD)

- 30 with coworker
- 31 with supervisor
- 32 with DDD manager
- 33 with Central Office
- 34 with SOLA, RHC
- 380 phone calls - unspecified

Collateral Contact

**0 tel **1 field **2 office

- 39 WSH/ESH
- 40 DCFS
- 41 DSHS - other (non-DDD)
- 42 Professional (outside DSHS)
- 43 Service Provider (auth by DDD)
- 44 School Staff
- 45 County Staff
- 46 Advocate (P&A, ARC, etc.)
- 47 Interpreter (coord. svc.)
- 48 Legislator/Staff
- 49 Other

Documentation/Paperwork

- 500 Initial MPC Plan
- 501 MPC Review
- 502 MPC Exceptions
- 503 Initial CAP
- 504 CAP Review
- 505 Initial DDD ISP
- 506 DDD ISP Review
- 507 SSPS
- 508 TCM
- 509 Narrative
- 510 Copying
- 511 Filing/File Prep
- 512 Mail-In and Out/e-mail/FAX
- 513 FS - initial & update
- 514 FS - ETP, flex use
- 515 FS - budget tracking
- 516 ETP - generic
- 517 Intake paperwork--initial
- 518 Eligibility Reviews
- 519 Writing - reports, letters, etc.
- 520 Reviewing--reports, files
- 521 Response - Request for Info
- 522 Community protection forms
- 523 Budget - DDD programs
- 524 Referral Packets--Res.
- 525 Referral Packets--Voc./CSA
- 526 Referral Packets--RHC's
- 527 Referral Packets--DCFS
- 528 Contracts - DDD programs
- 529 Contracts - individual prov.
- 530 Legal - Fair hearings
- 531 Legal - Court
- 532 Legal - Juvenile
- 533 Guardianship paperwork
- 534 Personnel - mileage,eval.
- 535 OBRA paperwork
- 536 Other Paperwork
- 537 Incident Report
- 538 Client Financial Work
- 539 Research Prov./Resources
- 540 Provider Payment
- 541 Medical referral packet

Staffings (>2 profs)

**0 tel **1 field **2 office

- 70 Client and DCFS
- 71 Client and DCFS & Other
- 72 Client and Service Prov.
- 73 Client and DSHS
- 74 Client and Outside Prof.
- 75 Client, Res. & Voc/Ed Prov.
- 76 Client and Res. & Outside
- 76 Client, Svc. Prov. & DSHS
- 78
- 79 Client and Other

- 80 Family and DCFS
- 81 Family, DCFS, Other
- 82 Family and Serv. Prov.
- 83 Family and DSHS
- 84 Family and Outside Prof.
- 85 Family, Res & Voc/Ed Prov.
- 86 Family and Res. & Outside
- 87 Family, Svc. Prov. & DSHS
- 88
- 89 Family and Other

- 90 DCFS only
- 91 DCFS and Others only
- 92 Service Providers only
- 93 DSHS only
- 94 Outside Prof. only
- 95 Res.& Voc. Prov. only
- 96 Res. Prov. & Outside only
- 97 Voc/Ed Prov & DSHS only
- 98
- 99 Other

Miscellaneous

- 600 Meetings-in Region
- 601 Mtgs - state or >1 Region
- 602 Court attendance
- 603 Fair Hearing attendance
- 604 Personnel mtg - eval, etc.
- 605 I & R
- 606 OBRA--client
- 607 OBRA--non-client
- 608 Training - attend
- 609 Building-related activities
- 610 Journal/article review
- 611 Voice Mail
- 612 Interagency Meeting
- 613 Community Meeting
- 614 Preparation for Meeting
- 615 Evaluator Meeting
- 616 Training - conduct
- 617 Interpret/Translate

- 620 Other Activity
- 621 Undefined Activity

- 690 Annual Leave
- 691 Sick Leave
- 692 Personal Holiday
- 693 Other Leave
- 694 Unspecified Leave

Record Layout for November 100% database

Case/Resource Manager Profiles		Time Log	
Region	DDD Region	SAMP	Case Manager ID number
PRFLSAMP	Case Manager ID Number	OFFICE	Case Manager Office
PRFLDATE	Date of Profile	DATE	Activity Date
CM_FNAME	First Name	CATCODE	Category of Activity
CM_LNAME	Last Name	1	Case Management
WRKNUM	Worker Number	2	Resource Management
JOBCLASS	Job Classification	3	Intake
CM_OFCC	Case Manager Office	4	Administrative
GENDER	Case Manager Gender	5	Leave
ETHNIC	Ethnic Origin	R_DOMAIN	Residential domain
SPANISH	Spanish	V_DOMAIN	Vocational/Educational domain
SIGN	Sign Language	H_DOMAIN	Health domain
OTHERLAN	Other Language	C_DOMAIN	Community Integration domain
DDD_YR	Years Worked at DDD	L_DOMAIN	Legal domain
POS_YR	Years Worked at Current Position	F_DOMAIN	Financial domain
DSHS_YR	Years Worked at DSHS	RMFUNC	Resource Management Functions
HOURS	Hours per week	11	Contract Develop. and Maint.
ADULTPER	Percentage of Work - Adult Caseload	12	Eval, Cert, TA, Training
CHILDPER	Percentage of Work - Child Caseload	13	Budget Management
INTAKPER	Percentage of Work – Intake	14	Development of Resources
RESIDPER	Percentage of Work – Residential	15	Partnerships
COUNTPER	Percentage of Work – County Programs	16	Referral Coordination
OTHERPER	Percentage of Work – Other	CRISIS	Crisis, yes / no
CASELOAD	Number of clients on caseload	STARTT_H	Start Hour of activity
TEMP	Permanent or Temporary Employee	STARTT_M	Start Minute of activity
		FINIST_H	Finish Hour of activity
		FINIST_M	Finish Minute of activity
		LNAME	Client Last Name
		FNAME	Client First Name
		INITIAL	Client Middle Initial
		ACTCODE	Activity Code
		CASE_CNT	Number of cases for which this activity applies

Appendix D

Prevalence of Complex Characteristics Survey

For further explanation of the categories below, please refer to the attached instructions and definitions.

Case Manager _____
 ID# _____
 Region # _____
 Reporting Unit # _____

Does this person have?

A/D Diagnosed **Alcohol/Drug** problem

Beh Severe **Behavior** problem

Lang **Language/Cultural** barriers

MI Diagnosed **Mental Illness**

Nurs High **Nursing Care** needs

Phys High **Physical Care** needs

In the past 12 months, has this person had?

Leg Contact with **Legal** system, not DCFS related

Pol a **Politically** emergent situation

Prot Child or Adult **Protective** system involvement

Prov **Provider** support concerns

Res In a Residential **placement disruption**

Res Out a Residential **placement disruption**

Over the past 12 months, has the family?

Prob had consistent difficulty coping

Has this case been?

Low a **Low Intensity** case for the **past 12 months**

Why? Mark all reasons below:

3 Stable family and community supports

4 Limited or delayed service expectations

5 Resources easily available or in place

6 No severe disability

7 No external pressures

Is this person?

Par a **Parent**

Undr **Underserved**

In the past 12 mos., has any case manager had?

Any **Any contact** with or in regard to this case

Dir Any **direct contact** with this person/ family

Name	A/D	Beh	Lang	MI	Nurs	Phys	Par	Undr	Leg	Pol	Prot	Any	Dir	Prob	Res			Low codes					ISIS					
															Prov	In	Out	Low	3	4	5	6		7				
EXAMPLE 1		X		X			X	X	X			X	X		MPC	AFH	CCF											
EXAMPLE 2																		X	X		X	X	X					

Instructions for Filling out the DDD Workload Study Survey

Attached are forms with the names of the people on your caseload who are part of the survey we are doing on 2700 randomly-selected clients. The people that you will be keeping workload data on in the February Case-Tracking will be a much smaller number taken from this list. Also, the information from this survey will be of great use to DDD Administration in planning and budget preparation.

Based on the information we got back on a “pilot” of this survey done with several Case Managers, our recommendation is that you read these directions through carefully once. After doing this, there should be enough information on the actual survey form to remind you what goes in each column.

Please note that there is a **Special Page** at the end of this survey which we are asking you to fill out if appropriate.

If you have any questions about filling out this form, you can talk with your representatives to the Field Committee who attended the most recent meeting (list attached) or you can call DDD Workload Study staff in Olympia: Dave Langford (360-902-7583, through December 16), Meg Strong (360-902-7557), or Margaret Shaklee (360-902-0739).

DUE BACK TO US BY DECEMBER 24

THANK YOU!!

DIRECTIONS:

1. Fill in your name, 3-digit office code, and “page ___ of ___” at the top of each sheet.
2. For each of the names on your list, we would like you to consider 16 different areas and fill in as many columns as are applicable. The definitions/descriptions related to each box are given below. For some people on this list, you will be filling in many boxes; for others you may fill in one or none. In most of the columns, you will just be putting a check mark if the situation applies. In the last sets of columns, however, you will need to fill in numbers or letters.
3. When you have completed your forms, return the original to your Regional Data Coordinator and keep a copy. Please return the forms by December 24.

For the first 11 columns, you should put in a check mark if the definition applies.

- **Diagnosed Alcohol/Drug Problem (A/D):** person has received an alcohol/drug abuse evaluation and been determined to have an abuse problem.
- **Severe Behavior Problems (Beh):** person has significant behavior issues including aggression toward others, self-injurious behavior, destruction of property, extreme hyperactivity, sleep disturbances, screaming.

Appendix D

- **Language/Cultural Barriers (Lang):** people or families who have difficulty understanding English, especially those who require an interpreter (even if the interpreter is a DDD staff person), or people or families whose cultural differences make delivery of services significantly more complex than usual.
- **Diagnosed Mental Illness (MI):** person has an official mental health diagnosis in his or her file. **(Do not include autism or Pervasive Developmental Disorder).**
- **High Nursing Care Needs (Nurs):** person requires on-going RN or LPN-level of nursing support of at least 12 hours per week. (It does not matter what the source of funding for this nursing is, e.g., private or military insurance, Family Support, Medically Intensive Program.)
- **High Physical Care Needs (Phys):** person requires significant levels of physical support in his or her daily life. This category can include people who have **significant medical problems** but do not need nursing care (e.g., brittle bone syndrome, life-threatening seizures)
- **Parent (Par):** person is a parent of one or more children whether or not the children are currently living with this parent.
- **Underserved (Undr): IMPORTANT** This is not the usual underserved question because we already know that most of our people are underserved in one way or another. The question we are asking here is: Is this person not receiving services he or she needs, or receiving services that are inappropriate for his or her needs **and because of being underserved, requires a larger than normal amount of Case/Resource Manager time.** (Some people are underserved but still don't take up a lot of Case Manager time.)
- **Legal System Involvement (Leg):** Within the past 12 months, this person has had involvement with the legal system, e.g., been arrested or charged with a crime, spent time in jail, had police contact because of domestic violence, had to appear in court for a competency hearing or for some other reason. This definition includes situations where juveniles are involved with the court for legal offenses, but **not when the court involvement was for DCFS dependency, termination of parental rights, etc.**
- **Politically Emergent Situation (Pol):** Within the past 12 months, you or someone in your office has received an inquiry or phone call about this person from (1) a legislator's office or (2) the Governor's Office, or (3) from DDD Central Office staff in response to a call they got from a legislator, the Governor's Office, a newspaper, or an advocacy group.
- **Protective System Involvement (Prot):** Within the past 12 months, this person or their family has had an open CPS or APS case. Also check this column if you are aware of any domestic violence situations that place the disabled family member at potential risk..

Appendix D

For the next 2 columns, put a check mark if the situation applies

Explanation: We want to get a measure of how many clients/families have had no contact with their Case Managers over the last 12 months. There are two columns that relate to this measure. They distinguish between no contact/action of any kind and no contact directly with the client or his or her family. We realize that there has been a lot of caseload shifting in the last few months, so we are asking for answers that include contact/ action by previous Case Managers if you have had this person for less than one year. (You will notice that we are getting at this issue by asking the question backwards. We are doing that for coding purposes. Sorry it's that way.)

- **Any Contact (Any):** Mark this column if there has been **any** Case Manager contact with the person in the last 12 months, e.g., contact with client or family, contact with any service providers or community professionals (including written reports), or DDD paperwork of any kind done.
- **Direct Contact (Dir):** Mark this column if there has been any Case Manager contact directly with the client or the client's family within the last 12 months. Telephone contact or letters from the family count as contact as well as face-to-face meetings.

For the next column, put in a check mark if the situation applies

- **Coping Problems (Prob):** **NOTE: Fill in this column only for people living with their parents or other relatives: Over the last 12 months the parents/caregivers in this family have consistently had difficulty coping with the needs of the family member with a disability **and/or** with their own needs **and/or** with the needs of other family members.**

For the next 3 columns, if the situations apply, put in the appropriate abbreviations listed below.

OH: Own Home
RH: Relative's Home (not parents)
CFH: Children's Foster Home
TS: Tenant Support
SL: Supported Living
GH: DDD Group Home
IMRD: Community IMR-D
ARC: Adult Residential Center (CCF)
MH: Medical Hospital
ICF: Intermediate Care Facility
RHC: Residential Habilitation Center
ACF: Adult Correctional Facility
JFC: Juvenile Correction Facility

MPC: Personal Care Provider
NU: Nurse or Nursing Agency
AC: Attendant Care Provider

PH: Parents' Home
AFH: Adult Family Home
CCA: Child Care Agency Group Home
ITS: Intensive Tenant Support
AL: Alternative Living
IMRC: Community IMR-C
IMRE: Community IMR-E
BH: Boarding Home
PSH: Psychiatric Hospital
NF: Nursing Facility
SCH: School for Deaf or Blind
JAIL: Jail (City or County)
OTH: Other

RC: Respite Care Provider
VOC: Vocational Provider
OTH: Other

Appendix D

- **Provider Support Concerns (Prov):** Within the past 12 months, you or other office staff have had to do a significant amount of work dealing with loss of providers or provider problems (including major turnover of providers, recruitment and training, conflict between providers and client or family, etc.). This should include Medicaid Personal Care and Respite Care providers, nursing agencies, and other providers as well as residential or vocational providers. **Using the above list of abbreviations, indicate the type of provider involved.**
- **Residential Placement Disruption:** Within the past 12 months, this person has had an **unplanned** move from one residential setting to another. (Do not include planned moves). **Indicate the type of living situation the person moved INTO (“Res IN”) and OUT OF (“Res OUT”) using the list of abbreviations above.** If the person has had more than one placement disruption in the past 12 months, put a * in front of his or her name. **Note: if there has been no residential disruption in the last 12 months, leave these columns blank.**

For the final columns, fill them in according to the directions below:

Explanation: We are using these columns to make sure that a number of “low intensity” cases are included in our Case Tracking in February. The key concept here is amount of Case Manager activity. So this category could include people who have very high needs but are having these needs met well by family, providers, and the community so that Case Manager activity is minimal., i.e., non-existent or very rare, e.g., 1 or 2 SSPS forms or TCM notations in the past year, 2-3 short phone calls per year. It would also include people whom you think need more services but are not asking for them.

- **Low Intensity:** If the person fits the low intensity category, first, check the **Low** box. Then review the five definitions immediately below **and put a check in the columns below each number** that describes a situation that you believe are is a factor in keeping this situation low intensity. Check as many numbers as apply.
- 3 **Stable family and/or community supports:** the person’s family and/or community supports are adequate to meet most needs.
 - 4 **Limited or delayed service expectations:** person and/or family is not making any specific service requests at this time or is comfortable waiting for services to become available.
 - 5 **Resources easily available or in place:** person already has requested services in place or will be able to access services with little or no Case Manager activity (e.g., starting an early childhood program)
 - 6 **No Severe Disability:** person does not have the type of severe behavioral, physical, or medical disability that typically requires additional Case Manager time.
 - 7 **No External Pressures:** you are not getting any pressure from community agencies including the advocacy system, DDD Central Office, other DSHS agencies, etc.

Ignore the last column labeled “ISIS”. It is for office use only.

Appendix D

Record Layout for Prevalence Database

A/D	Diagnosed Alcohol/Drug problem
Beh	Severe Behavior problem
Lang	Language/Cultural barriers
MI	Diagnosed Mental Illness
Nurs	High Nursing Care needs
Phys	High Physical Care needs
Leg	Contact with Legal system, not DCFS related
Pol	A Politically emergent situation
Prot	Child or Adult Protective system involvement
Prov	Provider support concerns
Res In	A Residential placement disruption
Res Out	A Residential placement disruption
Prob	Family had consistent difficulty coping over past 12 months
Par	A Parent
Undr	Underserved
Any	Any contact with or in regard to this case
Dir	Any direct contact with this person/ family
Low	A Low Intensity Case for the past 12 months
3	Stable Family and Community Supports
4	Limited or delayed service expectations
5	Resources easily available or in place
6	No severe disability
7	No external pressures

Appendix D

Appendix E

Appendix E
February Case-Tracking

DATA TRACKING - February, 1998

(See inside page for instructions on filling out this Profile)

PROFILE

Person's Name: _____ DDD #: _____ DOB: _____

Intake _____
Newly Eligible _____

RESIDENCE: What type of residential setting (PH, ITS, etc.) _____
Who lives with this person? (e.g., parent, spouse, boy friend, roommate, paid provider, etc.) _____

<u>PROGRAMS</u> you are authorizing payment for:	DDD Residential (specify) _____
Medicaid Personal Care _____	Family Support _____
Adult Family Home _____	County Funded: Child Dev _____
Adult Residential Center /CCF _____	Vocational (specify) _____
Other (specify) _____	Community Access _____

OTHER SERVICES the person is receiving:

Mental Health Services _____	Public School _____
Foster Care _____	Nursing Facility _____
Other (specify) _____	Other DCFS Svc. (specify) _____

This person's/family's primary **LANGUAGE** is English _____ Other (specify) _____

This person requires **RN or LPN NURSING CARE**: Yes _____ No _____ **Note: Does not include Nurse Delegation**

If yes, number of hours per week? _____
Who pays for the nursing care? (source of funding) _____

This person is a **PARENT**: Yes _____ No _____
If yes, how many children? _____
What are their ages? _____
How many of these children are living with this parent? _____
How many of these children are DDD clients? _____
How many of these children are dependent with DCFS? _____
How many of these children are receiving services from DCFS? _____

For people who are in intake or newly eligible status only:
What **SERVICES** did he or she **REQUEST**? _____

GENERAL INSTRUCTIONS FOR FEBRUARY DATA TRACKING

The packet for each of the people we are asking you to track in February has three parts.

Part I. The **Outer Pages** contain the following:

Page 1, the **Profile**, is mostly self-explanatory. You will probably recognize a lot of categories and definitions from the yellow surveys you filled out in December.

Special Notes:

1. If you are filling out this form for a person in intake or for a person who was newly assigned to you, please check the appropriate box at the top right.
2. Under Residence, put the role(s) of the person(s) living with your client, e.g., mother, not Jane Roberts; ITS Staff, not Henry Brown.
3. Under Programs, specify the type of DDD residential service (ITS, SL, etc.) and vocational program (IE, GSE, etc.) if appropriate. List any other DDD-paid services under "Other."
4. In Other Services, list any other services the person is receiving which are not paid by DDD.
5. If you fill in Other Program, Other Service or Other Language, specify what it is.
6. Under Nursing, fill in the source of funding for the nursing, e.g., Blue Cross/Blue Shield, DDD Medically Intensive Home Care Program (MIHCP), parents paying privately, etc.
7. If you are filling out the form for a person in intake or for a person who was newly assigned to you, list the services s/he asked for at intake or during your contacts with them.

Page 2, the **Things to do at the end of February** allows you to indicate those people with whom you had no contact at all in February and those who had residential or provider disruptions, legislative calls, and/or contact with the legislative, legal or protective systems. Also, we would like to know about any other activity done with or on behalf of this person that was not tracked on an Activity Entry Sheet. Please give us any feedback about the data collection process as well.

Page 3, General Instructions.

Page 4, Definitions of Codes on the Activity Entry Sheets.

Part II. The **Directions for the Filling Out the Activity Entry Sheets** (buff colored).

Part III. The **Activity Entry Sheets** themselves. Each of these sheets has room for reporting 4 separate activities. For some people, you will have no contact and will enter nothing. For others, you may have more than 4 contacts in February, in which case you will need more than one Activity Entry sheet. These sheets are available on computer disc if you would rather fill in the information that way. Contact your Regional Data Coordinator for a copy of the disc or it may be available on your server.

Appendix E

Activity Type Definitions:

TC: Telephone Call: calls in, calls out, checking voice mail, using e-mail instead of phone.

FF: Face to Face: a meeting with **any other** person: client, family member, supervisor, doctor, neighbor, MPC provider, etc.

PW: Paperwork: actually filling out a piece of paper, e.g., MPC Comprehensive Assessment, SSI application, writing a memo or letter, narrative, Family Support request, ETP, residential referral packet, County Service Authorization Form, provider contract, incident report, intake or eligibility review paperwork, etc.
Includes work done on a computer instead of filling out a piece of paper, e.g., entering a Comprehensive Assessment, putting in Common Client Data Base Information.

OF: Office: In-office activity that does not involve phone calling, face-to-face meetings, or paperwork, e.g., copying, filing, reviewing files or reports, looking at in-coming mail, mailing or FAX'ing materials, checking provider contracts, researching resources or providers, planning or preparing materials for a meeting.

TR: Travel/Transport: Traveling to an activity related to this person or transporting this person and/or a family member to an activity. Please distinguish between travel and transporting in the Details box.

“With Whom” Definitions:

Note: We need to know what role the person has in relation to the developmentally disabled person, not the person’s or agency’s name.

Client: actually present at meeting or on the phone.

Family: any family member or legal guardian.

DDD: includes staff and supervisors in own region and in other regions; includes DDD administrators, clerical support staff, business manager, etc. Please specify in details the position(s) of those involved (supervisor, co-worker, etc.)

Central Office: anybody in DDD Central Office in Olympia.

DCFS: any staff person working for DCFS.

Other DSHS: any staff person working for another DSHS Division, e.g., Vocational Rehabilitation, Home and Community Services, CSO, Juvenile Rehabilitation, etc.

ESH/WSH: any staff at Eastern or Western State Hospital.

Residential Provider: any residential support provider, regardless of funding: includes any DDD-funded residential program; Adult Family Home; Adult Residential Center (formerly CCF); Nursing facility; SOLA; Child foster home; Group care facility for children, etc.

Day Program: includes Early Childhood, Vocational, Community Access.

School: school personnel, including community college or private school.

County: any county staff who work with DDD-funded programs.

Family Support: any respite, attendant care provider, nursing agency, behavior consultant, etc. funded by DDD Family Support program. Please check or circle agency or individual provider as appropriate and specify in details the type of provider.

MPC Provider: any agency or individual Medicaid Personal Care Provider. Please check agency or individual provider as appropriate.

Community Professional: any other professional in the community not listed above, e.g. medical professional, mental health professional, private social service agency, etc. Please specify in details the position(s) of those involved.

Legal: any person connected with the legal system, e.g., police, judge, lawyer, Assistant Attorney General, etc.

Other: any other person not classified above (Please specify in “details.”)
includes advocate (representing an advocacy organization), RHC staff, interpreter, tribal member, legislator, friend, etc.

If you are not sure which category your “with whom” belongs in, just list what the person does and/or where he or she works in the Details box.

Client

DD# _____ DOB _____

Page _____

Person Performing Activity _____

Date			Time	
		98	Start	End

Crisis? check box, if YES

Location <i>Circle One</i>			Activity Type <i>Circle One</i>				
O	H	F	TC	FF	PW	OF	TR

Type of Program or Service: _____

Details (see instructions)

Mandatory/ Essential	<input type="checkbox"/>	Mostly Mandatory/Essential	<input type="checkbox"/>	Additional/ Effective	<input type="checkbox"/>	Mostly Additional/Effective	<input type="checkbox"/>
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With Whom (Circle ALL that apply, Elaborate in "Details" below)			
Client	Family	* DDD	Central Office
DCFS	* Other DSHS	ESH WSH	Residential Provider Agency Individual
Day Program	School	County	* Family Support Agency Individual
MPC Provider Agency Individual	* Community Professional	Legal	* Other

Processes (Circle Appropriate)			
1 Placement:			
a	Res.	DDD	Other DSH S
	Day	Voc	CA CDS
2	MPC:	Initial	Review
3	CAP:	Initial	Review
4 Family Support:			
a	Old	Regular	Flex
	Pilot	Regular	Flex
5	Linking Outside DDD		

Date			Time	
		98	Start	End

Crisis? check box, if YES

Location <i>Circle One</i>			Activity Type <i>Circle One</i>				
O	H	F	TC	FF	PW	OF	TR

Type of Program or Service: _____

Details (see instructions)

Mandatory/ Essential	<input type="checkbox"/>	Mostly Mandatory/Essential	<input type="checkbox"/>	Additional/ Effective	<input type="checkbox"/>	Mostly Additional/Effective	<input type="checkbox"/>
-------------------------	--------------------------	-------------------------------	--------------------------	--------------------------	--------------------------	--------------------------------	--------------------------

With Whom (Circle ALL that apply, Elaborate in "Details" below)			
Client	Family	* DDD	Central Office
DCFS	* Other DSHS	ESH WSH	Residential Provider Agency Individual
Day Program	School	County	* Family Support Agency Individual
MPC Provider Agency Individual	* Community Professional	Legal	* Other

Processes (Circle Appropriate)			
1 Placement:			
a	Res.	DDD	Other Other
	Day	Voc	CA CDS
2	MPC:	Initial	Review
3	CAP:	Initial	Review
4 Family Support:			
a	Old	Regular	Flex
	Pilot	Regular	Flex
5	Linking Outside DDD		

Appendix E

Intake and Eligibility Review - Instructions For Tracking

Intake

Staff who do intake will be tracking their activities with applicants to DDD. When you have received a signed application, tracking will start. However, if you have done some work on behalf of that applicant before then, please try to reconstruct the activities previously done on the activity entry sheets, even if you estimate times for the activities.

Track activities for intake on the same type of Activity Entry Form as used for already-eligible clients, but use the canary-colored ones. You'll have to fill in the name and date of birth on each sheet. (Please print.) If the person has a DDD number (previously closed case), put that number on the form.

Please be specific in the details section about the tasks done.

When an intake is completed, please note on the data form whether the person was eligible or not.

Intake activities on each applicant will be tracked from application until the process is completed, or until March 13, whichever is earlier.

Eligibility Review

Eligibility reviews also need to be tracked. Use the canary-colored Activity Entry Form used for intake. Fill in the name, DDD serial number, and date of birth on each form. (Please print.) Record the activities done for the whole process on each person.

Please be specific in the details section about the tasks done.

When an eligibility review is done, please note on the data tracking form whether the person remains eligible.

Each eligibility review will be tracked until the process is completed or until March 13, whichever is earlier.

Appendix E

Newly Eligible- Instructions For Tracking

Newly Eligible

If you are assigned a newly eligible client during the month of February, we're asking you to track your activities related to that person. We want to determine the time it takes to do the various activities related to a newly opened case, such as initial letters, phone contact, initial plan (ISP, CA, etc.), setting up services, and linking/referring to outside resources.

A **newly eligible** person is one who has just been through intake and been determined eligible or has just been reopened. A transfer from another case manager or region would not be included in this group if the case has been open for some time.

Please track activities with the **first** newly eligible client you receive during the month of February. If you receive more than one on a single day, the one to be tracked would be selected by the following method:

- Using the last two digits of the person's DDD serial number, take the person with the
- lowest number.
- **Example:** four cases received with numbers 901245, 901246, 902813, 902771. You would track case number 902813, because the last two digits, 13, form the lowest number of the four.

Use the same activity tracking form as used for other cases to record activities, but use the green-colored ones. You'll need to fill in the name, DDD number and date of birth by hand on each sheet. (Please print.)

Since we want to track the whole process of planning and linking to services for a newly eligible person, we're asking you to track your activities related to that person until the plan is completed and implemented. **Please track activities related to a newly eligible person until the end of February or until the plan is completed, whichever is later.** However, all tracking will end on March 13 even if the plan is not completed.

When you have finished recording your activities, please fill out a survey form for each newly eligible person.

Page

Person Performing Activity

Date		
		98

Time	
Start	End

With Whom (Circle ALL that apply, <i>Elaborate in "Details" below</i>)			
Client	Family	* DDD	Central Office
DCFS	* Other DSHS	ESH WSH	Residential Provider Agency Individual
Day Program	School	County	* Family Support Agency Individual
MPC Provider Agency Individual	* Community Professional	Legal	* Other

Crisis? *check box, if YES*

Location <i>Circle One</i>		
O	H	F

Activity Type <i>Circle One</i>				
TC	FF	PW	OF	TR

Details (see instructions)

Mandatory/
Essential

Mostly
Mandatory/Essential

Additional/
Effective

Mostly
Additional/Effective

Date		
		98

Time	
Start	End

Person Performing Activity			
With Whom (Circle ALL that apply, <i>*Elaborate in "Details" below</i>)			
Client	Family	* DDD	Central Office
DCFS	* Other DSHS	ESH WSH	Residential Provider Agency Individual
Day Program	School	County	* Family Support Agency Individual
MPC Provider Agency Individual	* Community Professional	Legal	* Other

Crisis? *check box, if YES*

Location <i>Circle One</i>		
O	H	F

Activity Type <i>Circle One</i>				
TC	FF	PW	OF	TR

Details (see instructions)

Mandatory/
Essential

Mostly
Mandatory/Essential

Additional/
Effective

Mostly
Additional/Effective

Appendix E

AFH Quality Assurance - Instructions for Tracking

Adult Family Home Quality Assurance staff will be tracking their activities with some AFHs during February. The first five Adult Family Homes that you start the process on in February for QA monitoring will be tracked on activity entry forms. Use the blue-colored ones.

All activities related to the QA visit at each home need to be documented separately, such as client file review, consulting with case managers, travel, interviews with residents and providers, provider paperwork review, etc. Please note on the activity entry form whether the visit was the initial one to that home or a repeat visit. It will also help us determine how much time a QA assessment takes if you indicate which is the initial activity in your monitoring process and which is the final activity.

If you do start fewer than five AFH assessments during the month, just track the ones you do. If you haven't finished the whole QA process with an AFH at the end of February, please continue to track that process until completed (or until March 13).

In addition to recording activities related to AFH monitoring, please also record any activities you may do related to any of the clients who will be tracked during the month. The case manager should let you know whether tasks related to a particular person are being tracked and will have the forms available to fill out.

Appendix E

THINGS TO DO AT THE END OF FEBRUARY TRACKING

At the end of February, please mark “End” on the last Activity Entry Sheet done for the month, so that we’ll know that we have all the recorded activities for each individual.

If you’ve been tracking activities on an intake or newly eligible person, please fill out a survey form for each of them now.

Below, please check the boxes for any of the following statements that are true for this person and fill in any relevant blanks:

- 1. I had no contact with or on behalf of this person in February. NO CONT
- 2. During February, this person had a residential disruption that required him or her to move from _____ to _____. RES
(type of setting) (type of setting)
- 3. During February, this person had provider support concerns that took up an extraordinary amount of my time. _____ PROV
(type of provider)
- 4. During February, I had to respond to a call about this person from a legislator, legislative staff person, DDD Central Office or DSHS Community Relations due to a legislator’s or governor’s office call. POL
- 5. During February, this person had contact with the legal system (do not include DCFS dependency activities). LEG
- 6. During February, this person or his or her family had contact with Children’s Protective Services or Adult Protective Services. PROT

Did any other DDD staff (clerical, etc.) perform any task related to this person in February not recorded on an Activity Entry Sheet? _____ yes _____ no

If yes, specify type of task done (talk on phone to client, SSPS input, etc.)

Estimate the amount of time spent: _____ By Whom? _____

Do you have any positive or negative feedback to give us on February’s tracking process? Or any suggestions for how to improve the data collection process? Include any comparisons you want to make between November’s 100% data collection and this month’s process. Thanks.

Note: Please make copies of all the forms you’ve filled out and give the originals to your Workload Study Data Coordinator. Thanks.

Appendix E

101	Client		
102	Family (incl. guardian)		
	<u>DDD Staff</u>		
30	C/RM in Region		
31	Supervisor		
32	DDD administrator		
33	SOLA		
34	RHC		
35	DDD - other region		
36	Non-C/RM staff		
37	DDD Central Office		
	<u>Other DSHS</u>		
411	CPS		
412	APS		
413	Home & Com. Svcs.		
414	DVR		
415	CSO		
416	Juvenile Rehabilitation		
417	Div. of Child Support		
418	DCFS		
419	Other DSHS		
420	DSHS Mental Health		
421	Medicaid		
	<u>Legal</u>		
443	Police		
444	Lawyer		
445	Judges/court officials		
446	Jail/prison staff		
447	Legal resource/victim assist		
448	Probation/parole officer		
449	Other Legal		
	<u>Medicaid Personal Care</u>		
461	MPC Agency Provider		
462	MPC Individual Provider		
	<u>Family Support</u>		
463	Respite/attendant care		
464	Behavior mgt./counseling		
465	Nursing		
466	Community guide		
467	Other FS provider		
468	FS - regular program		
469	FS - pilot program		
470	FS - unspecified		
	<u>Other</u>		
453	Friend		
454	Neighbor		
455	Other		
	<u>Residential</u>		
301	Own Home		
302	Parent/Relative Home		
303	Intensive Tenant Sup. (ITS)		
304	Supportive Living (SL)		
305	Alternative Living (AL)		
306	Group Home (GH)		
307	DDD - other/not specified		
308	Adult Family Home (AFH)		
309	Adult Res. Center (ARC or CCF)		
310	Nursing Facility (NF)		
311	DSHS - other/not specified		
312	WSH, ESH		
313	DCFS - foster care		
314	DCFS - group care		
315	DCFS - other/not specified		
316	Mental health residential		
317	Other residential/not specified		
318	Medically Intensive Program		
319	Attendant Care (program or provider)		
	<u>Day Program</u>		
432	County Staff		
433	Child Dev. Svcs. (CDS)		
434	Pre-Voc (SI)		
435	Individual Empl. (IE)		
436	Group Support (GSE)		
437	Community Access (CA)		
438	Vocational - not defined		
439	Other		
	<u>Community Professionals</u>		
473	Medical/therapy		
474	Mental health/counseling		
475	School		
476	Training/educational		
477	Family resource coord. (FRC)		
478	Child care		
479	Adult day health (day care)		
483	Housing		
484	Financial assistance (payee)		
485	Parenting resources		
486	Substance abuse		
487	Recreational/social		
488	Support group		
489	Tribe		
493	Advocacy		
494	Other community prof/resource		
495	Transportation		
496	Interpreter		

Appendix E

	<u>Paperwork/Office Activities</u>		
500	Initial MPC plan (Gen'I MPC)	543	RN delegation paperwork
501	MPC review	544	RN delegation activities
502	MPC exceptions	545	Reading/sorting mail
503	Initial CAP (Gen'I CAP)	546	Misc. computer work
504	CAP review	547	Corrective action paperwork
505	Initial DDD ISP	548	AFH - QA paperwork
506	DDD ISP review	549	AFH - QA activities
507	SSPS	550	Review policies, procedures
509	Narrative	551	Updating manuals
510	Copying	552	Getting organized - tidy desk
511	Filing/file preparation	553	CAP administration
512	Sending mail/FAX	554	Union activities
513	FS - initial & update	555	Workload tracking
514	FS - ETP, flex use		
515	FS - budget tracking	600	<u>Miscellaneous</u>
516	ETP - generic	601	Meetings-in region
517	Intake paperwork--initial	602	Mtgs - state or >1 region
518	Eligibility reviews	603	Court attendance
519	Writing - reports, letters, etc.	604	Fair Hearing attendance
520	Reviewing--reports, files	605	Personnel mtg - eval, etc.
521	Response - request for info	606	I & R
522	Community protection forms	607	OBRA--client
523	Budget - DDD programs	608	OBRA--non-client
524	Referral packets - residential	609	Training - attend
525	Referral packets - voc./CSA	610	Building-related activities
526	Referral packets--RHC's	611	Journal/article review
527	Referral packets--DCFS	612	Voice mail
528	Contracts - DDD programs	613	Interagency meeting
529	Contracts - individual prov.	614	Community meeting
530	Legal - fair hearings	615	Preparation for meeting
531	Legal - court	616	Evaluator meeting
532	Legal - juvenile	617	Training - conduct
533	Guardianship paperwork		Interpret/translate
534	Personnel - mileage,eval.	620	Other activity
535	OBRA paperwork	621	Undefined activity
536	Other paperwork	777	Client admin. activities
537	Incident report	888	General life activities
538	Client financial work	222	Unspecified program
539	Research prov./resources		
540	Provider payment		
541	Medical referral packet		
542	Beh/mental health referral		

Appendix E

Misc. Programs

500	Medicaid Personal Care (MPC)
503	Community Alternatives Program (CAP)
505	Individual service plan (ISP)
533	Guardianship
888	General life activities
222	Unspecified program

Travel

10	Travel - client contact
11	Travel - collateral contact
12	Travel - other
13	Travel/consult (X2)
14	Transport (client or family)

Leave

690	Annual leave
691	Sick leave
692	Personal holiday
693	Other leave
694	Unspecified leave

Service Categories

- A) I & R
- B) Intake & Eligibility
- C) Assessment & Planning
- D) Individual Resource Development
- E) Referral/Linking to Programs & Services
- F) Service Delivery, Maintenance, & Monitoring
- G) Evaluation & Quality Assurance

Domains

- R – Residential
- V - Vocational/Educational
- H – Health
- C – Community Integration
- L – Legal
- F – Financial

Record Layout for February Client Case-Tracking Database

Client Profile		Activity	
SERIAL	Client ID Number	FORMTYPE	Type of Form (regular, Intake, Newly Eligible or AFH)
NAMELAST	Client Last Name	LASTNAME	Client Last Name
NAMEFRST	Client First Name	FRSTNAME	Client First Name
MIDNAME	Client Middle Name	DDDNUM	Client ID number
ADMRESP	DDD Region	SAMPLE	Case Manager ID Number
CLNT_DOB	Client Birthdate	DATEFEB	Date of Activity
WRKR_ID	Case Manager ID Number	STRTTM_H	Start Hour of Activity
NDSRVY	Prevalence Survey Done (yes/no)	STRTTM_M	Start Minute of Activity
RAND	Group Random or Special List	FINTIM_H	Finish Hour of Activity
AD	Diagnosed Alcohol/Drug problem	FINTIM_M	Finish Minute of Activity
BEH	Severe Behavior problem	STRTPRC	Start of Process (yes / no)
LANG	Language/Cultural barriers	ENDPRCS	End of Process (yes / no)
MI	Diagnosed Mental Illness	CRISISFEB	Crisis Activity (yes / no)
NURS	High Nursing Care needs	LOCATION	Location of Activity
PHYS	High Physical Care needs	ACT_TYPE	Type of Activity
PAR	Person is a Parent	PROGSRV1	Program / Service #1
UNDR	Person is Underserved	PROGSRV2	Program / Service #2
LEG	Contact with Legal system, not DCFS related	PROGSRV3	Program / Service #3
POL	A Politically emergent situation	ACTCOD1	Activity Code #1
PROT	Child or Adult Protective system involvement	ACTCOD2	Activity Code #2
ANY	Any contact with or in regard to this case	ACTCOD3	Activity Code #3
DIR	Any direct contact with this person/family	SVC_CODE	Service Code
PROB	Family had consistent difficulty coping over past 12 months	DOMAINR	Residential Domain
PROV	Provider support concerns	DOMAINV	Vocational Domain
RES_IN	A Residential placement disruption	DOMAINH	Health Domain
RES_OUT	A Residential placement disruption	DOMAINC	Community Domain
LOW	A Low Intensity Case for the past 12 months	DOMAINL	Legal Domain
CODE_3	Stable Family and Community Supports	DOMAINF	Financial Domain
CODE_4	Limited or delayed service expectations	MAND	Activity is Mandatory/Essential (yes/no)
CODE_5	Resources easily available or in place	MOSTMAND	Activity is Mostly Mandatory/Essential (yes/no)
CODE_6	No severe disability	ADTNL	Activity is Additional/ Effective (yes/no)
CODE_7	No external pressures	MOST_ADL	Activity is Mostly Additional/ Effective (yes/no)
PSH	Psychiatric Hospital		
FSPILOT	Family Support Pilot Program		
MEDINT	Medically Intensive Programs		
COMMPROT	Community Protection List		
AGEGP	Age Group		

Appendix F
Workload Case-Tracking

Service Categories

A. General Information and Referral

B. Intake and Eligibility Determination

1. DDD eligibility
2. eligibility review

C. Assessment and Planning

1. comprehensive assessment, Medicaid Personal Care (MPC) plan
2. individual service assessment and plan (ISP)
3. individual family services assessment and plan (IFSP)
4. ICAP (inventory for client and agency planning)
5. pre-admission screening for nursing facilities
6. person-centered plan
7. Family Support plan
8. residential and vocational individual training plans
9. individual educational plan (IEP)
10. other assessments and plans

D. Individual Resource Development

1. contracting
2. provider recruitment and training
3. interagency collaboration for resource development

E. Referral/Linking to Programs and Services*

1. preparing referral information
2. matching clients with potential providers
3. authorization of service
4. training and technical assistance to providers

F. Service Delivery, Maintenance, and Monitoring*

1. client/family contact
2. coordination with county programs, other DSHS divisions, other community agencies
3. Community Alternatives Program (CAP) implementation (Title XIX waiver)
4. authorization of services
5. provider payment
6. ongoing support and training to providers
7. assistance to clients in obtaining providers
8. incident management
9. required reporting and assistance to Child & Adult Protective Services (CPS, APS)
10. coordination with counties for day program monitoring
11. review of client progress in residential and day programs

G. Evaluation and Quality Assurance

1. annual client reviews for MPC, CAP, Adult Family Home (AFH),
2. Adult Residential Center (ARC)
3. resident reviews (nursing facilities)
4. program eligibility reviews
5. AFH quality assurance
6. DDD residential program evaluation and corrective action

*Examples of Programs and Services:
<p><u>Services authorized by DDD</u> Medicaid Personal Care DDD residential programs DSHS residential programs child development services vocational and community access programs Family Support services other services paid for by DDD</p> <p><u>Other services/supports not authorized by DDD:</u> school services medical/therapy services mental health services child & family services (from DCFS) other DSHS services family resource coordination housing resources parenting resources financial management services advocacy tribal resources substance abuse services support groups child care resources education/training resources leisure/recreational resources legal resources and victim assistance other services and supports in the community</p>

Adult Family Home Connection to Supports/Services																					
4.2 hours / connection (based on medians) 4.4 total hours for all connections from sample (based on medians)																					
10.2 hours / connection																					
2.38 FTE Gap																					
1.1																					
Steps / Activities	Actual Data for Connection from Sample							Essential Standard for Connection							Difference in Time						
	% People Seen in Feb per Activity	Time per Activity	# Occur in Feb / Activity*	# People in Feb / Activity**	Type of Activity	Total Time in Minutes	% should see	How long	How often	Effect of % should see	Type of Activity	Time per Person per Activity	Actual	Essential	Essential minus Actual	% Time Spent on Step/Activity					
Exploratory Contact																					
Contact to request placement	120	3%	25	2	1	TC	50	100%	15	1	1	TC	15	15	47.4	15	-32	-9%			
Financial Eligibility																					
Review Paperwork						OF		100%	5	1	1.0	OF	5	11	11	11	3%				
If Not...																					
Assist w/ Medicaid eligibility						OF		5%	120	1	0.1	OF	6	73	73	73	20%				
Assessment (Review)																					
Travel (AFH-C)						TR		50%	30	2	1.0	TR	30	73	73	73	20%				
Client/family interview						FF			30	1	0.5	FF	15								
Paperwork (AFH-C)						OF			40	1	0.5	OF	20								
Copying & Distribution (AFH-C)						OF			15	1	0.5	OF	8								
Full Assessment-MPC																					
Travel (AFH-C)						TR		50%	30	2	1.0	TR	30	109	109	109	30%				
Client/family interview						FF			83	1	0.5	FF	41								
Paperwork (AFH-C)						OF			60	1	0.5	OF	30								
Copying & Distribution (AFH-C)						OF			15	1	0.5	OF	8								
Provider Search																					
Making list						OF	145	100%	5	1	1	OF	5	60	137.4	60	-77	-21%			
Consult w/ other C/RMs	633	8%	23	6	3	TC/FF	135		15	1	1	TC/FF	15								
Calling providers	121	10%	2	5	4	TC	10		8	5	5	TC	40								
Establish Placement																					
Talk to family						TC	70	100%	8	2	2	TC	16	77	66.3	77	10	3%			
Travel (AFH-C)																					
Review reports/files	124	3%	25	1	1	OF	25		30	1	1	OF	30								
Supervisor consult (AFH-C)	634	5%	8	2	2	TC/FF	15		13	0.05	0	TC/FF	1								
Referral packet (AFH-C)	125	3%	30	1	1	OF	30		30	1	1	OF	30								
Pre-Placement Visit																					
Travel (AFH-C)						TR		100%	30	2	2	TR	60	120	120	120	33%				
Visit AFH, talk to provider						FF			60	1	1	FF	60								
Negotiated Service Plan																					
Mtg. w/provider/client/family						FF		100%	60	1	1	FF	60	135	135	135	37%				
Travel (AFH-C)						TR			30	2	2	TR	60								
Copying & Distribution (AFH-C)						OF			15	1	1	OF	15								
SSPS (AFH-C)																					
Authorize services						OF		100%	5	1	1	OF	5	5	5	5	1%				
Nurse Delegation (AFH-C)																					
Contact Nurse						TC		30%	10	1	0	TC	3	11	11	11	3%				
Contact AFH						TC			10	1	0	TC	3								
Contact from Nurse						TC			5	1	0	TC	2								
Contact from AFH						TC			5	1	0	TC	2								
SSPS (AFH-C)						OF			5	1	0	OF	2								
Total Time / Connection							Minutes	265							Minutes	614	251.2	614	363	100%	
						Total	Hours	4.42							Total	Hours	10	4.2	10	6	

Appendix F

Adult Family Home		0.28 hours/person/month (based on medians)					1.2 hours/person/month					9.90 FTE Gap				
Monitoring Supports/Services		0.30 hours/person/month (based on means)														
32 Steps / Activities	Actual Data						Essential Standard						Difference in Time			
	% People Seen	Time	Occur / Person	Formula	Type	Time per Person per Activity	% Should see	How long	How often	Effect of % should see	Type	Time per Person per Activity	Actual	Essential	Essential minus Actual	% Time Spent on Step/Activity
Provider Contacts (AFH-M)						3.1	100%					8				
Phone Calls (AFH-M)	13%	10	1.8	0.22	TC	2.19		8	1	1	TC	8	3.1	8	5	9%
Meetings (AFH-M)	3%	30	1.0	0.03		0.94										
Payment Problems (AFH-M)						1.6	3%					0				
Research problem	3%	25	2.0	0.06	OF	1.56		5	1	0.03	OF	0.15	1.6	0	-1	-2%
Correct problem								10	1	0.02	OF	0.15				
Consult (AFH-M)						3.3	10%					2				
C/RM - AFH-QI	6%	15	3.5	0.22	FF/TC	3.28		15	1	0	FF/TC	2	3.3	2	-2	-3%
Family Contacts (2 per year)						0.9	100%					2				
Phone Calls (AFH-M)	3%	30	1.0	0.03	TC	0.94		10	0.2	0	TC	2	0.9	2	1	1%
Incident Report						0.3	2.5%					0.4				
Write, distribute report	3%	8	1.0	0.03	OF	0.25		15	1	0.025	OF	0.38	0.3	0	0	0%
Nurse Delegation (AFH-M)						2.9	30%					3				
Review RN report	13%	15	1.5	0.19	OF	2.81		5	1	0.3	OF	2	2.9	3	0	0%
SSPS (AFH-M)	3%	3	1.0	0.03	OF	0.09		5	1	0.3	OF	2				
Miscellaneous (AFH-M)						4.1	100%					5				
	13%	22	1.5	0.19	all	4.06		5	1	1	OF	5	4.1	5	1	2%
	3%	8	2.0	0.06												
	3%	10	1.0	0.03												
	6%	35	1.5	0.09												
Monitoring (AFH-M)						0.8										
Client contact (AFH-M)	3%	17	1.0	0.03	FF	0.53							0.8		-1	-1%
Travel (AFH-M)	3%	4	2.0	0.06	TR	0.22										
Crisis Management (AFH-M) (AFH Maintenance)																
Three Types:																
1) Client Situations: Assault of providers or clients, major behavior problems, other legal issues, acute mental health problems, etc.																
2) Licensing Problems: Allegations of abuse or neglect, etc.																
3) Family-initiated: Responding to concerns of family re: client & AFH																
Client Situation (AFH-M)							5%					48				
Responding to crisis (AFH-M)								960	1	0.050	all	48		48	48	89%
Licensing Issues (AFH-M)							0.4%					2				
Responding to crisis (AFH-M)								480	1	0.004	all	2		2	2	4%
Family Initiated (AFH-M)							0.3%					1				
Responding to crisis (AFH-M)								300	1	0.003	all	1		1	1	2%
Total time / person / month																
						Minutes Hours						Minutes Hours	16.9 0.3	71 1	54 1	100%
						16.9 0.28						70.8 1.18				

2.6 median hours / review																	
Adult Family Home		6.0 total hours for all reviews from sample (based on medians)					4.4 hours / review				1.56 FTE Gap						
Review of Supports/Services		2.6 hours / review (based on means)															
2.3		Actual Data for Reviews from Sample					Essential Standard for One Review					Difference in Time					
Steps / Activities		% People Seen in Feb	Time	# Occur	# People	Type	Total Time in Minutes	% Should see	How long	How often	Effect of % should see	Type	Time per Person per Activity	Actual	Essential	Essential minus Actual	% Time Spent on Step/Activity
Redetermining eligibility (AFH-R)								100%					22				
Contact (AFH-R)						TC			15	1	1	TC	15				
Eligibility review (AFH-R)						OF			7	1	1	OF	7				
Annual Assessment							360	100%					198	155	198	43	39%
Travel (AFH-R)		41%	30	2	1	TR	60		30	2	2	TR	60				
Interview w/client & provider (AFH-R)		41%	150	2	1.00	FF	300		63	1	1.0	FF	63				
Paperwork (AFH-R)						OF			40	1	1	OF	40				
Copying & Distribution (AFH-R)						OF			15	1	1	OF	15				
Negotiated service plan						FF			20	1	1.0	FF	20				
Additional Assessment								10%					20	19.8	19.8	18%	
Travel (AFH-R)						TR			30	2	0.2	TR	6				
Interview w/client & provider						FF			63	1	0	FF	6				
Paperwork(AFH-R)						OF			40	1	0	OF	4				
Copying & Distribution (AFH-R)						OF			15	1	0.1	OF	2				
Negotiated service plan (AFH-R)						FF			20	1	0.1	FF	2				
ETP (AFH-R)								2%					1	1.2	1.2	1%	
Contact w/family (AFH-R)						TC			8	1	0	TC	0				
Contact w/provider (AFH-R)						TC			8	1	0	TC	0				
Paperwork (AFH-R)						OF			20	1	0	OF	0				
SSPS (AFH-R)						OF			5	1	0	OF	0				
Supervisor review (AFH-R)						FF/TC			20	1	0	FF/TC	0				
Miscellaneous (AFH-R)								100%					23	23	23	21%	
									23	1	1		23				
Total time / Review and Evaluation							Minutes 360 Hours 6						Minutes 263 Hours 4	155 3	263 4	108 2	100%

Adult Protective Services 5.94 hours/report (based on medians) 3.40 hours/person/report 0.83 FTE gap Monitoring Supports/Services 6.26 hours/report (based on means)															
1 Steps / Activities	Actual Data						Essential Standard					Difference in Time			
	% People Seen in Feb	Time	Occur / Person	Formula	Type	Total Time in Minutes	% Should see	How long	How often	Type	Person per Activity	Actual	Essential	Essential minus Actual	% Time Spent on Step/Activity
Report						43.3					32				
Receive report					TC		50%	12	1	TC	6	43.3	32	-11.3	19%
Contact with APS	135%	8	4.00	5.4	TC	43.3	100%	8	1	TC	8				
Incident report					OF		90%	20	1	OF	18				
APS Contacts						27.08					89	27.1	89	61.9	-106%
Follow-up phone calls					TC		100%	10	3.5	TC	35				
Planning meeting	135%	20	1.00	1.35	FF	27.1	60%	30	1	FF	18				
Travel (APS-M)					TR		60%	30	2	TR	36				
Collateral Contacts						27.1					67.5	27.1	67.5	40.4	-69%
Phone calls (APS-M)	271%	10	1	2.71	TC	27.1	90%	15	5	TC	67.5				
Review/Documentation						58.2					10	58.2	10	-48.2	82%
Review report (APS-M)	135%	13	1	1.35	OF	17.6	100%	5	1	OF	5				
Narrative (APS-M)	135%	10	3	4.06	OF	40.6	100%	5	1	OF	5				
Contacts with DDD Residential											5.5		5.5	5.5	-9%
Phone calls to agency					TC		10%	5	2	TC	1				
Meeting (APS-M)					FF		5%	30	1	FF	1.5				
Travel (APS-M0)					TR		5%	30	2	TR	3				
Consultation with DDD Staff	677%	6	2	13.54	TC/FF	86.6						86.6		-86.6	148%
Contact with Family/Client	271%	3	3	8.12	TC	20.3						20.3		-20.3	35%
Total time / report						262.7					204.0	262.7	204	-58.7	100%
						4.38					3.40	4.4	3.4	-1.0	

Appendix F

Adult Residential Center		hours / connection (based on medians)											0.59 FTE gap			
0.0		total hours for all connections from sample (based on medians) (based on medians)											9.4 hours/connection			
Connection to Supports/Services		hours / connection (based on means)											0.17			
Steps / Activities	Actual Data for Connections from Sample						Essential Standard for One Connection						Difference in Time			
	People Seen in Feb	Time	# Occur	# People	Type	Total Time in Minutes	% Should see	How long	How often	Effect of % should see	Type	Time per Connection	Actual	Essential	Essential minus Actual	% Time Spent on Step/Activity
Exploratory Contact						0.0	100%					15.0	0	15	15	3%
Contact to request placement					TC						15					
Establish Eligibility						0.0	100%					10.8	0	11	11	2%
Review & documentation (ARC-C)					OF		95%			0		4.8				
If Not... Assist w/ Medicaid eligibility					OF		5%			0.95		6				
Comp. Assessment Review (50 %)						0.0	50%					72.5	0	73	73	13%
Travel (ARC-C)					TR					0		30				
Client/family interview					FF					1		15				
Paperwork (ARC-C)					OF					0.5		20				
Copying & Distribution (ARC-C)					OF					0.5		7.5				
Full Comp. Assessment (50 %)						0.0	50%					108.8	0	109	109	19%
Travel (ARC-C)					TR					0		30				
Client/family interview (ARC-C)					FF					1		41.25				
Paperwork (ARC-C)					OF					0.5		30				
Copying & Distribution (ARC-C)					OF					0.5		7.5				
Provider Search						0.0	100%					45.0	0	45	45	8%
Making list (ARC-C)					OF					0		5				
Calling providers (ARC-C)					TC					1		40				
Establish Placement						0.0	100%					76.7	0	77	77	14%
Talk to family (ARC-C)					TC					0		16				
Travel (ARC-C)										0						
Review reports/files (ARC-C)					OF					1		30				
Supervisor consult (ARC-C)					TC/FF					0.05		0.65				
Referral packet (ARC-C)					OF					1		30				
Pre-Placement Visit						0.0	100%					90.0	0	90	90	16%
Travel (ARC-C)					TR					2		60				
Visit ARC, Talk to provider (ARC-C)					FF					1		30				
Negotiated Service Plan						0.0	100%					135.0	0	135	135	24%
Mtg. w/ provider/client/family (ARC-C)					FF					0		60				
Travel (ARC-C)					TR					2		60				
Copying & Distribution (ARC-C)					OF					1		15				
SSPS (ARC-C)						0.0	100%					5.0	0	5	5	1%
Authorize services (ARC-C)					OF					1		5				
Nurse Delegation (ARC-C)						0.0	10%					3.5	0	4	4	1%
Contact nurse					TC					0.1		1				
Contact AFH					TC					0.1		1				
Contact from nurse					TC					0.1		0.5				
Contact from AFH					TC					0.1		0.5				
SSPS (ARC-C)					OF					0.1		0.5				
Total time / Connection						0.0						Minutes 562.2	0	562	562	100%
						0.0						Hours 9.4	0	9	9	

Adult Residential Center																	
0.09 hours/person/month (based on medians) 1.1 hours/person/month 3.89 FTE gap																	
Monitoring Supports/Services 0.12 hours/person/month (based on means)																	
6 Steps / Activities	Actual Data						Essential Standard						Difference in Time				
	Percent	Time	Occur / Person	Formula	Type	Total Time in Minutes	% Should see	How long	How often	Effect of % should see	Type	Time per Person per Activity	Actual	Essential	Essential minus Actual	% Time Spent on Step/Activity	
Provider Contacts (ARC-M)						2.5	100%					8					
Phone Calls (ARC-M)	17%	5	3.00	0.50	TC	2.50				TC	8		2.5	8	6	9%	
Payment Problems (ARC-M)							8%					1		1	1	1%	
Research problem					OF			5	1	0	OF	0					
Correct problem					OF			10	1	0	OF	0					
Family Contacts (1 per year) (ARC-M)							100%					1		1	1	1%	
Phone Calls (ARC-M)					TC			10	0.1	0.1	TC	1					
Incident Report							2.5%					0.4		0	0	1%	
Write, distribute report					OF			15	1	0.0	OF	0					
Nurse Delegation (ARC-M)							10%					1		1	1	2%	
Review RN report					OF			5	1	0.1	OF	1					
SSPS (ARC-M)	50%	2	1.00	0.50	OF	1.00	1	5	1	0.1	OF	1	1.0		-1	-2%	
Miscellaneous (ARC-M)					all		100%	5	1	1	OF	5		5	5	8%	
Monitoring (ARC-M)																	
Client contact (ARC-M)	17%	10	1.00	0.17	FF	1.67	2						1.7		-2	-3%	
Travel (ARC-M)					TR												
Crisis Management (ARC-M) (ARC Maintenance)																	
Three Types:																	
1) Client Situations: Assault of providers or clients, major behavior problems, other legal issues, acute mental health problems, etc.																	
2) Licensing Problems: Allegations of abuse or neglect, etc.																	
3) Family-initiated: Responding to concerns of family re: client & AFH																	
Client Situation (ARC-M)							5%					48		48	48	78%	
Responding to crisis (ARC-M)					all			960	1	0	all	48					
Licensing Issues (ARC-M)							0.4%					2		2	2	3%	
Responding to crisis (ARC-M)					all			480	1	0	all	2					
Family Initiated (ARC-M)							0.3%					1		1	1	2%	
Responding to crisis (ARC-M)					all			300	1	0	all	1					
Total time / person / month						Min. 5 Hrs. 0.1						Min. 67 Hrs. 1.1	5.2	67	62	100%	

0.09 median hours / review Adult Residential Center 0.05 total hours for all reviews from sample (based on medians) 4.2 hours / review 0.86 FTE gap Review of Supports/Services 0.09 hours / review (based on means)																
0.56	Actual Data for Evaluations from Sample						Essential Standard for One Evaluation						Difference in Time			
	% People Seen in Feb	Time	# Occur	# People	Type	Total Time in Minutes	% Should see	How long	Effect How often	of % should	Type	Time per Review	Act ual	Essenti al	minus	% Time Spent on Step/Activity
Redetermining eligibility (ARC-R)						3	100%					21.5		22	22	
Contact (ARC-R)	174%	2	2	1	TC			15	1	1	TC	15				
Eligibility review (ARC-R)					OF			6.5	1	1	OF	6.5				
Annual Assessment							100%					197.5	198	198	78%	
Travel (ARC-R)					TR			30	2	2	TR	60				
Interview w/client & provider					FF			62.5	1	1	FF	63				
Paperwork (ARC-R)					OF			40	1	1	OF	40				
Copying & Distribution (ARC-R)					OF			15	1	1	OF	15				
Negotiated service plan					FF			20	1	1	FF	20				
Additional Assessment							5%					9.9	10	10	4%	
Travel (ARC-R)					TR			30	2	0.1	TR	3				
Interview w/client & provider					FF			62.5	1	0.1	FF	3.1				
Paperwork (ARC-R)					OF			40	1	0.1	OF	2				
Copying & Distribution (ARC-R)					OF			15	1	0.1	OF	0.8				
Negotiated service plan					FF			20	1	0.1	FF	1				
ETP (ARC-R)							2%					1.22	1	1	0%	
Contact w/family (ARC-R)					TC			8	1	0	TC	0.2				
Contact w/provider (ARC-R)					TC			8	1	0	TC	0.2				
Paperwork (ARC-R)					OF			20	1	0	OF	0.4				
SSPS (ARC-R)					OF			5	1	0	OF	0.1				
Supervisor review					FF/TC			20	1	0	FF/TC	0.4				
Miscellaneous (ARC-R)							100%					23	23	23	9%	
					all			23	1	1	all	23				
Total time / Review and Evaluation						Minutes 3.0 Hours 0.05						Minutes 253.1 Hours 4.2	253 4	253 4	100%	

15 Steps / Activities		Actual Data for Connections from Sample					Essential Standard for One Connection						Difference in Time				
		% People Seen in Feb	Time	# Occur	# People	Type	Total Time in Minutes	% Should see	How long	How often	Effect of % should see	Type	Time per Person per Activity	Actual	Essential	Difference	% Time Spent on Step/Activity
Linking							134	100%					67	8.8	67	58	114%
Initial contacts (CRL-C)		26%	10	5	4	TC	50		10	3	3	TC	30				
DDD consult (CRL-C)		33%	9	6	5	TC/FF	52		7	3	3	TC/FF	21				
Consult with community prof. (CRL-C)		26%	4	9	4	TC	32		8	2	2	TC	16				
Referral							350	20%					23.5	23.0	24	0	1%
Phone calls (CRL-C)		39%	17	8	6	TC	135		5	2.5	0.50	TC	2.50				
Mtg with client/family/com. resource (CRL-C)		33%	36	6	5	FF	215		45	1	0.20	FF	9.00				
Travel (CRL-C)						TR			30	2	0.40	TR	12.00				
Documentation							2							0.1		0	0%
Narrative (CRL-C)		7%	2	1	1	OF	2						7.4		-7	-15%	
Referral paperwork (CRL-C)		13%	33	2	2	OF	65										
Miscellaneous (CRL-C)		20%	16	3	3	all	48										
		7%	18	1	1												
		7%	15	1	1												
		7%	15	1	1												
Total time / Connection							Minutes 599					Minutes 90.5	39.4	91	51	100%	
							Hours 10.0					Hours 1.5	0.7	2	1		

Linking to Community Resources		0.01 median hours/person/month		0.01 hours/person/month (based on means)		hours/person/month		FTE gap								
Monitoring and Maintenance																
Steps / Activities	Actual Data						Essential Standard			Difference in Time						
	Percent	Time	Occur / Person	Formula	Type	Total Time in Minutes	% Should see	How long	How often	Effect of % should see	Type	Time per Person per Activity	Actual	Essential	Difference	% Time Spent on Step/Activity
						0.77							0.77		-0.77	100%
Client/family contact (CRL-M)	1%	13	1.3	0.02	TC	0.2										
Collateral contacts (CRL-M)	1%	8	1.2	0.01	TC	0.1										
Contact w/ com. resource (CRL-M)	1%	7	1.0	0.01	TC	0.1										
Mtg. w/client,family/com. resource (CRL-M)	1%	41	1.3	0.01	FF	0.3										
DDD consult (CRL-M)	1%	13	1.0	0.01	TC/FF	0.1										
Total time / person / month						Minutes 0.77							0.77		-0.77	100%
						Hours 0.01							0.01		-0.01	

Linking to Community Resources		median hours/ review		hours/ review		FTE gap						
Review and Evaluation		total hours for review (based on medians)										
22 Steps / Activities	Actual Data for Evaluations from Sample						Essential Standard for One Evaluation				Difference in Time	
	% People Seen in Feb	Time	# Occur	# People	Type	Total Time in Minutes	% Should see	How long	How often	Effect of % should see		Type
Follow-up Satisfaction Client/family contact (OH-R) Contact w/ resource (OH-R) Consultation (OH-R)					TC							
					TC							
					TC							
Documentation Narrative/forms (OH-R)					OF							
Total time / Review and Evaluation						Minutes Hours					Minutes Hours	

Children's Protective Services Monitoring Supports/Services Child with developmental disability														0.90 hours /person /report (based on medians) 6.26 hours /person /report (based on means)		2.3 hours/CPS report		3.64 FTE gap	
2.2 Steps / Activities	Actual Data						Essential Standard						Difference in Time						
	Percent	Time	Occur / Person	Formula	Type	Total Time in Minutes	% Should see	How long	How often	Effect of % should see	Type	Time per Person per Activity	Actual	Essential	Essential minus Actual	% Time Spent in Step/Activity			
DCFS Contacts (CPSC-M)						9.3						64.0	9.3	64	55	64%			
Phone calls (CPSC-M)	93%	5	2.00	1.85	TC	9.27	100%	5	2	2.0	TC	10.0							
Planning meeting (CPSC-M)					FF		60%	60	1	0.6	FF	36.0							
Travel (CPSC-M)					TR		30%	30	2	0.6	TR	18.0							
Family Contacts (CPSC-M)						31.1						28.5	31.1	29	-3	-3%			
Phone calls (CPSC-M)					TC		95%	20	1.5	1.4	TC	28.5							
Meeting with family (CPSC-M)	46%	37	1.00	0.46	FF	17.15													
Travel (CPSC-M)	46%	15	2.00	0.93	TR	13.91													
Collateral Contacts (CPSC-M)						11.6						17.4	11.6	17	6	7%			
Phone calls (CPSC-M)	139%	6	1.33	1.85	TC	11.59	20%	12	1	0.2	TC	2.4							
Meeting (CPSC-M)					FF		10%	90	1	0.1	FF	9.0							
Travel (CPSC-M)					TR		10%	30	2	0.2	TR	6.0							
Review/Documentation (CPSC-M)						2.3						30.0	2.3	30	28	32%			
Review report (CPSC-M)	46%	5	1.00	0.46	OF	2.32	100%	5	1	1.0	OF	5.0							
Narrative (CPSC-M)					OF		100%	5	5	5.0	OF	25.0							
Total time / person / CPS report						Minutes 54.2 Hours 0.9						Minutes 139.9 Hours 2.3	54.2	140	86	100%			
													0.90	2.33	1.43				

Children's Protective Services Monitoring Supports/Services (Parent with Developmental Disability)		Hours/person/report (based on medians)		6.8 hours/CPS report		1.54 FTE gap										
1 Steps / Activities	Actual Data			Essential Standard					Difference in Time							
	Percent	Time	Occur / Person	Formula	Type	Total Time in Minutes	% Should see	How long	How often	Effect of % should see	Type	Time per Person per Activity	Actual	Essential	Essential minus Actual	% Time Spent on Step/Activity
DCFS Contacts (CPSP-M)													102	102	25%	
Phone calls (CPSP-M)					TC		100%	15	2	2.0	TC	30.0				
Planning meeting (CPSP-M)					FF		80%	60	1	0.8	FF	48.0				
Travel (CPSP-M)					TR		80%	15	2	1.6	TR	24.0				
Family Contacts (CPSP-M)													127	127	31%	
Phone calls (CPSP-M)					TC		95%	30	1.5	1.4	TC	42.8				
Meeting with family (CPSP-M)					FF		70%	60	1	0.7	FF	42.0				
Travel (CPSP-M)					TR		70%	30	2	1.4	TR	42.0				
Collateral Contacts (CPSP-M)													152	152	37%	
Phone calls (CPSP-M)					TC		80%	20	2	1.6	TC	32.0				
Meeting (CPSP-M)					FF		80%	90	1	0.8	FF	72.0				
Travel (CPSP-M)					TR		80%	30	2	1.6	TR	48.0				
Review/Documentation (CPSP-M)													30	30	7%	
Review report (CPSP-M)					OF		100%	5	1	1.0	OF	5.0				
Narrative (CPSP-M)					OF		100%	5	5	5.0	OF	25.0				
Total time / person / month												Minutes	410.8			
												Hours	6.8	411	411	100%
													6.85	6.85		

Adult Day Programs **2.64 hours / connection (based on medians)**
 6.08 total hours for connection from sample
 (based on medians) **2.1 hours/connection** **2.05 FTE gap**

Connection to Supports/Services **7.4 hours / connection (based on means)**
 (Individual Employment, Group-supported
 Employment, Specialized Industries,
 Community Access)

2.3 Steps / Activities	Actual Data for Connections from Sample							Essential Standard for One Connection					Difference in Time				
	% People Seen in Feb	Time	# Occur	# People	Type	Total Time in Minutes	% Should see	How long	How often	Type	Time per Connection	Actual	Essential	Essential minus Actual	% Time Spent on Step/Activity		
Initial Contact/Request							100%										
Client/family contact (DAY-C)	130%	6	7	3	TC	39		15	1	TC	15	40	33.4	40	7	-20%	
Assessment paperwork					OF			5	1	OF	5						
Provider contact (DAY-C)	130%	13	3	3	TC/FF	38		20	1	TC/FF	20						
Referral to Provider							20%					12	25.1	12	-13	40%	
Review file								10	1	OF	8						
Compile info, prepare service authorization	130%	14	4	3	OF	55		15	1	OF	3						
Mailing (DAY-C)	43%	3	1	1	OF	3		5	1	OF	1						
Referral to DVR							80%					58	80.1	58	-22	67%	
Review file	43%	10	1	1	OF	10		10	1	OF	8						
Compile info, prepare referral & authorization					OF			20	1	OF	16						
Mailing (DAY-C)					OF			5	1	OF	4						
Contact w/DVR rep	43%	25	1	1	TC	25		15	1	TC	12						
Meeting w/DVR rep (25%)	43%	150	1	1	FF	150		60	0.25	FF	12						
Travel to DVR (25%)					TR			15	1	TR	6						
Acceptance							100%					10		10	10	-30%	
Update client database					OF			5	1	OF	5						
Form distribution					OF			5	1	OF	5						
Miscellaneous (DAY-C)	217%	8	6	5	ALL	45	45	100%	5	1	OF	5	5	19.5	5	-14	44%
	43%	2	2	1		4											
	43%	8	1	1		8											
	43%	5	1	1		5											
	43%	18	1	1		18											
	43%	10	1	1		10											
Total time / Connection						Minutes 365					Minutes 125		158.1	125	-33	100%	
						Hours 6.1					Hours 2.1		2.6	2	-1		

Note: This does not include the extra time for young adults transitioning from school to work, which is very time-consuming. Additional information is needed to establish essential standard for transition students.

Adult Day Programs		0.14 hours/person/month (based on medians)		0.30 hours/person/month		6.81 FTE gap												
Monitoring Supports/Services		0.13 hours/person/month (based on means)		(Individual Employment, Group-supported Employment, Specialized Industries, Community Access)														
139 Steps / Activities	Actual Data							Essential Standard						Difference in Time				
	Percent	Time	Occur / Person	Formula	Type	Total Time in Minutes		% Should see	How long	How often	Effect of % should see	Type	Time per Person per Activity	Actual	Essential	Essential minus Actual	% Time Spent on Step/Activity	
Review Report (DAY-M)	6%	7	1.0	0.06	OF	0.5	0.5	20%	5	1	0.20	OF	1	1.0	0.5	1	1	5%
Problem Solving							5.5	15%						15.4	5.5	15	10	101%
Contact (DAY-M)	10%	9	1.1	0.11	TC	0.9			20	3	0.45	TC	9					
Meeting (30% of situations require)	9%	33	1.2	0.10	FF	3.3			60	0.3	0.05	FF	2.7					
Travel (30%)	4%	9	1.8	0.06	TR	0.6			30	0.6	0.09	TR	2.7					
Consultation (67%)	6%	11	1.0	0.06	TC	0.7			10	0.67	0.10	TC	1					
Program Choice/Change							1.0	2%						0.6	1.0	1	0	-5%
Contact (DAY-M)	10%	9	1.1	0.11	TC/FF	0.9			15	1	0.02	TC/FF	0.3					
Paperwork (DAY-M)	1%	8	1.0	0.01	OF	0.1			15	1	0.02	OF	0.3					
Incident Reports							0.5	1%						0.25	0.5	0	0	-3%
Record review (DAY-M)	6%	7	1.0	0.06	OF	0.5			5	1	0.01	OF	0.05					
Administrative report	1%	3	1.0	0.01	OF	0.0			20	1	0.01	OF	0.2					
Miscellaneous (DAY-M)							0.9	20%						1	0.9	1	0	1%
	6%	13	1.1	0.07	all	0.9			5	1	0.20	all	1					
	1%	30	1.0	0.01		0.2												
	1%	5	1.0	0.01		0.0												
	1%	30	1.0	0.01		0.2												
	1%	5	1.0	0.01		0.0												
	1%	10	1.0	0.01		0.1												
	1%	5	1.0	0.01		0.0												
Total time / person / month						Minutes 8.4							Minutes 18.3	8.4	18	10	100%	
						Hours 0.14							Hours 0.30	0.14	0.30	0.16		

Adult Day Programs 0.05 hours/ review (based on medians) 2.3 hours / review **9.30 FTE gap**
 0.6 total hours for all reviews from sample
Review of Supports/Services (based on medians)
(Individual Employment, Group-supported Employment, Specialized Industries, Community Access)
0.05 hours/ review (based on means)

11 Steps / Activities	Actual Data for Reviews from Sample						Essential Standard for One Review					Difference in Time				
	People Seen in Feb	Time	# Occur	# People	Type	Total Time in Minutes	% Should see	How long	How often	of % should see	Type	Time per Review	Actual	Essential	Essential minus Actual	Spent on Step/Activity
Client Program Review						35	100%				140	3.2	140	137	100%	
Review assessment & progress report					OF			20	1	1	OF	20				
Mtg. w/ provider, client, others	9%	35	1.0	1	FF	35.0		60	1	1	FF	60				
Travel to meeting					TR			30	2	2	TR	60				
Futures Plan (DAY-R)																
Set up meeting					TC											
Meeting w/client/family/provider					FF											
Travel (DAY-R)					TR											
Copying & Distribution (DAY-R)					OF											
Total time / Review and Evaluation						Minutes 35					Minutes 140	3.2	140	137	100%	
						Hours 0.6					Hours 2.3	0.1	2	2		

1 Steps / Activities		Actual Data for Connections from Sample					Essential Standard for One Connection					Difference in Time					
		% People Seen in Feb	Time	# Occur	# People	Type	Total Time in Minutes	% Should see	How long	How often	Effect of % should	Type	Time per Person per Activity	Actual	Essential	Essential minus Actual	% Time Spent on Step/Activity
Initial Tasks RESA-C)							16.0	100%					25	14	25	11	4%
Initial client/family contact		169%	8	2	2	TC	16		20	1	1	TC	20				
Informal assessment						TC		5	1	1	TC	5					
Referral Packet (RESA-C)							50.0	100%					60	42	60	18	6%
Contacts for information gathering						TC		5	3	3	TC	15					
File review		85%	30	1	1	TC	30	5	1	1	TC	5					
Compiling/copying						TC		15	1	1	TC	15					
Write social summary		85%	20	1	1	TC	20	20	1	1	TC	20					
Mailing						TC		5	1	1	TC	5					
Agency/Client/Family Notification							15.0	100%					60	13	60	47	15%
Family/client contact						TC		15	2	2	TC	30					
Agency contact(s) (RESA-C)		169%	5	3	2	TC	15	15	2	2	TC	30					
Pre-Placement Evaluation							94.0	100%					30	79	30	-49	-16%
Family/client contact						TC		10	2	2	TC	20					
Agency contact(s) (RESA-C)		254%	16	6	3	TC	94	10	1	1	TC	10					
Acceptance							30.0	100%					143	25	143	118	38%
Meeting (RESA-C)						FF		60	1	1	FF	60					
Travel to meeting (RESA-C)						TR		30	2	2	TR	60					
Start-up funds request						OF		8	1	1	OF	8					
Initial CAP referral paperwork						OF		5	1	1	OF	5					
Authorize payment (SSPS)						OF		5	1	1	OF	5					
Update client database		85%	30	1	1	OF	30	5	1	1	OF	5					
Service Plan							250.0	100%					180	211	180	-31	-10%
Meeting w/client, family, agency (RESA-C)		169%	50	5	2	FF	250	105	1	1	FF	105					
Travel to meeting (RESA-C)						TR		30	2	2	TR	60					
Copying & Distribution (RESA-C)						OF		15	1	1	OF	15					
Follow-up contacts								100%					180		180	180	59%
Agency contact(s) (RESA-C)						TC		10	3	3	TC	30					
Family contacts RESA-C)						TC		10	3	3	TC	30					
Client visit in new residence						FF		60	1	1	FF	60					
Travel (RESA-C)						TR		30	2	2	TR	60					
Nurse Delegation (RESA-C)								50%					12.5		13	13	4%
Contact (RESA-C)						TC		10	2	1	TC	10					
SSPS (RESA-C)						OF		5	1	0.5	OF	2.5					
Total time / Connection							Min. 455 Hrs. 7.6						Min. 690.5 Hrs. 11.5	385 6.4	691 11.5	306 5.1	100%

DDD Residential (Agency-based) **0.34 hours/person/month** **0.44 hours/person/month** **2.51 FTE gap**
 (based on medians)
Monitoring Supports/Services **0.34 hours/person/month (based on means)**
(Intensive Tenant Support, Supported Living, Tenant Support, Alternative Living, Group Home)

82 Steps / Activities	Actual Data						Essential Standard						Difference in Time			
	Percent	Time	Occur / Person	Formula	Type	Total Time in Minutes	% Should see	How long	How often	Effect of % should	Type	Time per Person per Activity	Actual	Essential	Essential minus Actual	% Time Spent on Step/Activity
Contacts for Problem Solving/Monitoring Agency/client/other contacts					TC		15%	10	3	0.45	TC	4.5		4.5	4.5	71%
Special Requests						14.4	20%					7	14.4	7	-7.4	-117%
Initial Contact (RESA-M)	24%	24	1.25	0.30	TC	7.33		10	1	0.2	TC	2				
Record review (RESA-M)	10%	8	1.13	0.11	OF	0.84		5	1	0.2	OF	1				
Consultation (RESA-M)	22%	14	1.78	0.39	FF/TC	5.45		15	1	0.2	FF/TC	3				
Computer/SSPS	10%	7	1.13	0.11	OF	0.76		5	1	0.2	OF	1				
Incident Reports						3.4	10%					10	3.4	10	6.6	104%
Review					OF			5	1	0.1	OF	0.5				
Administrative report	4%	8	3.33	0.12	OF	0.98		20	1	0.1	OF	2				
Agency contact(s) (RESA-M)	10%	25	1.00	0.10	TC	2.43		15	5	0.5	TC	7.5				
Nurse Delegation (RESA-M)							50%					5		5	5.0	79%
SSPS (RESA-M)					TC			5	1	0.5	TC	2.5				
Review Nurse Reports								5	1	0.5	OF	2.5				
Travel (RESA-M)	11%	12	1.56	0.17	TR	2.09										
Miscellaneous (RESA-M)	5%	5	1.25	0.06	all	0.30	20%	20	1	0.2	all	4	0.3	4	3.7	58%
	1%	5	1.00	0.01		0.06										
	2%	5	1.50	0.04		0.18										
	1%	5	1.00	0.01		0.06										
Total time / person / month						Min. 20.2 Hrs. 0.34						Minutes 26.5 Hours 0.44	20.2	26.5	6.3	100%

DDD Residential (Agency-based) **0.24 hours / review (based on medians)**
 1.50 total hours for all reviews from sample **2.7 hours/review**
 (based on medians) **6.15 FTE gap**

Review of Supports/Services **0.22 hours / review (based on means)**
(Intensive Tenant Support, Supported Living, Tenant Support, Alternative Living, Group Home)

6 Steps / Activities	Actual Data for Reviews from Sample						Essential Standard for One Review						Difference in Time			
	% People Seen in Feb	Time	# Occur	# People	Type	Total Time in Minutes	% Should see	How long	How often	Effect of % should see	Type	Time per Person per Activity	Actual	Essential	Essential minus Actual	% Time Spent on Step/Activity
Individual Service Plan						90	100%					120	15	120	105	72%
Set-up (RESA-R)	15%	3	2	1	TC	5		15	1	1	TC	15				
Meeting w/client, family, agency (RESA-R)	30%	43	2	2	FF	85		60	1	1	FF	60				
Travel (RESA-R)					TR		50%	30	2	1	TR	30				
Copying & Distribution (RESA-R)					OF		100%	15	1	1	OF	15				
Review							100%							40	40	28%
Record review (RESA-R)					OF			10	2	2	OF	20				
Review progress reports					OF			10	2	2	OF	20				
Futures Plan (RESA-R)																
Set-up (RESA-R)					TC											
Meeting w/client, family, agency (RESA-R)					FF											
Travel (RESA-R)					TR											
Copying & Distribution (RESA-R)					OF											
Formal Evaluation/Recertification																
Total time / Review and Evaluation						Min. 90 Hrs. 1.5					Min. 160 Hrs. 2.7		15	160	145	100%
													0	3	2	

Appendix F

DDD Residential (non-Agency based)		7.0 hours / connection (based on medians) (based on medians)						15.6 hours per connection						FTE gap			
Connection to Supports/Services		12.8 hours / connection (based on means)															
Steps / Activities	Actual Data for Connections from Sample						Essential Standard for One Connection						Difference in Time				
	% People Seen in Feb	Time	# Occur	# People	Type	Total Time in Minutes	% Should see	How long	How often	% should see	Type	Time per Person per Activity	Actual	Essential	Essential minus Actual	% Time Spent on Step/Activity	
Non-Agency Based																	
Initial Tasks (RESN-C)																	
Contact w/client/family/others (RESN-C)					TC		100%	15	3	3	TC	45	45	45	9%		
Assessment/Explore Options																	
Contact w/client/family/others (RESN-C)					TC		100%	10	2	2	TC	20	260	260	50%		
Contact w/client/family/others (RESN-C)					FF			90	1	1	FF	90					
Travel (RESN-C)					TR			30	2	2	TR	60					
Contact w/client/family/others (RESN-C)					FF			30	1	1	FF	30					
Travel (RESN-C)					TR			30	2	2	TR	60					
Planning/Implementing																	
<i>Resource Development/Integration</i>																	
ID funds, housing, providers systems							100%					206.5	207	207	40%		
Eligibility determination					OF			6.5	1	1	OF	6.5					
Consultation (RESN-C)					FF/TC			15	2	2	FF/TC	30					
Written Justification					OF			20	1	1	OF	20					
Resource Consultation-Non-DDD					TC			15	2	2	TC	30					
Consultation (RESN-C)					FF			30	1	1	FF	30					
Meeting (interagency coordination)					FF			90	1	1	FF	90					
Provider Recruitment/Orientation																	
Phone calls (RESN-C)					TC		100%	10	6	6	TC	60	265	265	51%		
Consultation w/colleagues					FF			10	2.5	2.5	FF	25					
Meeting with provider(s) (RESN-C)					FF			45	3	3	FF	135					
Contract					OF			15	2	2	OF	30					
SSPS (RESN-C)					OF			5	3	3	OF	15					
ETP/Special Statement of Work																	
Contact w/Family (RESN-C)					TC		10%	8	1	0.1	TC	0.8	6.1	6	6	1%	
Contact w/Provider (RESN-C)					TC			8	1	0.1	TC	0.8					
Paperwork (RESN-C)					OF			20	1	0.1	OF	2					
SSPS (RESN-C)					OF			5	1	0.1	OF	0.5					
Supervisor Review					FF			20	1	0.1	FF	2					
Service Plan Development																	
Set up meeting					TC		100%	5	4	4	TC	20	155	155	155	30%	
Meeting (RESN-C)					FF			60	1	1	FF	60					
Travel (RESN-C)					TR			30	2	2	TR	60					
Copying & Distribution (RESN-C)					OF			15	1	1	OF	15					
Miscellaneous (RESN-C)																	
TC with C/RM	507%	20	21	6	all	420	420.0						420.0		-420	-81%	
FF with C/RM	85%	10	9	1	TC	90											
FF with Supervisor	85%	10	6	1	FF	60											
Meeting with Housing Agency	85%	30	1	1	FF	30											
FF with C/RM	85%	105	2	1	FF	210											
Other Paperwork	85%	10	2	1	FF	20											
	85%	10	1	1	OF	10											
Total time / Connection						Min. 420.0		Min. 937.6				420	938	518	100%		
						Hours 7.0		Hours 15.6				7	16	9			

Appendix F

DDD Residential (non-Agency based) Monitoring Supports/Services		5.57 hours/person/month										FTE gap				
		hours/person/month					hours/person/month (based on means)									
Steps / Activities	Actual Data					Essential Standard					Difference in Time					
	Percent	Time	Occur / Person	Formula	Type	Total Time in Minutes	% Should see	How long	How often	% should see	Type	Time per Person per Activity	Actual	Essential	Essential minus Actual	% Time Spent on Step/Activity
Non-Agency Based																
Phone Contacts																
Client					TC		85%	5	3.5	3.5	TC	14.9	46.8	47	47	14%
Provider/Family					TC		100%	15	2.5	2.5	TC	31.9				
Incident Reports																
Review							50%	5	1	0.5		4.3	34.0	34	34	10%
Admin Report								20	1	0.5		17.0				
Agency Contact					TC			15	5	2.5	TC	12.8				
Documentation (RESN-M)																
Narrative (RESN-M)							100%	5	3	3		4.3	6.0	6	6	2%
Review Report								2	3	3		1.7				
Provider Management																
Special Requests					TC		100%				TC		55.3	55	55	17%
Provider Recruitment/Orientation					TC			10	3	3	TC	8.5				
Consultation w/Colleagues					FF			10	2.5	2.5	FF	8.5				
Meeting with provider(s) (RESN-M)					FF			45	1	1	FF	38.3				
SSPS (RESN-M)								5	3	0.03		4.3	4.3	4	4	1%
Contract							30%	10	2	0.6		8.5	8.5	9	9	3%
ETP/Special Statement of Work																
Contact w/Family (RESN-M)					TC		1%	8	1	0.01	TC	6.8	51.9	52	52	16%
Contact w/Provider (RESN-M)								8	1	0.01		6.8				
Paperwork (RESN-M)								20	1	0.01		17.0				
SSPS (RESN-M)								5	1	0.01		4.3				
Supervisor Review								20	1	0.01		17.0				
Training/Tech Assistance																
Request					TC		10%				TC	8.5	110.5	9	9	3%
Arrangement					TC		30%	15	1	0.3	TC	12.8		111	111	33%
Meeting (RESN-M)					FF			10	2	0.2	TC	8.5				
Travel (RESN-M)					TR			75	1	0.3	FF	63.8				
Paperwork/SSPS								30	2	0.6	TR	25.5				
Miscellaneous (RESN-M)																
								5	1	0.3		4.3	4.3	4	4	1%
Total time / person / month					Min. Hrs.							Min. Hrs.	334.1	334	334	100%
												5.6	6	6		

DDD Residential (non-Agency based) Review of Supports/Services		total hours for all reviews from sample hours / review (based on means)					2.7 hours/review					FTE gap				
Steps / Activities	Actual Data for Reviews from Sample					Essential Standard for One Review					Difference in Time					
	% People Seen in	Time	# Occur	# People	Type	Total Time in Minutes	% Should see	How long	How often	Effect of % should	Type	Time per Person per Activity	Actual	Essential	Essential minus Actual	% Time Spent on Step/Activity
Non-Agency Based ISP																
Set-up (RESN-R)					TC		100%	15	1	1	TC	15	150	150		94%
Meeting w/Client, Family					FF			60	1	1	FF	60				
Travel (RESN-R)					TR			30	2	2	TR	60				
Copying & Distribution (RESN-R)					OF			15	1	1	OF	15				
Review of Progress Reports																
Record review (RESN-R)					OF		100%	10	1	1	OF	10	10	10		6%
Futures Plan (RESN-R)																
Set-up (RESN-R)																
Meeting w/Client, Family (RESN-R)																
Travel (RESN-R)																
Copying & Distribution (RESN-R)																
Total time / Review and Evaluation						Min. Hrs.						Min. Hrs.	160.0	160.0		100%
													3	3		

Appendix F

2 Steps / Activities		Actual Data for Connections from Sample						Essential Standard for One Connection				Difference in Time				
		People Seen in Feb	Time	# Occur	# People	Type	Total Time in Minutes	% Should see	How long	How often	Type	Time per Person per Activity	Actual	Essential	Essential minus Actual	Spent on Step/Activity
Accept into program								55	100%			28.0				
Review RID		50%	10	1	1	OF	10		3	1	OF	3	27.2	28	1	0%
Consult with on-going C/RM		50%	20	2	1	FF/TC	40		15	1	FF/TC	15				
Send letter to family		50%	5	1	1	OF	5		10	1	OF	10				
Assessment/Plan (FSO-C)								410	100%			215.0	202.8	215	12	7%
Family contact (FSO-C)		248%	10	6	5	TC	60		25	1	TC	25				
Travel (FSO-C)		50%	30	5	1	TR	150		30	2	TR	60				
Home visit (FSO-C)		50%	60	3	1	FF	180		90	1	FF	90				
Finalize plan (FSO-C)		99%	10	2	2	OF	20									
Write down Plan									10	1	OF	10				
Do summary/narrative									5	1	OF	5				
Written referral to Community Guide									10	1	OF	10				
SSPS									10	1	OF	10				
Copy and Mail									5	1	OF	5				
Community Guide									90%			27.0		27	27	17%
Contact community guide (FSO-C)						TC			10	1	TC	9		27	27	17%
Follow-up Contact with Guide									20	1	TC	18				
Link to providers									95%			29.5		29	29	18%
Contact provider (FSO-C)						TC			8	2	TC	15				
Authorize payment (SSPS) (FSO-C)						TC			5	2	TC	10				
Budget tracking						OF			5	1	OF	5				
ETP (FSO-C)									8%			3.2		3	3	2%
Write ETP									30	1	OF	2				
Supervisory Approval									10	1	FF/TC	1				
"Serious Need" Request									8%			3.2		3	3	2%
Write Request									30	1	OF	2				
Supervisory Approval									10	1	FF/TC	1				
"Help in the Home" Request									8%			13.6		14	14	8%
Set up Home Visit									10	1	TC	1				
Home Visit									60	1	FF	5				
Travel									30	2	TR	5				
Finish Writing up CA									30	1	OF	2				
Supervisory Approval									10	1	TC/FF	1				
Follow-up									100%			70.0		70	70	43%
Contact family (FSO-C)						TC			50%	20	1	TC	10			
Meeting with Family									50%	60	1	FF	30			
Travel									50%	30	2	TR	30			
Data Tracking (ACCESS)									100%			20.0		20	20	12%
Enter data						OF			20	1	OF	20				
Miscellaneous (FSO-C)		149%	9	4	3	all	34	34.0					16.8		-17	-10%
Total time / Connection								Minutes 499 Hours 8.3				Minutes 409 Hours 6.8	246.9 4.11	409 6.82	163 2.71	100%

Family Support Opportunities Monitoring Supports/Services		0.04 hours/person/month (based on medians)					0.6 hours/month					3.33 FTE gap				
		0.31 hours/person/month (based on means)														
38 Steps / Activities	Actual Data							Essential Standard					Difference in Time			
	Percent	Time	Occur / Person	Formula	Type	Total Time in Minutes		% Should see	How long	How often	Type	Time per Person per Activity	Actual	Essential	Essential minus Actual	Spent on Step/Activity
Support to Community Guide							0.8	25%				6.3	0.8	6	5	16%
Contact community guide (FSO-M)	3%	25	1.0	0.03	TC/FF	0.66			10	1	TC/FF	2.5				
Review guide reports	3%	5	1.0	0.03	OF	0.13			15	1	OF	3.8				
Tracking Data								100%				23.1		23	23	68%
ACCESS state database					OF				3	1	OF	3.1				
EXCEL local database					OF				20	1	OF	20.0				
Follow-up Contacts								30%	15	1	TC	4.5		6	6	16%
With Families								10%	10	1	TC/FF	1.0				
With On-going CM's																
Provider Change (FSO-M)							0.0	5%				1.3	0.0	1	1	4%
Family contact (FSO-M)	8%	10	1.0	0.08	TC	0.80			20	1	TC	1.0				
Contact provider (FSO-M)									8	2	TC	0.8				
Authorize payment (SSPS) (FSO-M)	3%	1	1.0	0.03	TC	0.03			5	2	TC	0.5				
Contract with New Providers							0.1	4%					0.1		0	0%
Contact provider (FSO-M)	3%	3	2.0	0.05	TC	0.13			15		TC					
Assist w/ contracts					OF				45		OF					
Miscellaneous (FSO-M)	16%	6	1.3	0.21	all	1.35	1.4	100%	10		all		1.4		-1	-4%
Total time / person / month						Minutes	2.3				Minutes	36.2	2.3	36	34	100%
						Hours	0.04				Hours	0.6	0.04	0.60	0.56	

Family Support Opportunities Review of Supports/Services		hours/ review (based on medians) total hours for all reviews from sample (based on medians)										3.4 hours / review			3.65 FTE gap	
		hours/ review (based on means)														
Steps / Activities 2		Essential Standard for One Review					Essential Standard for One Review					Difference in Time				
		% People Seen in Feb	Time	# Occur	# People	Type	Total Time in Minutes	% Should see	How long	How often	Type	Time per Person per Activity	Actual	Essential	Essential minus Actual	Spent on Step/Activity
Annual Review								100%				180		180	180	88%
Contact family (FSO-R)						TC			20	1	TC	20				
Home visit to revise plan						FF			60	1	FF	60				
Travel (FSO-R)						TR			30	2	TR	60				
Finalize plan (FSO-R)						OF					OF					
Revise Plan						OF			10	1	OF	10				
Do summary/narrative						OF			5	1	OF	5				
Written referral to Community Guide						OF			10	1	OF	10				
SSPS						OF			10	1	OF	10				
Copy and Mail						OF			5	1	OF	5				
ETP (FSO-C)								6%				2.4		2	2	1%
Write ETP						OF			30	1	OF	1.8				
Supervisory Approval						FF/TC			10	1	FF/TC	0.6				
"Serious Need" Request								8%				3.2		3	3	2%
Write Request						OF			30	1	OF	2.4				
Supervisory Approval						FF/TC			10	1	FF/TC	0.8				
"Help in the Home" Request								8%				13.6		14	14	7%
Set up Home Visit						TC			10	1	TC	0.8				
Home Visit						FF			60	1	FF	4.8				
Travel						TR			30	2	TR	4.8				
Finish Writing up CA						OF			30	1	OF	2.4				
Supervisory Approval						TC/FF			10	1	TC/FF	0.8				
Change Community Guide								50%				5.0		5	5	2%
Contact community guide (FSO-R)						TC			10	1	TC	5.0				
Newly contracted community guide								5%								
Contact community guide (FSO-R)						TC			15		TC					
Assist w/ contract						OF			5		OF					
Mtg. w/ community guide						FF			30		FF					
Miscellaneous (FSO-R)								100%	10		OF					
Total time / Review and Evaluation							Minutes				Minutes	204.2		204	204	100%
							Hours				Hours	3.4		3	3	

Family Support Regular Monitoring Supports/Services																
0.10 hours/person/month																
hours/person/month (based on medians)																
0.10 hours/person/month (based on means)																
0.38 hours/person/month																
9.21 FTE gap																
115 Steps / Activities	Actual Data							Essential Standard					Difference in Time			
	<small>%</small> People Seen in Feb	Time	Occur / Person	Formula	Type	Total Time in Minutes	% Should see	How long	How often	Type	Time per Person per Activity	Actual	Essential	Essential minus Actual	% Time Spent on Step/Activity	
Contact (FSR-M) Family contact (FSR-M) C/RM in Region consult Supervisor consult (FSR-M)	15%	10	1.5	0.23	TC	2.3	40%	8	1	TC	3.2	3.3	6	3	16%	
Providers Provider contacts (FSR-M) Payment authorization (SSPS) Payment problems (FSR-M)	5%	7	1.5	0.08	TC	0.5	25%	5	1	TC	1.3	1.5	5	4	21%	
Review & Documentation (FSR-M) FS plan modification/narrative Reviewing-- reports, files FS - budget tracking RID /Log Review	8%	5	1.3	0.10	OF	0.5	50%	7	1	OF	3.5	0.5	10	10	59%	
Notification (FSR-M) Follow-up award letter	1%	45	1.0	0.01	OF	0.4	1%	30	1	OF/TC	0.3	0.0	2	1	9%	
Miscellaneous (FSR-M)	2%	1	1.0	0.02	OF	0.0	10%	15	1	OF	1.5	0.8		-1	-5%	
Total time / person / month						Minutes 6.0 Hours 0.1				Minutes 23.0 Hours 0.4	6.0	23	17	100%		
											0.10	0.38	0.28			

Family Support Regular 0.27 hours/ review (based on medians) Review of Supports/Services 0.27 hours/ review (based on means) 0.73 hours/review 0.93 FTE gap															
5 Steps / Activities	Actual Data for Reviews from Sample						Essential Standard for One Review				Difference in Time				
	~ People Seen in Feb	# Time	# Occur	# People	Type	Total Time in Minutes	% Should see	How long	How often	Type	Time per Person per Activity	Actual	Essential	Essential minus Actual	% Time Spent on Step/Activity
CM Review FS Forms Contact Family Fill out FS Form					OF		100%				20	20	20	71%	
Committee Review FS Forms CM sends in assessment to Review Com. CM checks data on RID/Award Letter Mail Award Letter to Family					FF/TC OF		100%				16	16	16	57%	
Family Plan Evaluate family plan Follow-up on family plan Travel (FSR-R)					TC TC/FF TR	85	100%				8	16.0	8	-8	-28%
Total time / Review and Evaluation						Minutes 85 Hours 1.42				Minutes 44 Hours 0.73	16 0.3	44 0.7	28 0.5	100%	

Medical / Therapy 1.01 hours / connection (based on medians) 4.70 total hours for connection from sample (based on medians) 2.9 hours/connection 3.70 FTE gap Connection to Supports/Services 1.14 hours / connection (based on means)															
5 Steps / Activities	Actual Data for Connections from Sample						Essential Standard for One Connection					Difference in Time			
	% People Seen in Feb	Time	# Occur	# People	Type	Total Time in Minutes	% Should see	How long	How often	Type	Time per Person per Activity	Actual	Essential	Essential minus Actual	% Time Spent on Step/Activity
Linking to Community Service						222	100%				67				
Phone calls (MT-C)	107%	14	12	5	TC	170		10	3	TC	30				
Consult with colleague (MT-C)					TC/FF			7	3	TC/FF	21				
Consult with community professional (MT-C)	86%	10	5	4	TC	52		8	2	TC	16				
Referral						60	20%				23.5				
Phone calls to medical/therapy prov. (MT-C)	43%	15	4	2	TC	60		5	2.5	TC	2.5				
C)					FF			45	1	FF	9				
Travel (MT-C)					TR			30	2	TR	12				
Documentation															
Narrative (MT-C)					OF										
DDD-funded Medical Svc./Therapy Link to Services							2%				82.5				
Request/information gathering (MT-C)					TC		100%	10	2.5	TC	25				
Authorization paperwork (MT-C)					OF			15	1	OF	15				
Provider contacts (MT-C)					TC			15	1	TC	15				
Notification (MT-C)					TC			15	1	TC	15				
Consult (MT-C)					FF/TC			5	2	FF/TC	10				
Payment authorization (SSPS) (MT-C)					OF		50%	5	1	OF	2.5				
Documentation															
Narrative (MT-C)					OF										
Total time / Connection						Minutes 282 Hours 4.70					Minutes 173 Hours 2.88				

Medical / Therapy		0.62 hours/person/month (based on medians)						0.10 hours/person/month				-0.02 FTE gap			
Monitoring Supports/Services		0.01 hours/person/month (based on means)													
6 Steps / Activities	Actual Data						Essential Standard				Difference in Time				
	% People Seen in Feb	Time	Occur / Person	Formula	Type	Total Time in Minutes	% Should see	How long	How often	Type	Time per Person per Activity	Actual	Essential	Essential minus Actual	% Time Spent on Step/Activity
DDD-funded Medical Svc./Therapy Contact						2.6	25%				5				
Provider contact (MT-M)	34%	5	1.5	0.52	TC	2.6		10	2	TC	5				
Payment							25%				1.25				
SSPS (MT-M)					OF			5	1	OF	1.25				
						34.5									
Client/family/residential contact (MT-M)	172%	10	1.8	3.10		31.2									
Collateral contacts (MT-M)	34%	2	1.0	0.34		0.7									
Miscellaneous (MT-M)	34%	8	1.0	0.34		2.6									
Total time / person / month						Minutes 37.0 Hours 0.62					Minutes 6.3 Hours 0.10				

Medical/Therapy		total hours for all reviews from sample (based on medians)					hours/evaluation				FTE gap					
Review of Supports/Services		no data					hours/ review (based on means)									
6		Actual Data for Evaluations from Sample					Essential Standard for One Evaluation				Difference in Time					
Steps / Activities		% People Seen in Feb	# Time	# Occur	# People	Type	Total Time in Minutes	% Should see	How long	How often	Type	Time per Person per Activity	Actual	Essential	Essential minus Actual	% Time Spent on Step/Activity
Follow-up Satisfaction																
Client/family contact (MT-R)																
Contact w/ resource (MT-R)																
Consultation (MT-R)																
Documentation																
Narrative/forms (MT-R)																
Total time / Review and Evaluation							Minut: Hours					Minutes Hours				

2.1 hours / connection (based on medians) Mental Health/Counseling (Adults and Children) Connection to Supports/Services 18.7 total hours for connection from sample (based on medians) 2.1 hours / connection (based on means) -0.08 FTE gap																
9	Actual Data for Connections from Sample							Essential Standard for One Connection					Difference in Time			
	% People Seen in Feb	Time	# Occur	# People	Type	Total Time in Minutes	%	Should see	How long	How often	Type	Time per Person per Activity	Spent on Step/Activity	y		
Linking to Community Service							146	100%				60	16.2	60	44	-3031%
	Phone calls (MHA-C)	33%	14	8	3 TC	115			10	3	TC	30				
	Consult with colleague (MHA-C)	22%	8	4	2 TC/FF	31			7	2	TC/FF	14				
	Consult with community prof. (MHA-C)				TC				8	2	TC	16				
Referral							940	40%				53	104.4	53	-51	3562%
	Calls to mental health provider (MHA-C)	89%	10	58	8 TC	580			5	2.5	TC	5.0				
	Mtg with client/family/com. resource (MHA-C)	33%	50	6	3 FF	300			60	1	FF	24				
	Travel (MHA-C)	22%	15	4	2 TR	60			30	2	TR	24				
Documentation							15	100%				5	1.7	5	3	-231%
	Narrative (MHA-C)	11%	8	2	1 OF	15			5	1	OF	5				
Miscellaneous (MHA-C)							19	100%				5	2.1	5	3	-200%
	Total time/ connection					Minutes 1120						Minutes 123	124.4	123	-1	100%
						Hours 18.7						Hours 2.1	2.07	2.05	-0.02	

Mental Health/Counseling (Adults)		0.12 hours/person/month (based on medians)					0.18 hours/person/month					0.91 FTE gap					
Monitoring Supports/Services		0.15 hours/person/month (based on means)															
57	Steps / Activities	Actual Data					Essential Standard					Difference in Time					
		People Seen in Feb	Time	Occur / Person	Formula	Type	Total Time in Minutes	% Should see	How long	How often	Type	Time per Person per Activity	Actual	Essential	Essential minus Actual	% Time Spent on Step/Activity	
	Mental Health Provider Contact						7.1	78%					5.5	7.1	5.5	-1.6	-51%
	Phone call (MHA-M)	4%	35	1.0	0.04	TC	1.2	33%	15	1	TC	3.9					
	Meeting (MHA-M)	4%	75	1.0	0.04	FF	2.7	1.7%	60	1	TC	0.8					
	Travel to mtg. (MHA-M)	2%	45	4.0	0.07	TR	3.2	1.7%	30	2	TR	0.8					
	Monitoring Contact/Consult						0.4					3.4	0.4	3.4	3.1	98%	
	Client/family/other contact (MHA-M)	4%	10	1.0	0.04	TC	0.4	25%	15	1	TC	2.9					
	DDD consult (MHA-M)	7%	11	1.8	0.12	FF/TC	1.4	5%	10	1	FF/TC	0.5					
	Documentation							33%					1.7		1.7	1.7	53%
	Narrative (MHA-M)								5	1	OF	1.7					
	Total time per person per month						Minutes 7.4					Minute: 10.5	7.4	10.5	3.1	100%	
	(Community Mental Health Svc.)						s 0.12					Hours 0.2	0.12	0.18	0.05		

Mental Health/ Counseling (Adults and Children)		Total hours for steps/activities (based on medians)				hours / review				FTE gap					
Review of Supports/Services		no data		Total hours for phase (based on means)											
4 Steps / Activities	Actual Data for Reviews from Sample					Essential Standard for One Review				Difference in Time					
	% People Seen in Feb	Time	# Occur	# People	Type	Total Time in Minutes	% Should see	How long	How often	Type	Time per Person per Activity	Actual	Essential	Essential minus Actual	% Time Spent on Step/Activity
Follow-up Satisfaction															
Client/family contact (MHA-R)					TC										
Contact w/ resource (MHA-R)					TC										
Consultation (MHA-R)					TC										
Documentation															
Narrative/forms (MHA-R)					OF										
Total time / Review and Evaluation						Minutes Hours					Minutes Hours				

Mental Health/Counseling																
(Children)																
Monitoring Supports/Services																
Hours/person/month (based on medians) 0.49 hours/person/month 3.16 FTE gap																
Hours/person/month (based on means)																
19	Actual Data						Essential Standard					Difference in Time				
Steps / Activities	% People Seen in Feb	Time	Occur / Person	Formula	Type	Total Time in Minutes	% Should see	How long	How often	Effect of % should see	Type	Time per Person per Activity	Actual	Essential	Essential minus Actual	% Time Spent on Step/Activity
Mental Health Provider Contact												23.4	23	23	79%	
Phone call (MHC-M)					TC		8%	20	1	0.08	TC	1.7				
Meeting (MHC-M)					FF		3%	60	1	0.03	FF	1.5				
Travel to mtg. (MHC-M)					TR		3%	30	2	0.05	TR	1.5				
Meeting (MHC-M)							12.5%	90	1	0.13	FF	11.25				
Travel to mtg. (MHC-M)							12.5%	30	2	0.25	TR	7.5				
Monitoring Contact/Consult												4.9	5	5	17%	
Client/family/other contact (MHC-M)					TC		25%	15	1	0.25	TC	3.75				
Mental health prof. consult							10%	10	1	0.1	TC/FF	1				
DDD consult							5%	5	0.5	0.025	TC/FF	0.13				
Documentation							25%					1.25	1	1	4%	
Narrative (MHC-M)					OF			5	1	0.25	OF	1.25				
Total time / person / month						Minutes						29.5	30	30	100%	
						Hours						0.49	0.5	0.5		

Medicaid Personal Care	1.60 hours/ connection (based on medians)	4.2 hours/connection	3.89 FTE Gap
	6.05 total hours for connection from sample (based on medians)		
Connection to Supports/Services	1.70 hours/ connection (based on means)		

4 Steps / Activities	Actual Data for Connections from Sample						Essential Standard for One Connection					Difference in Time			
	% People Seen in Feb	Time	# Occur	# People	Type	Total Time in Minutes	% Should see	How long	How often	Type	Time per Person per Activity	Actual	Essential	Essential minus Actual	% time Spent on Step/Activity
Initial contact & eligibility						105	100%				17	105.0	17	-89	-57%
Contact family (MPC-C)	159%	15	7	6	TC	105		10	1	TC	10				
Financial eligibility review					OF			6.5	1	OF	7				
Assessment						157	100%				220	157.0	220	63	40%
Travel (MPC-C)					TR			30	2	TR	60				
Interview with client / family (MPC-C)	53%	66	2	2	FF	132		80	1	FF	80				
Paperwork/Computer (MPC-C)	26%	15	1	1	OF	15		60	1	OF	60				
Copying & distributing (MPC-C)	26%	10	1	1	OF	10		15	1	OF	15				
Update client data base					OF			5	1	OF	5				
Provider Connection						11					16	11.0	16	5	3%
Coordinate case plan (MPC-C)					FF		100%	45	2	FF	12				
SSPS (MPC-C)	26%	10	1	1	OF	10	100%	15	2	OF	4				
Provider contact (MPC-C)	26%	1	1	1	TC	1				TC					
Miscellaneous (MPC-C)	106%	18	5	4	all	90	100%			all		90.0		-90	-58%
Total time / Connection						Minutes 363 Hours 6.1					Minutes 252 Hours 4.2	96.1	252	156	100%
												1.6	4	3	

Medicaid Personal Care		0.10 hours/person/month (based on medians)						0.48 hours/person/month						17.34 FTE gap			
Monitoring Supports/Services		0.12 hours/person/month (based on means)															
161		Actual Data						Essential Standard						Difference in Time			
Steps / Activities	% People Seen in Feb	Time	Occur / Person	Formula	Type	Total Time in Minutes		% Should see	How long	How often	Type	Time per Person per Activity		Actual	Essential	Essential minus Actual	% Time Spent on Step/Activity
Initial Contact																	
Initial request/concern	8%	10	1.62	0.13	TC	1.27	1.3	25%	8	1	TC	2.0	2.0	1.3	2	1	3%
Resolve by Info Gathering																	
Review records (MPC-M)	2%	5	1.0	0.02	OF	0.09	0.3	8%	5	1	OF	0.4	1.9	0.3	2	2	7%
Collateral Follow-up (MPC-M)	2%	5	2.0	0.04	TC	0.19			9	2	TC	1.5					
Resolution																	
SSPS Change (MPC-M)	6%	5	1.0	0.06	OF	0.31	1.7	8%	5	1	OF	0.4	4.0	1.7	4	2	10%
Family/provider mtg. (MPC-M)	2%	28	1.0	0.02	FF	0.68		2%	45	1	FF	0.7					
Home visit (MPC-M)								2%	60	1	FF	1.0					
Travel (MPC-M)	0.62%	30	1.0	0.01	TR	0.19		2%	30	2	TR	1.0					
Research Prov, Pay Prob. (MPC-M)	1.24%	30	1.5	0.02	OF	0.56		3%	30	1	OF	1.0					
Provider change																	
Provider contact (MPC-M)	8.1%	5	1.8	0.14	TC	0.71	0.7	17%	15	3	TC	7.65	20.4	0.7	20	20	87%
SSPS (MPC-M)					OF				15	2	OF	5.1					
Coordinate case plan (MPC-M)					FF				45	1	FF	7.65					
Verify service is being provided--no fraud								1%	20	1	TC	0.32	0.3		0	0	1%
Miscellaneous (MPC-M)																	
	15%	9	1.5	0.22	all	2.09	2.1							2.1		-2	-9%
Total time / person / month						Minutes 6.1						Minutes 28.7		6.1	29	23	100%
						Hours 0.10						Hours 0.48		0.10	0.48	0.38	

3.14 hours/ review (based on medians) 25.48 total hours for all reviews from sample (based on medians) 4.7 hours / review 5.09 FTE Gap																		
Medicaid Personal Care Review of Supports/Services		3.30 hours/ review (based on means)																
8 Steps / Activities	Actual Data for Reviews from Sample						Essential Standard for One Review					Difference in Time						
	% People Seen in Feb	Time	# Occur	# People	Type	Total Time in Minutes	% Should see	How long	How often	Type	Time per Person per Activity	Actual	Essential	Essential minus Actual	% Time Spent on Step/Activity			
Redetermining eligibility						65	100%				20	8	20	12	13%			
Contact with family / client	62%	5	10	5	TC	45		15	1	TC	15							
Eligibility review (MPC-R)	12%	20	1	1	OF	20		5	1	OF	5							
Assessment						1,206	100%				180	149	180	31	33%			
Travel	86%	28	13	7	TR	364		30	2	TR	60							
Interview with client / family (MPC-R)	111%	50	11	9	FF	550		60	1	FF	60							
Paperwork (MPC-R)	74%	40	7	6	OF	280		40	1	OF	40							
Copying & distributing (MPC-R)	12%	12	1	1	OF	12		15	1	OF	15							
Update client database								5	1	OF	5							
Verify service is being provided--no fraud							100%	20	1	TC	20	20	20	20	21%			
Reauthorize services						30					15	4	15	11	12%			
SSPS (MPC-R)	25%	15	2	2	OF	30	100%	15	1	OF	15							
ETP						174	26%				29.1	21	29	8	8%			
Contact with family								8	2	TC	4.2							
Provider contact (MPC-R)	86%	25	7	7	TC	174		8	2	TC	4.2							
Paperwork (MPC-R)								40	1	OF	10.4							
SSPS (MPC-R)								5	2	OF	2.6							
Supervisor review								30	1	FF/TC	7.8							
Miscellaneous (MPC-R)	62%	9	6	5	all	54						7		-7	-7%			
Additional Review Needed							10%				2.0		2	2	2%			
Redetermining eligibility								15	1	TC	1.5							
Contact (MPC-R)								5	1	OF	0.5							
Eligibility review (MPC-R)							10%				18.0		18	18	19%			
Assessment								30	2	TR	6							
Travel (MPC-R)								60	1	FF	6							
Meeting with the family (MPC-R)								40	1	OF	4							
Paperwork (MPC-R)								15	1	OF	1.5							
Copying & distributing (MPC-R)								5	1	OF	0.5							
Update client database																		
Total time / Review and Evaluation						Minutes 1529					Minutes 284.1	188	284	96	100%			
						Hours 25.5					Hours 4.7	3.1	4.7	1.6				

1.47 hours / connection (based on medians) Nursing Facility 1.47 total hours for connection from sample 4.8 hours/connection 2.15 FTE gap (based on medians)																
Connection to Supports/Services 1.83 hours / connection (based on means)																
1	Actual Data for Connections from Sample						Essential Standard for One Connection						Difference in Time			
	% People Seen in Feb	Time	# Occur	# People	Type	Total Time in Minutes	% Should see	How long	How often	Effect of % should see	Type	Time per Person per Activity	Actual	Essential	Essential minus Actual	% Time Spent on Step/Activit y
Comprehensive Assessment						40	100%					223	40.0	223	183	91%
Travel (NF-C)					TR			60	1	1	TR	60				
Interview with client / family (NF-C)					FF			83	1	1	FF	82.5				
Paperwork (NF-C)					OF			60	1	1	OF	60				
Copying & distributing (NF-C)	200%	5	4	2	OF	18		15	1	1	OF	15				
Call to set up meeting	100%	6	4	1	TC	22		5	1	1	TC	5				
Arrange Placement						19	100%					50	19.0	50	31	16%
Contact w/Home & Com Svc	100%	3	4	1	FF/TC	12		30	1	1	FF/TC	30				
Contact w/ hospital SW					TC			5	2	2	TC	10				
Contact with nursing facility	100%	4	2	1	TC	7		5	2	2	TC	10				
Pre-admission Screening						29	100%					15	29.0	15	-14	-7%
OBRA paperwork	100%	20	1	1	OF	20		15	1	1	OF	15				
Narrative (NF-C)	100%	9	1	1	OF	9										
Total time / Connection						88						288	88.0	288	200	100%
						1.5						4.8	1.47	4.79	3.33	

Nursing Facility		0.01 hours/person/month (based on medians)							0.6 hours/person/month					2.51 FTE gap				
Monitoring Supports/Services		0.01 hours/person/month (based on means)																
28		Actual Data							Essential Standard					Difference in Time				
Steps / Activities		Percent	Time	Occur / Person	Formul a	Type	Total Time in Minutes	% Should see	How long	How often	Effect of % should see	Type	Time per Person per Activity	Actual	Essential	Essential minus Actual	% Time Spent on Step/Activity	
Provider Contacts (NF-M)								33%					2.6		3	3	8%	
Nursing facility phone calls						TC			8	1	0.33	TC	2.6					
Family Contacts (1 per year) (NF-M)								100%					0.8		1	1	3%	
Phone Calls (NF-M)						TC			10	0.08	0.08	TC	0.8					
Monitoring (NF-M)																		
Client contact (NF-M)						FF												
Travel (NF-M)						TR												
Record review (NF-M)						OF												
Miscellaneous (NF-M)		7%	10	1.0	0.07	OF	0.71	100%	5	1	1.00	OF	5.00	5.0	0.7	5	4	13%
		4%	15	1.0	0.04		0.54											
		4%	5	1.0	0.04		0.18											
Crisis Management													25.5		25	25	77%	
1) Client Situations: Assault of providers or clients, major behavior problems, other legal issues, acute mental health problems, etc.																		
2) Licensing Problems: Allegations of abuse or neglect, etc.																		
3) Family-initiated: Responding to concerns of family re: client & NF																		
Client Situation (NF-M)								2.5%										
						all			960	1	0.03	all	24					
Licensing Issues (NF-M)								0.2%										
Responding to crisis (NF-M)						all			480	1	0.002	all	1.0					
Family Initiated (NF-M)								0.2%										
Responding to crisis (NF-M)						all			300	1	0.002	all	0.5					
Total time / person / month							Minutes 0.7 Hours 0.012						Minutes 33.9 Hours 0.6	0.7	34	33	100%	
														0.01	0.57	0.55		

Nursing Facility		0.45 hours / review (based on medians)							2.3 hours / review					0.54 FTE gap					
Review of Supports/Services		0.45 hours / review (based on means)																	
1	Steps / Activities	Actual Data for Reviews from Sample							Essential Standard for One Review					Difference in Time					
		% People Seen in Feb	Time	# Occur	# People	Type	Total Time in Minutes	% Should see	How long	How often	Effect of % should see	Type	Time per Person per Activity	Actual	Essential	Essential minus Actual	% Time Spent on Step/Activity		
Review NF Service									100%										
Meet with client						TC	22		45	1	1	TC	45	135	108	100%			
Review records (NF-R)		124%	11	2	1	OF	22		30	1	1	OF	30						
Travel (NF-R)						TR			30	2	2	TR	60						
Assessment / Plan (NF-R)																			
Futures plan with client/family re: Residential options																			
Researching alternatives & informed choice process																			
Total time / Review and Evaluation							Minutes	22.0						Minutes	135.0				
								0.4							2.3	0.5	2.3	1.8	

Own Home		2.9 hours / connection (based on medians)										3.1 hours/connection		0.41 FTE gap		
Connection to Supports/Services		6.9 hours / connection (based on means)										7.6 total hours for connection from sample (based on medians)				
3	Steps / Activities	Actual Data for Connections from Sample					Essential Standard for One Connection					Difference in Time				
		% People Seen in Feb	Time	# Occur	# People	# Type	Total Time in Minutes	% Should see	How long	How often	Type	Time per Person per Activity	Actual	Essential	Essential minus Actual	% Time Spent on Step/Activity
Initial Request/Planning						193.8	100%					95.0				
						TC/F										
Client/family contact (OH-C)		154%	20	1.5	2	F 30		20	1	F	20	74.30	95.00	20.70	-558%	
Meeting with client/family (OH-C)		77%	25	6	2	FF 150		45	1	FF	45					
Travel (OH-C)		38%	14	1	1	TR 14	50%	30	2	TR	30					
Connection with Resources						261.8	100%					76.0				
Family & collateral contacts (OH-C)		423%	12	1.9	8	TC 24	80%	12	5	TC	48	100.4	76.00	-24.41	658%	
Mtg. w/ client, family, others (OH-C)		77%	82	2	2	FF 163	20%	45	2	FF	18					
Travel(OH-C)						TR	10%	30	2	TR	6					
Transport client (OH-C)		38%	38	2	1	TR 75	5%	40	2	TR	4					
Miscellaneous (OH-C)							100%					15.0				
Update record, etc. (OH-C)						OF		15	1	OF	15					
Total time / Connection						455.6						186.0	174.7	171	-3.71	100%
						Hours 7.6						Hours 3.1	2.91	2.85	-0.06	

Own Home		0.23 hours/person/month (based on medians)						0.44 hours/person/month						5.03 FTE gap			
Monitoring Supports/Services		0.25 hours/person/month (based on means)															
80	Steps / Activities	Actual Data						Essential Standard						Difference in Time			
		Percent	Time	Occur / Person	Formula	Type	Total Time in Minutes	% Should see	How long	How often	Effect of % should see	Type	Time per Person per Activity	Actual	Essential	Essential minus Actual	% Time Spent on Step/Activity
	New/ infrequent clients						0.2	2%					0.4	0	0	0	2%
	Client contact (OH-M)	1%	7	2.00	0.03	TC	0.18		10	2	0.04	TC	0.4				
	Monitoring Contacts						3.9	15%					4.5	4	5	1	5%
	Calls with client/family/com. prof. (OH-M)	14%	10	2.73	0.38	TC	3.91		15	2	0.3	TC	4.5				
	Support/Problem Solving						9.0	20%					18.7	9	19	10	75%
	Client contact (OH-M)					TC			15	3	0.6	TC	9.0				
	Meeting (OH-M)	4%	40	2.67	0.10	FF	4.03	10%	45	1	0.1	FF	4.5				
	Travel (OH-M)	4%	20	2.33	0.09	TR	1.71	8%	30	2	0.16	TR	4.8				
	DDD Consult (OH-M)	9%	9	4.14	0.36	FF/TC	3.24	5%	8	1	0.05	FF/TC	0.4				
	Documentation/Miscellaneous						0.6	20%					3.0	1	3	2	19%
	Update record/narrative (OH-M)	1%	17	1.00	0.01	OF	0.21		10	1	0.2	OF	2.0				
	Miscellaneous (OH-M)	1%	16	2.00	0.03	OF	0.39		5	1	0.2	OF	1				
	Total time / person / month						Minutes 13.7 Hours 0.23					Minutes 26.6 Hours 0.44	14	27	13	100%	

Appendix F

Parent-Relative Home		0.04 hours / connection (based on medians)					hours/connection					FTE gap			
Connection to Supports/Services		hours / connection (based on means)													
36 Steps / Activities	Actual Data for Connections from Sample					Essential Standard for One Connection					Difference in Time				
	% People Seen in Feb	Time	# Occur	# People	Type	Total Time in Minutes	% Should see	How long	How often	Type	Time per Person per Activity	Actual	Essential	Essential minus Actual	% Time Spent on Step/Activity
Client/family contact (PRH-C)	6%	24	2	2		47						2.3		-2.33	100%
Collateral Contacts (PRH-C)	11%	5	5	4.00		27									
Meeting w/Client, Family (PRH-C)	3%	5	1	1.00		5									
Miscellaneous (PRH-C)	3%	5	1	1.00	all	5									
Total time / Connection						Minutes 84						2.33		-2.33	100%
						Hours 1.40						0.04		-0.04	

Parent-Relative Home 0.03 hours/ person/ month (based on medians) 0.26 hours/person/month 20.25 FTE Gap																
Monitoring Supports/Services 0.03 hours/ person/ month (based on means)																
242 Steps / Activities	Actual Data						Essential Standard						Difference in Time			
	Percent	Time	Occur / Person	Formula	Type	Total Time in Minutes	% Should see	How long	How often	Effect of % should see	Type	Time per Person per Activity	Actual	Essential	Essential minus Actual	% Time Spent on Step/Activity
New/infrequent Clients Contact (PRH-M)	2%	7	1.67	0.04	TC	0.29	10%	15	2	0.2	TC	3	0.3	3	3	19%
Monitoring Contacts Calls from family, com. prof., others	2%	11	1.17	0.03	TC	0.31	10%	15	3	0.3	TC	4.5	0.3	5	4	30%
Support/Problem Solving Client/family contact (PRH-M)					TC	1.07	10%	15	3	0.3	TC	4.5	1.1	7	6	40%
Meeting (PRH-M)	1%	57	1.33	0.02	FF	0.95	2%	45	1	0.02	FF	0.9				
Travel (PRH-M)	0.4%	15	2.00	0.01	TR	0.12	2%	30	2	0.04	TR	1.2				
Documentation Update record/ narrative (PRH-M)							30%	5	1	0.3	OF	1.5		2	2	11%
Total time / person / month						Minutes 1.67 Hours 0.03						Minutes 15.6 Hours 0.26	1.7 0.03	16 0.26	14 0.23	100%

Intake and Eligibility		73.72 total hours for intake (based on medians)					3.8 hours/intake								
Initial Eligibility Determination		14.62 total hours for intake (based on means)													
133	Steps / Activities	Actual Data for Intake from Sample					Essential Standard for One Intake					Difference in Time			
		% People Seen in Feb	Time	# Occur	# People	Type	Total Time in Minutes	% Should see	How long	How often	Type	Time per Person per Activity	Actual	Essential	Essential minus Actual
	Initial Contact					514	130%				26	3.9	26	22	11%
	Initial contact (INTK)	19%	9	39	25	TC/FF	334		15	1	TC/FF	19.5			
	Paperwork/mailing (INTK)	2.3%	60	3	3	OF	180		5	1	OF	6.5			
	Withdrawal							30%							
	Application Meeting (70% of calls in)					3210	100%				100	24.1	100	76	39%
	Initial meeting (INTK)	24%	55	41	32	FF	2235	100%	65	1	FF	65			
	Travel (INTK)	5%	24	17	7	TR	415	25%	30	2	TR	15			
	Intake paperwork (forms, voter reg., etc.)	18%	18	32	24	OF	560	100%	20	1	OF	20			
	Review of Information (all who applied)					420	100%				18.5	3.2	19	15	8%
	Review documents (INTK)	11%	20	21	15	OF	420		18.5	1	OF	18.5			
	Psychological Evaluation										0.15		0	0	0%
	Psych, evaluation appointment					TC		1%	10	1	TC	0.1			
	Payment authorization (SSPS)					OF		1%	5	1	OF	0.05			
	ICAP Process										13.4		13	13	7%
	Letter to schedule					OF		14%	15	1	OF	2.1			
	Travel (INTK)					TR		1.4%	30	2	TR	0.84			
	ICAP meeting					FF		14%	60	1	FF	8.4			
	Score ICAP					OF		14%	15	1	OF	2.1			
	Eligible (70% of applicants)					206	70%				52.5	1.5	53	51	26%
	Eligible letter	3%	15	4	4	OF	60		15	1	OF	10.5			
	Copying & distributing (INTK)	2%	12	3	2	OF	36		15	1	OF	10.5			
	Prepare file (CCDB) (INTK)	3%	28	4	4	OF	110		45	1	OF	31.5			
	Withdrawal (10% of applicants)					8	10%				2	0.1	2	2	1%
	Confirmation of withdrawal (INTK)	1%	4	2	1	OF	8		10	1	OF	1			
	Filing case record					OF			10	1	OF	1			
	Ineligible (20% of applicants)					25	20%				15	0.2	15	15	8%
	Supervisor consult (INTK)	2%	13	2	2	FF/TC	25	10%	10	1	FF/TC	1			
	Follow-up with I&R					TC			30	1	TC	6			
	Ineligible letter					OF			15	1	OF	3			
	Rights of appeal notification					OF			5	1	OF	1			
	Copying & distributing (INTK)					OF			15	1	OF	3			
	Ineligible form					OF			5	1	OF	1			
	Fair Hearing					40					0.50	0.3	1	0	0%
	Preparation/copying & distributing (INTK)	1%	20	2	1	OF	40	1%	60	1	OF	0.12			
	Contacts (INTK)					TC		1%	30	2	TC	0.12			
	Hearing					TC/FF		1%	120	1	TC/FF	0.24			
	Review ruling					OF		1%	10	1	OF	0.02			
	Total time per Intake & Eligibility Determination					Minutes 4423 Hours 73.72					Minutes 228 Hours 3.8	33.3 0.6	228 4	195 3	100%

Intake and Eligibility		5.62 total hours for eligibility review (based on medians)					3.1 hours/ eligibility review									
Eligibility Review		0.97 total hours for phase (based on means)														
3455		Actual Data for Eligibility Review from Sample					Essential Standard for One Eligibility Review					Difference in Time				
Steps / Activities	% People Seen in	Time	# Occur	# People	Type	Total Time in Minutes	% Should see	How long	How often	Type	Time per Person per Activity		Actual	Essential	Essential minus Actual	% Time Spent on Step/Activity
	Feb															
Initial Contact																
Review File (ER)					OF		100%	30	1	TC/FF	30.0		70	70		
Letter/Phone Call to Estab. Contact (ER)					OF/TC			10	1	OF	10.0					
Collateral Call or compsearch to find(ER)					OF/TC			10	3	OF/TC	30.0					
Inability to Contact																
Letter to close file					OF		12%	10	1	OF	1.2		1	1	1%	
Discussion With Family/Client																
Phone Call (ER)					TC		88%	15	1	TC	12.5		18	18	10%	
Meeting (ER)							95%	65	1	FF	2.9					
Travel (ER)					TR		5%	30	2	TR	2.6					
1303																
Three-year-olds																
Review of Information																
Releases mailed for signatures (ER)	2%	13	2	2	OF	25	55	100%	10	1	OF	4.4	0.04	17	17	9%
Review documents (ER)	3%	10	3	3	OF	30			19	1	OF	8.1				
Releases mailed for information					OF				10	1	OF	4.4				
Eligible																
Eligible letter (ER)					OF			38%	15	1	OF	2.5		5	5	3%
Copying & distributing (ER)					OF				15	1	OF	2.5				
Ineligible																
Discuss with Sup. or Admin	1%	2	1	1		2		50%				15.4		15	15	8%
Follow-up with I&R (ER)					TC				30	1	TC	6.6				
Ineligible letter (ER)					OF				15	1	OF	3.3				
Rights of appeal notification (ER)					OF				5	1	OF	1.1				
Copying & distributing (ER)					OF				15	1	OF	3.3				
Ineligible form (ER)					OF				5	1	OF	1.1				
Fair Hearing																
Preparation, Copying & distributing (ER)	1%	5	2	1	OF	10	10	1%	60	1	OF	0.3	0.01	1	1	1%
Contacts (ER)					TC			1%	30	2	TC	0.3				
Hearing (ER)					TC/FF			1%	120	1	TC/FF	0.5				
Review ruling (ER)					OF			1%	10	1	OF	0.0				
939																
Six-Year-Olds																
Review of Information																
Releases mailed for signatures (ER)					OF		90	35%	10	1	OF	3.1	0.10	12	12	6%
Review documents (ER)	8%	15	6	6	OF	90	100%		19	1	OF	5.7				
Releases mailed for information					OF				10	1	OF	3.1				
Psychological Evaluation																
Psych, evaluation appointment (ER)					TC			1%	10	1	TC	0.0		0	0	0%
Payment authorization (SSPS) (ER)					OF			1%	5	1	OF	0.0				

Appendix F

Intake and Eligibility		5.62 total hours for eligibility review (based on medians)					3.1 hours/ eligibility review								
Eligibility Review		0.97 total hours for phase (based on means)													
3455	Actual Data for Eligibility Review from Sample						Essential Standard for One Eligibility Review					Difference in Time			
Steps / Activities	% People Seen in Feb	Time	# Occur	# People	Type	Total Time in Minutes	% Should see	How long	How often	Type	Time per Person per Activity	Actual	Essential	Essential minus Actual	% Time Spent on Step/Activity
ICAP Process						35					4.1	0.04	4	4	2%
Letter to schedule (ER)					OF		14%	15	1	OF	0.6				
Travel (ER)					TR		14%	30	2	TR	2.6				
ICAP meeting (ER)	1%	35	1	1	FF	35	1.4%	60	1	FF	0.3				
Score ICAP (ER)					OF		14%	15	1	OF	0.6				
Eligible							70%				6.5		6	6	3%
Eligible letter (ER)					OF			15	1	OF	3.2				
Copying & distributing (ER)					OF			15	1	OF	3.2				
Ineligible							30%				6.5		6	6	3%
Follow-up with I&R (ER)					TC			30	1	TC	2.8				
Ineligible letter (ER)					OF			15	1	OF	1.4				
Rights of appeal notification (ER)					OF			5	1	OF	0.5				
Copying & distributing (ER)					OF			15	1	OF	1.4				
Ineligible form (ER)					OF			5	1	OF	0.5				
Fair Hearing											0.8		1	1	0%
Preparation, Copying & distributing (ER)					OF		1%	60	1	OF	0.2				
Contacts (ER)					TC		1%	30	2	TC	0.2				
Hearing (ER)					TC/FF		1%	120	1	TC/FF	0.4				
Review ruling (ER)					OF		1%	10	1	OF	0.0				
1213															
Other Condition							15%				5.1		5	5	3%
Review of Information							100%								
Releases mailed for signatures (ER)					OF			10	1	OF	1.3				
Review documents (ER)					OF			18.5	1	OF	2.4				
Releases mailed for information					OF			10	1	OF	1.3				
ICAP Process											19.8		20	20	11%
Letter to schedule (ER)					OF		100%	15	1	OF	2.0				
Travel (ER)					TR		10%	30	2	TR	7.9				
ICAP meeting (ER)					FF		100%	60	1	FF	7.9				
Score ICAP (ER)					OF		100%	15	1	OF	2.0				
Eligible							95%				3.8		4	4	2%
Eligible letter (ER)					OF			15	1	OF	1.9				
Copying & distributing (ER)					OF			15	1	OF	1.9				
Ineligible							5%				0.5		0	0	0%
Follow-up with I&R (ER)					TC			30	1	TC	0.2				
Ineligible letter (ER)					OF			15	1	OF	0.1				
Rights of appeal notification (ER)					OF			5	1	OF	0.0				
Copying & distributing (ER)					OF			15	1	OF	0.1				
Ineligible form (ER)					OF			5	1	OF	0.0				
Fair Hearing						57					0.33	0.05	0	0	0%
Preparation, Copying & distributing (ER)	1%	57	1	1	OF	57	1%	60	1	OF	0.1				
Contacts (ER)					TC		1%	30	2	TC	0.1				
Hearing (ER)					TC/FF		1%	120	1	TC/FF	0.2				
Review ruling (ER)					OF		1%	10	1	OF	0.0				
Miscellaneous (R-E)	5%	9	10	5		90						0.07		0	0%
Consult with other Case Manager	2%	10	7	2		70									
Narrative	2%	5	2	2		10									
Other paperwork	1%	10	1	1		10									
Total time per Eligibility Review						Minutes 337.0					Minutes 186.9	0.10	187	187	100%
						Hours 5.62					Hours 3.11	0.0016	3	3	

No Contact DDD Clients		total hours for connection (based on medians)				4.04 hours/connection				22.41 FTE gap							
Connection to Services/Supports		total hours for phase (based on means)															
Steps / Activities		Actual Data for Sample Connections					Essential Standard for Contacting the No Contact Clients					Difference in Time					
		% People Seen in Feb	Time	# Occur	# People	Type	Total Time in Minutes	% Should see	How long	How often	Type	Time per Person per Activity	Actual	Essential	Essential minus Actual	% Time Spent on Step/Activity	
Review File								100%				27.0	0	27.0	27.0	11%	
Determine whether eligibility review needed									10	1	TC	10					
Consult with former C/M									10	1	TC	10					
Send letter									7	1	FF	7					
Contact Family								100%				45.0	0	45.0	45.0	19%	
Initial call									10	1	TC	10					
Collateral call									10	3	TC	30					
Computer search									5	1	OF	5					
Talk to Family								100%				60.0	0	60.0	60.0	25%	
Phone calls									30	2	TC	60					
Narrative/Update CCDB								100%				17.0	0	17.0	17.0	7%	
Unmet needs form									17	1	FF	17					
Connect to Requested Services								20%	160	1	all	32	32	0	32	32.0	13%
Emergency Services								10%	614	1	all	61.4	61.4	0	61.4	61.4	25%
Total time per contact and connection												Minutes 242.42	0	242.4	242.4	100%	
												Hours 4.04					

Appendix G
Resource Management Expert Estimation

Resource Management

Expert Estimation

Contracts/Residential/Community-Building

May/June/July 1998

Name _____

Years Experience in DDD _____

Education (B. A., M.S.W., etc.) _____

What percentage of your time do you spend on resource management activities related to contracting/residential/community-building?

Appendix G
County Program Resource Management
Expert Estimation
May, 1998

Name _____

Years Experience in DDD _____

Education (B.A., M.S.W., etc.) _____

What percentage of your time do you spend on County-related resource management activities?

Which county (ies) do you work with?

ATTENDANCE AT EXPERT ESTIMATION MEETINGS

	<u>REGIONS</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>
Residential		X	X	X	X	X	
County Adult Day ¹				X	X	X	X
Contracting		X	X		X	X	X
Community Resource Building		X	X	X	X	X	

¹ In a series of conference calls, project staff went through what was essentially the same process used in the meeting to get information from Regions 1 and 2 as well as additional representatives from Regions 3, 5, and 6. So this data was gathered and recorded in the same way as the original County Meeting. Data to fill in missing times for specific activities in all four areas was gathered over the phone or through written requests.

Data on how often certain Connecting and Review processes occurred each month or year in each region for each of the four areas was gathered via phone or written request. Much of this information was brought to the August 5/6 Field Committee and Expert Estimation of Resource Management meeting.

Totals for Regions
Regional Totals

EXPERT ESTIMATION--COUNTY PROGRAMS

TOTAL YEARLY COUNTY PROGRAMS 4088.2

Processes (hrs./yr.)	1S	1Wh	1We	1 Tot	2U	2L	2 Tot	3I	3S	3W	3 Tot	4.0	5.0	6U	6L	6 Tot	Ave	All Reg Tot
Work Order Budget	NA	4.0	3.0	7.0			0.0	10.0	NA	50.0	60.0	86.0	20.0	80.0	0.0	80.0	42.2	253.0
County Plan Development	NA	6.0	2.0	8.0			0.0	27.5	NA	50.0	77.5	6.0	10.5	40.0	6.5	46.5	24.8	148.5
DVR Process		12.0	12.0	2.0	26.0		0.0	10.0	NA	10.0	20.0	32.0	11.0	40.0	3.0	43.0	22.0	132.0
Individ/Group Resource Devel.		36.0	2.0	0.0	38.0		0.0	20.0	32.0	50.0	102.0	96.0	156.0	50.0	4.0	54.0	74.3	446.0
County Program Evaluations		4.0	3.0	2.0	9.0		0.0	8.0	NA	6.0	14.0	5.0	12.0	5.0	8.0	13.0	8.8	53.0
Implementing Legislative Provisos		23.0	2.0	15.0	40.0	120.0	120.0	10.0	15.0	17.0	42.0	44.0	48.0	160.0	6.0	166.0	76.7	460.0
Transition Planning		20.0	3.0	0.0	23.0		0.0	20.0	20.0	14.0	54.0	48.0	35.0	60.0	5.0	65.0	37.5	225.0
Program Revisions		12.0	2.0	6.0	20.0	160.0	160.0	15.0	30.0	15.0	60.0	12.0	28.0	60.0	35.0	95.0	62.5	375.0
Technical Assistance Coord.		68.0	8.0	1.0	77.0		0.0				0.0		15.0			0.0	18.4	92.0
State-Wide Meetings				2.5			2.5				2.5	2.5	2.5	30.0		30.0	7.1	42.5
Monitor/CorrectCHRIS Reports				76.2			76.2				8.4	76.2	76.2			144.0	76.2	457.2
Coord w/ CM on Progress of Clients				115.5			115.5				39.0	115.5	115.5	192.0		192	115.5	693.0
Review Agency Billings				118.5			118.5				21.0	118.5	118.5			216.0	118.5	711.0
Total for Each Region/Year				560.7			592.7				500.4	641.7	648.2			1144.5	684.4	4088.2
Total for all Regions/Year																	681.4	4088.2

Separate Process
 Region 2 average **EXPERT ESTIMATION--DDD RESIDENTIAL**
 Need Information/Confirmation
 Totals and Sub-totals

TOTAL PER YEAR DDD RESIDENTIAL 22489
 Connecting **9351** Monitoring **4244** Review **8894**

CONNECTING PHASE

Starting a New Agency

Steps--General Activities

<u>In Hrs/Residential Start-Up</u>	<u>1</u>	<u>2J</u>	<u>2C</u>	<u>2 Ave</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>Ave.</u>	<u>Tot Time/Yr</u>
General Client Ident.	NA	NA	6.0	6.0	12.5	2.0	8.0	7.1	7.1	
Where Locate Prog?	NA	NA	1.0	1.0	2.0	0.1	4.0	1.8	1.8	
Finding Source of Funding	0.0	NA	12.0	12.0	7.0	8.0	8.0	8.8	8.8	
Locate Provider Candidate(s)	NA	NA	13.0	13.0	10.0	8.0	10.0	10.3	10.3	
"Infor Sharing" with Candidate(s)	NA	NA	10.0	10.0	20.0	16.0	15.0	15.3	15.3	
Getting Info About Potent. Res.	NA	NA	2.0	2.0	10.0	0.3	10.0	5.6	5.6	
Giving Prov. Cand. Info to Fam.	NA	NA	5.0	5.0	6.0	1.5	2.0	3.6	3.6	
Budget Negot. with Vendor	NA	NA	8.0	8.0	6.0	8.0	8.0	7.5	7.5	
Initial Certification	NA	NA	9.0	9.0	8.0	24.0	6.0	11.8	11.8	
Help Get Training as New Agency	NA	NA	12.0	12.0	6.0	6.0	5.0	7.3	7.3	
Help Locate Space for Program	NA	NA	5.0	5.0	7.0	16.0	4.0	8.0	8.0	
"Negot." with Community	NA	NA	0.0	0.0	2.0	0.0	1.0	0.8	0.8	
Coordinate Actual Moves	NA	NA	6.0	6.0	4.5	6.0	3.0	4.9	4.9	
Answering "New Agency" Questions	NA	NA	10.0	10.0	15.0	12.0	10.0	11.8	11.8	
Help with Initial Cost Report	NA	NA	10.0	10.0	7.0	1.0	4.0	5.5	5.5	
Tot Gen. Act./Res. Start-Up	0.0	0.0	109.0	109.0	123.0	108.9	98.0	109.71	109.71	

Steps--Contracting

	<u>1</u>	<u>2J</u>	<u>2C</u>	<u>2 Ave</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>Ave.</u>	
Set Up a Budget	NA	NA	8.0	8.0	4.0	8.0	4.0	6.0	6.0	
Internal Rate Negotiations	NA	NA	4.0	4.0	2.0	24.0	2.0	8.0	8.0	
Rate Change Request Form Process	NA	NA	3.5	3.5	2.0	4.0	3.0	3.1	3.1	
Writing summary narrative	NA	NA	2.0	2.0	1.0	NA	2.0	1.7	1.7	
Write Basic Contract	NA	NA	3.0	3.0	1.0	8.0	1.0	3.3	3.3	
Get Signatures	NA	NA	1.0	1.0	1.0	1.0	1.0	1.0	1.0	
Do A-19 for Agency Start-up	NA	NA	1.0	1.0	1.0	0.3	1.0	0.8	0.8	
Appr for Client Start-up; papwrk	NA	NA	2.0	2.0	1.0	0.3	2.0	1.3	1.3	
Tot Contr/Res. Start up	0.0	0.0	24.5	24.5	13.0	45.5	16.0	25.17	25.17	
# Times Happens/Year	0.3			0.67	1.3	3.0	0.3	1.7		7.26
Total Time/Year Starting Agencies in hours per year										979.2

Group Placement--Amending a Current Contract								
Steps--General Activities	Req 1	Req 2	Req 3	Req 4	Req 5	Req. 6	Ave.	Tot Time/Yr
General Client Ident.	0.0	6.0	6.0	1.3	8.0	4.3		4.3
Where Locate Prog?	0.0	2.0	2.0	1.0	2.0	1.4		1.4
Finding Source of Funding	0.0	4.0	4.0	0.0	6.0	2.8		2.8
Locate Provider Candidate(s)	0.0	4.0	6.0	8.0	6.0	4.8		4.8
"Infor Sharing" with Candidate(s)	0.0	0.0	0.0	0.0	0.0	0.0		0.0
Getting Info About Potent. Res.	1.0	3.0	20.0	0.3	8.0	6.5		6.5
Giving Prov. Cand. Info to Fam.	0.0	5.0	10.0	1.5	4.0	4.1		4.1
Budget Negot. with Vendor	0.0	4.0	6.0	8.0	3.0	4.2		4.2
Initial Certification	1.0	2.0	3.0	2.0	1.0	1.8		1.8
Help Get Training as New Agency	0.0	0.0	2.0	0.0	1.0	0.6		0.6
Help Locate Space for Program	8.0	1.0	6.0	8.0	2.0	5.0		5.0
"Negot." with Community	0.0	0.0	1.0	3.0	1.0	1.0		1.0
Coordinate Actual Moves	0.0	3.0	6.0	6.0	2.0	3.4		3.4
Answering "New Agency" Questions	5.0	6.0	2.0	0.0	2.0	3.0		3.0
Help with Initial Cost Report	0.0	0.0	0.0	0.0	0.0	0.0		0.0
Total Gen. Act/Per Addit	15.0	40.0	74.0	39.1	46.0	42.8		42.81
Steps--Contracting								
Set Up a Budget								
Internal Rate Negotiations								
Rate Change Request Form Process								
Writing summary narrative								
Write Basic Contract								
Get Signatures								
Do A-19 for Agency Start-up								
Approval for Client Start-up; papwrk								
Total Contracting Time	N/A	12.0	12.0	12.0	13.0	12.25		12.25
# Times Happens/Year	0.0	1.0	7.0	13.0	1.0	3.0		25.0
Total Time Spent/Year on Group Additions in hours								1376.5

Adding a New Person to an Existing Agency

<u>Steps--General Activities</u>	<u>1</u>	<u>2J</u>	<u>2C</u>	<u>2 Ave</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>Ave.</u>	<u>Tot Time/Yr</u>
General Client Ident.	0.0	12.0	5.0	8.5	4.0	0.5	4.0	3.4	3.4	
Where Locate Prog?	0.0	1.0	1.0	1.0	1.0	1.0	1.0	0.8	0.8	
Finding Source of Funding	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	
Locate Provider Candidate(s)	0.0	4.0	2.0	3.0	6.0	8.0	4.0	4.2	4.2	
"Infor Sharing" with Candidate(s)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Getting Info About Potent. Residents	0.0	4.0	1.0	2.5	4.0	0.3	3.0	2.0	2.0	
Giving Prov. Cand. Info to Fam.	0.0	2.0	1.0	1.5	2.0	4.0	1.0	1.7	1.7	
Budget Negot. with Vendor	2.0	6.0	4.0	5.0	2.0	4.0	2.0	3.0	3.0	
Initial Certification	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	
Help Get Training as New Agency	0.0	0.0	0.0	0.0	1.0	0.0	1.0	0.4	0.4	
Help Locate Space for Program	2.0	1.0	0.0	0.5	1.0	0.0	0.0	0.7	0.7	
"Negot." with Community	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Coordinate Actual Moves	0.0	1.0	2.0	1.5	2.0	1.0	1.0	1.1	1.1	
Answering "New Agency" Questions	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Help with Initial Cost Report	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Tot Gen Steps/Addition	6.0	33.0	18.0	25.5	25.0	20.8	19.0	19.3	19.25	
<u>Steps--Contracting</u>										
Set Up a Budget										
Internal Rate Negotiations										
Rate Change Request Form Process										
Writing summary narrative										
Write Basic Contract										
Get Signatures										
Do A-19 for Agency Start-up										
Approval for Client Start-up; papwrk										
Total Time Contracting	10.0	8.0	8.0	8.0	8.0	8.0	9.0	8.6	8.6	
# Times Happens/Year	15.0			19.0	40.0	75.0	13.0	15.0		177.0
Total Time Spent/Year on Single Additions										4929.5

Converting from One Type of Residential Program to Another										
Steps--General Activities	1	2J	2C	2 Ave	3	4	5	6	Ave.	Tot Time/Yr
General Client Ident.									0.0	
Where Locate Prog?									0.0	
Finding Source of Funding									5.0	
Locate Provider Candidate(s)									0.0	
"Infor Sharing" with Candidate(s)									15.3	
Getting Info About Potent. Residents									0.0	
Giving Prov. Cand. Info to Fam.									1.0	
Budget Negot. with Vendor									7.5	
Initial Certification									11.8	
Help Get Training as New Agency									5.0	
Help Locate Space for Program									8.0	
"Negot." with Community									0.0	
Coordinate Actual Moves									2.0	
Answering "New Agency" Questions									0.0	
Help with Initial Cost Report									0.0	
Total Time Gen. Act./Conversion									55.6	
Steps--Contracting	1	2J	2C	2 Ave	3	4	5	6	Ave.	
Set Up a Budget										
Internal Rate Negotiations										
Rate Change Request Form Process										
Writing summary narrative										
Write Basic Contract										
Get Signatures										
Do A-19 for Agency Start-up										
Approval for Client Start-up; papwrk										
Total Time Contr/Conver	0.0	0.0	24.5	24.5	13.0	45.5	16.0	19.8	19.8	
# Times Happens/Year	0.0			1.8	10.0	5.0	1.0	3.5		21.3
Total Time/Year for Conversions										1606.0

Request for Qualifications (RFQ) Process

<u>Steps</u>	<u>Time</u>						
Developing Mailing List	1.0						
Info Sharing with Vendors, CM's	6.4						
Recruiting Review Committee	3.0						
Facilitating Review Process	1.0						
Reviewing Applications	8.0						
Notifying Applicants	2.0						
Total/RFQ	21.4						
Number of Time/year	1.0	2.0	1.0	1.0	2.0	2.0	9.0
Total RFQ Time/Year							192.6

Additional Time Needed If Have Community Protection Issues

<u>Steps</u>	Reg 1	Reg 2	Reg 3	Reg 4	Reg 5	Reg 6	
	<u>Existing Agency</u>		<u>New Agency</u>				
2nd Rate Sheet Approval Process	15.0		15.0				
Coord. Res. and Day Program	6.0		6.0				
Reviewing Priorities of Clients	15.0		15.0				
Training CM	20.0		20.0				
Train Vendors on Com. Prot. Policy	1.0		10.0				
Arrange for Therapy	12.0		12.0				
Talking with Person and Family	3.0		12.0				
Training Vendors	1.0		2.0				
Time with Legal Profession	1.5		3.5				
Community Negotiations	0--a lot		1.5				
Staff Training Issues	1.5		1.5				
Site Visits	7.0		3.0				
Total Extra Time/Set up	83.0		101.5				
# times/yr with existing agencies			2.0				2.0
# times/yr with new agencies						1.0	1.0
Total Time Spent per Year							267.5

REVIEW PHASE

Evaluation of Residential Programs

<u>Steps</u>	<u>Time</u>								
Preparation	2.8								
Entrance Interview	7.0								
Consult with Evaluation Team	1.0								
Exit Meeting	8.0								
Follow-up, Corrective Action	5.0								
Administrative Review	30.0								
Total/Evaluation	53.8								
# Times Happens/Year	9.6		7.5	13.0	20.0	9.0	21.0	80.1	
# Staff Involved in Each Evaluation	1.13		5.0	2.0	1.5	1.5	2.0		
Total Time/Year on Evaluations	583.6	0.0	0.0	2017.5	1398.8	1614.0	740.8	2259.6	8614.3
Review Cost Report/Settlement	36.0		24.0	46.0	80.0	34.0	60.0		280.0
Total for Review									8894.3

MONITORING PHASE

Other Resource Management Processes

<u>Activities/Processes</u>	<u>Reg 1</u>	<u>Reg 2</u>	<u>Reg 3</u>	<u>Reg 4</u>	<u>Reg 5</u>	<u>Reg 6</u>	<u>Average</u>		
Technical Assistance/yr	70.0	90.0	70.0	70.0	70.0	30.0	66.7	400.0	
Filling a Vacancy	28.0	132.0	75.0	48.0	55.0	442.0	130.0	780.0	
Provider Meetings/yr	30.0	154.0	30.0	20.0	60.0	25.0	53.2	319.0	
Implementing Policy Changes	60.0	60.0	60.0	60.0	60.0	60.0	60.0	360.0	
Modifying Regional Budget/yr	0.0	48.0	140.0	0.0	72.0	52.0	52.0	312.0	
Processing Staff Ad-ons	14.0	27.0	34.1	68.3	27.0	34.1	34.1	204.4	
Processing Summer Requests	0.5	0.0	1.5	2.3	0.8	0.2	0.9	5.3	
Incident Report Review and Follow-Up			144.0				144.0	144.0	
Formal Conflict Resolution Process	12.0	12.0	12.0	12.0	12.0	12.0	12.0	72.0	
RN Delegation Work									
SSPS	96.0	0	0	96.0	96.0	96.0	96.0	576.0	
Connecting Nurses with Agencies	32.0		32.0	32.0	32.0	32.0	32.0	192.0	
Nurse Del. Contract Monitoring	96.0	96.0	96.0	96.0	96.0	96.0	96.0	576.0	
Statewide Res. RM Meetings	18.0	19.0	14.0	6.0	6.0	6.0	11.5	69.0	
Analysis of Client Allowance Billing	36.0	24.0		80.0	34.0	60.0	46.8	234.0	
Total	492.5	0.0	0.0	790.0	804.6	590.6	620.8	945.2	4243.7

Separate Activities Need Info Totals Sub-Totals

EXPERT ESTIMATION--COMMUNITY RESOURCE BUILDING

Total Hours for Community Resource Building **4357**

Connecting 1900 Monitoring 2203 Review 254

Family Support Opportunities (Pilot)

Connecting--Community Guides

	<u>R1</u>	<u>R2</u>	<u>R3</u>	<u>R4</u>	<u>R5</u>	<u>R6</u>	<u>Average</u>	<u>Total</u>	
Recruiting/mo	10	2	8	8	20	9.6	9.6	58	
Interviewing/mo	2	0.15	6	12	0	4.03	4.0	24	
Starting Contracting Process/ea	1	0.25	1.5	1.5	0.75	1	1.0	6	
Initial Training for New CG's/mo	3.8	0.1	3.3	5.8	2.9	3.2	3.2	19	
Total/mo in hours	16.8	2.5	18.8	27.3	23.7	17.8	17.8	107.0	107.0
Total per Year in hours									1283.8

Monitoring Activities in hours/mo

Monthly Training Meetings for CG's	0	4	3	3.5	5	3.1	3.1	18.6	
Consulting with CM's on Matches/mo	0	0		2	0	0.5	0.5	2.5	
Special Training Meetings on Resources/mo	0	0	0	0	2	0.4	0.4	2.4	
Monitoring CG's "caseload"/mo	0	0	0	1	0.5	0.3	0.3	1.8	
Updating List of Active CG's/mo	0.5	0	2	1	0.5	0.8	0.8	4.8	
Devel/Maintain Resource Book/mo	0	0	0	0	2	0.4	0.4	2.4	
Mail Info Newsletters to CG's/mo	0	0	1.5	2.5	1.5	1.1	1.1	6.6	
General I&R about Program/mo	5	0.5	1.5	1.5	1	1.9	1.9	11.4	
Educate/Update Regional Staff/mo	5	0.5	0.8	1	1	1.7	1.7	9.9	
Educate/Update Community ,Agencies/mo	6	0	1.5	1.5	2	2.2	2.2	13.2	
Educate/Update FS Advisory Council/mo	0.5	0	2.6	0	0	0.6	0.6	3.72	
Monthly Reports									
Payment to CG's hrs/mo	0.5	0	1.0	0.5	4	1.2	1.2	7.2	
Statewide Navigator Meetings	8	8	16.0	16	16	12.8	12.8	76.8	
Total in hrs/mo	25.5	13	29.85	30.5	35.5	26.97	27	161.32	161.32
Total for all Monitoring Activities per year in hours									1935.8

Total for all FS Opportunity in hours/year **3219.6**

Family Support Community Projects

<u>Steps (in hours per year)</u>	<u>Reg 1</u>	<u>Reg 2</u>	<u>Reg 3</u>	<u>Reg 4</u>	<u>Reg 5</u>	<u>Reg 6</u>	<u>Average</u>	<u>Total</u>
Needs Assessment/yr	6	9			12	9	9	36
Coord with FS Advisory Council/yr	24	38	124	0	4	38	38	228
Recruiting Proposals/yr		10	16		4	10	10	40
Selecting Proposals/ea	6	9	9		12	9	9	45
Budget Determination/yr	10	8			6	8	8	32
Contracts/yr		16	25		6	16	16	62
Com. with DDD Staff about Projects/yr	6	19	43	4	24	19	19	115
Notifying Families about Projects/yr	3	10	27	9.0	0	10	10	59 616.4
Reviewing Monthly Reports of Projects/yr	0	1		0	2	1	1	3
Presentations to Groups about Program/yr	12	11		10	10	11	11	53
Consulting with Projects		50	50			50	50	150
Budget Monitoring/mo	12	10	12	10	6	10	10	60 267
Formal Evaluation--WSU	4	3		0	5	3	3	15
Formal Evaluation--Projects' Final Reports	15	9	16	0	3	8.5	9	51
Formal Evaluation--Regional	0	10	20	0	20	10	10	60
Year-End Allocation of Remaining Fund	12	26		50	15	26	26	128 254
Total/yr	110	236.9	342	83	129	236.9	237	1137 1137

Other Activities

	<u>Reg 1</u>	<u>Reg 2</u>	<u>Reg 3</u>	<u>Reg 4</u>	<u>Reg 5</u>	<u>Reg 6</u>	<u>Average</u>	<u>Total</u>
Contact with ICC's Education	x	x	x	x	x			
Collaboration	x	x	x	X	x			
Communities in Schools					x			
Alternative Resources List				x				
Total/mo								

	<u>EXPERT ESTIMATION--CONTRACTS</u>												Need Information	Averages	Totals	Sub-totals				
	Connecting		Monitoring		Review		Region 3		Region 4		Region 5		Region 6		Average	Tot				
	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Average	Tot
Separate Activities																				
Separate Regions																				
Total Activities for Contracting (hrs/yr)	27423		27423		7736.5															
Connecting	19297		390																	
Connecting Activities																				
Recruiting Providers																				
Specific Activities																				
Responding to Initial Inquiries	15																		10	
Helping to Fill Out Application																			30	
Initial Interview	30	15																	22.5	
Orientation																			18	
Decide How to Match/Help Families Find Match		15																	10	
Post Match Follow up.	30											15							30	
Connecting Providers to Other Training																			15	
Total Time per Contract in minutes																				
Number of Contracts per Month																				383
Recruiting an AL Provider																			150	
Number of Contracts per year																				50
General Activities																				
Preparation for Training		4.2																	5	
Initial Training of Providers		2.1																	8	
Calling/Mailing to Advertise for Providers		2.5																	40	
Specialized Recruitment of Providers-Other Lang.	2.5																			
Total per month in minutes	2.5	0	0	8.75	0	0	0	0	0	0	0	0	0	0	0	0	0	0	53	0
GRAND TOTAL for Recruiting Activities																				

Appendix G

<u>Steps-Initial Contracts</u>	<u>Ind.</u>	<u>Agency</u>	<u>Spec.</u>	<u>Ind.</u>	<u>Agency</u>	<u>Spec.</u>	<u>Ind.</u>	<u>Agency</u>	<u>Spec.</u>	<u>Ind.</u>	<u>Agency</u>	<u>Spec.</u>	<u>Ind.</u>	<u>Agency</u>	<u>Spec.</u>	<u>Ind.</u>	<u>Agency</u>	<u>Spec.</u>	<u>Ind.</u>	
Requests for Appl. Packets; Info	20	20	20	15	15	15	9.8	17	13	2	30	10	2	5	5	10	15	15		
Create Appl./Info Packets	1.2	240	15	1.8	240	1.8	4.6	104	14.36	5	10	20	10	10	15	5	20	20		
Send out Packets	10	10	10	0	10	0	7.8	11.75	9.25	2			2	2	2	25	25	25		
Ans. Quest. from Applic. on Packets	20	20	20	5	30	30	10.4	19	19	5	10	10	2	5	5	20	30	30		
Log and File Application Pieces	15	15	15	15	15	15	11	12.5	12.5	5			5	5	5	15	15	15		
Photo ID; SS Card; Fingerprint Appl.	3	3	3	0	0	0	3.4	3.4	3.4	2	2	2	2	2	2	10	10	10		
Review. Applic. Files .Reminder Calls	20	20	20	15	15	15	15.4	17.4	17.4	10	20	20	2	2	2	30	30	30		
Basic Contract, Bkgrd Check to Oly	10	10	10	5	5	5	5.8	5.8	5.8	2	2	2	2	2	2	10	10	10		
Prepare Contract File	10	10	10	10	10	10	10	11	11	10	15	15	10	10	10	10	10	10		
Get Provider #	20	20	20	5	5	5	9.4	9.8	9.4	5	7	5	2	2	2	15	15	15		
Get Administrative Signatures	5	5	5	5	5	5	4.4	4.4	4.4	5	5	5	2	2	2	5	5	5		
"Orientation" (Ind. or Group)	30	30	30	20	20	20	14.6	14.6	14.6	0	0	0	3	3	3	20	20	20		
Put on Contracts RID	5	5	5	5	5	5	4.2	4.2	4.2	3	3	3	3	3	3	5	5	5		
Send Copies of Contr. to Prov.	20	20	20	10	10	10	8.8	8.8	8.8	2	2	2	2	2	2	10	10	10		
Inform CM's	5	5	5	0	0	0	3.8	3.8	3.8	3	3	3	1	1	1	10	10	10		
Put Contract in File Drawer	5	5	5	3	3	3	3.2	3.75	3.2	2	2	2	1	1	1	5	5	5		
Sub-Total/Contract in minutes	199.2	438	213	114.8	388	139.8	126.6	251.2	154.11	63	111	99	51	56	62	205	235	235		
Number of Contracts/Month	38	1.7	0	60	1	0	70	2		107	1.5	0	75	0	0	33	1.3	0		383
Sub-Total/Month all New Contracts in Min.	7570	744.6	0	6888	388	0	8862	502.4	0	6741	166.5	0	3825	0	0	6765	305.5	0		
Purge Files of "No Shows"/Month in minutes	300	0	0	200	0	0	188			300			80			60				
Total/Month in Minutes																				
GRAND TOTAL Connections in hrs./yr																				

Appendix G

Review Activities

Steps--Contract Renewal

Get Expiring Contract Report	20	20	20	15	15	15	57.5	57.5	57.5	150	150	150	30	30	30	30	30	30				
Get Active Provider RID	0	0	0	60	60	60	18	18	18	0	0	0	60	60	60	15	15	15				
Memo to Case Managers	30	30	30	30	40	30	36	36	36	0	0	0	60	60	60	30	30	30				
Pull expiring files	2	2	2	3	3	3	8	10	8	3	3	3	1	1	1	5	5	5				
Put renewal packet together	15	25	15	5	60	5	7	17	11	10	12	12	2	30	10	5	15	15				
Prepare envelope, send letter	5	5	5	5	5	5	5	16	5	5	5	5	6	6	6	5	5	5				
Answer questions from providers	5	5	5	10	20	20	6	6	6	10	10	10	1	1	1	10	10	10				
Pursue missing parts of renewal	15	15	15	15	15	15	12	14	14	15	15	15	5	5	5	15	15	15				
Send background checks to Oly	10	10	10	5	5	5	8	7	8	2	0	2	2	2	2	10	10	10				
File and log info that comes in	5	5	5	2	2	2	6	6	6	2	2	2	2	2	2	15	15	15				
Develop/Update new file	0	0	0	0	0	0	3.4	4.4	4.4	5	10	10	5	5	5	5	5	5				
Get administrator's signature	5	5	5	5	5	5	4	4	4	5	5	5	1	1	1	10	10	10				
Update Contract RID	10	10	10	10	10	10	7	7	7	5	5	5	5	5	5	10	10	10				
Send copies to provider	20	20	20	10	10	10	10	10	10	5	5	5	3	3	3	10	10	10				
Inform C/RM's of updates	0	0	0	0	0	0	5	5	5	5	5	5	2	2	2	10	10	10				
File updated contracts	5	5	5	5	5	5	3	3	3	2	2	2	2	2	2	5	5	5				
Sub-Total/Renewal	147	157	147	180	255	190	196.1	221.7	203	224	229	231	187	215	195	190	200	200	158.2	171.283	163.52	
# of Renewals per month	16.7	0	0	25.8	0.67	0	12.5	25	0	30	1.25	0	17.6	0	0	25	1.67	0	46.97	56.584	38	
Total Time on Renewals in min/year	2455	0	0	4644	170.85	0	2451.3	5542.5	0	6720	286.25	0	3291	0	0	4750	334	0	7429	9691.9	6213.6	
GRAND TOTAL-Renewals in hrs/year																						23335

Steps-Term. Contr. (Time in min/year)

Receive info about possible prob	100			0			102			300			72			40						
Discussion with C/RM, Administ	0			0			32			30			72			60						
Memo to Olympia RequestTerm	200			na			171			225			180			80						
Inform J. Gorski if crime involved	20			60			40			0			30			90						
File Termination Letter	50			na			44			15			90			20						
Contact SSPS if for Default	NA			20			25			25			25			30						
Remove file from drawer	50			0			39			15			90			40						
Notify C/RM's	10			0			40			150			2			40						
Remove from Contract RID	50			0			36			75			36			20						
Fair Hearings	240			60			224			40			720			60						
Responding to L&I Inquiries	NA			120			53			57			20			15						
# Term. per Year: Convenience	10	0	0	0	0	0	5	0	0	15	0	0	6	0	0	3	0	0	6.5		39	
# Term. per Year: Default	0	0	0	0	0	0	0	0	0	0	0	0	12	0	0	1	0	0	2.167		13	
Total Time in hrs/yr on Term.	12			4			13			16			22			8						

Appendix G

Steps--Expiring Contracts	20	30	21	11	6	40	21.4	0	0	118.8
Remove from Contract RID										
Change SSPS codes										
Remove files from drawer										
Inform C/RM's										
Track Ethnicity										
Total Time/Expir. Contract	20	30	21	11	6	40	21.4	0	0	118.8
# expiring per year	166	180	150	435	435	322				
Total Time in hrs/yr on Expir. Contr.	55.3	90	53.5	79.8	43.5	214.7				
GRAND TOTAL-REVIEW ACTIVITIES										
Monitoring Activities										
Instructing Other Staff on Process										
Training CM's on use of Contracting RID										
Contract Training Mtgs-MPC										
Contract Training Mtgs-FS										
Consult with DDD CO Staff										
Statewide Contracts Training										
Consult with CM's on concerns										
Monitor Contracts										
Monitor Provider Workload										
Modifying Packet Material										
QA Surveys to Fam. and Prov.										
Training Families on Interviewing										
Total of Monitoring Activities in hrs/yr										
TOTAL CONTRACT ACT IN HRS/YR										

Appendix H

FTE Calculations and Projections

FTEs: The Calculations and the Projections

A Microsoft Excel™ spreadsheet was produced to calculate the FTEs, using the case-tracking data from February 1998 and the Essential Standards as developed by the DDD Field Committee. (See Appendix H, rand1.xls FTEs) Projections of extra FTEs needed in FY01 were made, using the 1997 Gap figures, and taking into account projections of caseload growth and changes in program usage for FY98 through FY01. (See Appendix H)

The FTE Calculations

Process

First, the times for each phase of each support/service were summarized on the worksheet (Appendix H rand1.xls FTEs) in a Microsoft Excel™ file. Spreadsheets for each support/service are found in Appendix F.

Source Data

Next, the support/service data from TPD (verified and validated as much as possible by available EMIS data) were entered onto each relevant Spreadsheet and summarized on the same worksheet described above.

The population numbers that were used in the study to calculate the FTEs needed by program were different for each phase. Most numbers came from the trends and patterns database (TPD) of DDD clients and services, using both service payment data and client tracking data. Additional data came from the needs assessment database (NADB) of DSHS.

- For **Monitoring**, TPD determined the monthly average number of DDD clients receiving each specified service during calendar year 1997.
- For **Connection**, TPD determined the number of DDD clients who were placed in each program during 1997. The number of placements in each program or service was calculated by determining the number of individuals who received a specific service during calendar year 1997 but did not receive that service in calendar year 1996.
- For **Review**, TPD determined the total number of DDD clients who received each service in calendar year 1997 and who had been receiving that service for a minimum of 12 months prior to that.

See Appendix H source data.xls for details on the population numbers used for each specific program and service, including a few exceptions to the information above.

Without the information about Support/Service data from the DDD Trends and Pattern Database (TPD), getting complete support/service data would not have been possible. While the DSHS Executive Management Information Section (EMIS) was able to provide yearly totals for DSHS programs, it could not provide information on placements and/or turnover in those programs, nor could it provide any information about non-DSHS related supports/services—data that was critical to calculating the number of FTEs needed. TPD was able to provide the Study with this information, such as Own Home and Parent-Relative Home data.

Appendix H

On each Spreadsheet for the supports/services, the number of connections and reviews and the number of people monitored per month were calculated by multiplying the program/placement/review total by the percent of the total DDD population (those not in Residential Habilitation Centers (RHCs)) represented by the random sample (2.7%), divided by the proportion of the year that February represents (13.16).

The following terms define other columns and cells in the summary file (rand1.xls FTEs) described above.

Case Management

Actual mean = total time in hours, overall for each phase and program or support/service divided by the number of persons in the program or support/service in February sample.

Actual median = total time in hours, based on sum of medians times persons for all activities in each phase and program or support/service divided by the number of persons in the program or support/service in February sample.

Mean-to-median ratio = actual mean divided by actual median for each phase and program or support/service.

Essential median = essential standard time for one person (one full connection, one full review, or one month monitoring), from the spreadsheets, as developed by DDD Field Committee.

Adjusted essential mean = essential median multiplied by mean-to-median-ratio.

While the mean and median times were available for the actual data collected in February, the times for the essential standards had been developed for the “typical” client based on the median actual times. However, when the final calculations for the FTE Gap were made, the median times were adjusted to the mean times. The mean times were almost always higher than the median times, indicating that the distribution was highly skewed. An analysis of the average time spent with different types of clients indicated that this is a real and systematic phenomenon, not one due to random “outliers.” According to the results of the Prevalence of Complex Characteristics Survey conducted earlier, over 50% of persons with developmental disabilities also have one or more characteristic or situation, other than their developmental disability. Persons with these characteristics were found to take up a greater percentage of case/resource managers’ time up to two to four times the average. The Study’s national consultant, John Fluke, was contacted and has supported this approach.

Yearly time = adjustment to change monthly time into an annual figure.

Actual FTEs

(Connection) = actual mean multiplied by total number of persons statewide placed in or connected to that support/service in 1997, then divided by the amount of time available for case/resource management in one year (1296 hours)¹

¹ For a description of the calculation of available case/resource manager hours per year, see Appendix H

(Monitoring) = actual mean multiplied by yearly time multiplied by average number of persons statewide in that support/service in 1997, then divided by the amount of time available for case/resource management in one year.

(Review) = actual mean multiplied by total number of persons statewide in that support/service and needing review in 1997, then divided by the amount of time available for case/resource management in one year.

Essential FTEs

(Connection) = adjusted essential median multiplied by total number of persons statewide placed in or connected to that support/service in 1997, then divided by the amount of time available for case/resource management in one year (1296 hours).

(Monitoring) = adjusted essential median multiplied by yearly time multiplied by average number of persons statewide in that support/service in 1997, then divided by the amount of time available for case/resource management in one year.

(Review) = adjusted essential median multiplied by total number of persons statewide in that support/service and needing review in 1997, then divided by the amount of time available for case/resource management in one year.

1997 Gap

(Connection) for each support/service = essential FTEs (connection) minus actual FTEs (connection).

(Monitoring) for each support/service = essential FTEs (monitoring) minus actual FTEs (monitoring).

(Review) for each support/service = essential FTEs (review) minus actual FTEs (review).

Intake and Eligibility Review

Actual FTEs

(Intake). For intake and eligibility review, the number of actual FTEs was not available from February case-tracking data, so November, 1997 100% data were used. The overall amount of time spent on intake and eligibility review activities by case/resource managers in that two-week period, multiplied by 26 to get a full year, then divided by the amount of time available for one FTE (1296 hours per year), resulted in the total actual FTEs for intake and eligibility review. The November data didn't distinguish between intake and eligibility review, so the actual FTEs are considered to have done both intake and eligibility review work for purposes of calculating needed FTEs.²

(Eligibility Review) = All intake and eligibility review time is included in intake FTEs. (See above.)

² Note: Data on Intake and Eligibility Reviews were collected in February but have not been analyzed yet.

Essential median

(Intake) = essential standard time for one full intake and initial eligibility determination from intake spreadsheet, as developed by DDD Field Committee.

(Eligibility Review) = essential standard time for one full DDD eligibility review from eligibility review spreadsheet, as developed by DDD Field Committee.

Essential FTEs

(Intake) = essential median (intake) multiplied by total number of persons statewide who applied or inquired about DDD eligibility in 1997, divided by the amount of time available for case/resource management in one year (1296 hours).

(Eligibility Review) = essential median (eligibility review) multiplied by total number of persons who needed reviews of their DDD eligibility in 1997, divided by the amount of time available for case/resource management in one year.

1997 Gap

(Intake and Eligibility Review) = essential FTEs for intake and eligibility review minus actual FTEs for intake and eligibility review.

Resource Management

Actual FTEs (Resource Management). For resource management, the number of actual FTEs was not available from February case-tracking data, so November, 1997 100% data were used (as in intake, above). The overall amount of time spent on resource management activities by case/resource managers in that two-week period, multiplied by 26 to get a full year, then divided by the amount of time available for one FTE (1296 hours per year), resulted in the total actual FTEs for resource management.

Essential FTEs (Resource Management). The essential time for all activities statewide was determined from the resource management expert estimation (See Appendix G). The total time for a year was divided by the amount of time available for case/resource management in one year (1296 hours).

1997 Gap (Resource Management) = essential FTEs for resource management minus actual FTEs for resource management.

No-Contact

According to the Prevalence of Complex Characteristics Survey, DDD had no contact with nor did any work on behalf of a number of DDD clients over the course of the previous year. These are the "no-contact" people. (See Figure 11, page 25)

Actual FTEs (No-Contact) = By definition, no case/resource management time was spent on these individuals.

Essential median (No-Contact) = essential standard time for contact with one no-contact individual not previously contacted, and when appropriate, for connecting that individual to needed services, as developed by DDD Field Committee.

Essential FTEs (No-Contact) = essential median time multiplied by the total number of persons statewide determined to have had no contact in 1997 from the prevalence survey, then divided by the amount of time available for case/resource management in one year (1296 hours).

1997 Gap (No-Contact) = essential FTEs (no-contact) minus actual FTEs (no-contact).

The FTE Projections

Process

(Case Management) = the 1997 Gap (for each phase of each program), multiplied by the caseload growth factor, if applicable, multiplied by the support/service change factor, for each fiscal year projection.

(Intake) = the number of persons statewide who are expected to apply or inquire about DDD eligibility in each fiscal year, (as projected by the number of clients eligible in 1997 and the percentage increase from preceding years), multiplied by the essential median (intake), divided by the amount of time available for case/resource management in one year (1296 hours).

(Eligibility Review) = the number of DDD clients who will require eligibility reviews in each fiscal year, (as projected by the number of clients requiring review in 1997 and the percentage increase from preceding years), multiplied by the essential median (eligibility review), divided by the amount of time available for case/resource management in one year.

(Resource Management) = the 1997 Gap with no projected increase. Resource management work is dependent on the money available for resources.

(No-Contact) = the current caseload, multiplied by the caseload growth factor, multiplied by the percentage of “no-contact” persons from the December, 1997 prevalence survey, for each fiscal year, then divided by the time available for case/resource management in one year (1296 hours).

FTEs

Prgm	Phase	n_occur	n_ppl	mean time	med_time	STD time	min time	max time	% mand	% addl	Occur * median time	Seen from Random Sample	12	Actual Mean	13	250	2.72%	60	36.88	1296
301	Connection	40	7	26.95	15	40.6	2	240	83	18			10.00	6.89						
302	Connection	9	3	15.444	5	21.5	2	60	33	67			0.75							
303	Connection	4	3	7.5	4.5	8.5	1	20	75	25			0.30	12.77						30
304	Connection	1	1	15	15		15	15	100	0			0.25	12.77						15
305	Connection	2	1	19.5	19.5	0.7	19	20	100	0			0.65	12.77						39
306	Connection	27	2	26.296	15	41.0	5	180	93	7			6.75	12.77						710
307	Connection	6	2	20	20	8.9	10	30	50	50			2.00	12.77						120
308	Connection	17	6	15.588	15	11.5	1	30	94	6			4.25	4.19						
310	Connection	16	1	6.875	5	5.9	1	20	100	0			1.33	1.83						
313	Connection	7	1	12.857	15	4.9	5	20	86	14			1.75	0.57						
316	Connection	6	1	36.833	17.5	42.8	3	105	100	0			1.75	1.41						
317	Connection	26	8	41.808	17.5	47.9	2	180	73	27			7.58							1087
318	Connection	3	2	13.333	15	7.6	5	20	100	0			0.75							
418	Connection	2	1	6.5	6.5	2.1	5	8	100	0			0.22							
434	Connection	2	2	13.5	13.5	5.0	10	17	50	50			0.45	7.38						
435	Connection	20	6	18.95	8.5	33.8	1	150	60	40			2.83	7.38						
437	Connection	2	2	9	9	1.4	8	10	50	50			0.30	7.38						
438	Connection	23	10	26	10	35.7	5	120	57	43			3.83	7.38						
468	Connection	23	11	12.304	7	9.3	1	30	91	9			2.33	2.33						
469	Connection	25	10	19.44	15	19.3	2	90	84	16			6.25	4.01						
473	Connection	21	7	15.191	15	7.5	5	30	67	33			5.25	1.14						
474	Connection	83	9	13.807	10	12.7	1	90	90	10			13.83	2.12						
475	Connection	2	1	77.5	77.5	102.5	5	150	50	50			2.58	0.70						
483	Connection	3	3	26	10	29.5	8	60	67	33			0.50	0.70						
484	Connection	12	5	11.667	10	7.8	5	30	75	25			2.00	0.70						
487	Connection	8	2	5.25	3.5	4.9	1	15	0	100			0.47	0.70						
488	Connection	3	3	16.667	15	12.6	5	30	67	33			0.75	0.70						
493	Connection	1	1	15	15		15	15	100	0			0.25	0.70						
500	Connection	19	12	20.263	12	27.3	1	120	100	0			3.80	1.70						
503	Connection	5	3	11.4	10	10.9	2	30	60	40			0.83							
533	Connection	11	2	10.364	10	6.1	2	20	82	18			1.83	0.70						
888	Connection	3	3	21	20	1.7	20	23	33	67			1.00							
309	Connection												0.00							
436	Connection												7.38							

FTEs

Prgm	Phase	Actual Mean	Yearly Time	# of Persons in Prgm in 97	Time Avail for Case Mngmt	Total Actual FTEs	Actual Mean	Total Essential FTEs	Ess minus Actual FTEs
301	Connection	6.90		1263	1296	6.72	6.89	7.13	0.41
302	Connection	0.06			1296	0.00	0.00	0.00	0.00
303	Connection	12.77		215	1296	2.12	12.77	3.80	1.68
304	Connection	12.77		173	1296	1.70	12.77	3.06	1.35
305	Connection	12.77		155	1296	1.53	12.77	2.74	1.21
306	Connection	12.77		30	1296	0.30	12.77	0.53	0.23
307	Connection	12.77		5	1296	0.05	12.77	0.09	0.04
308	Connection	4.19		511	1296	1.65	4.19	4.03	2.38
310	Connection	1.83		60	1296	0.08	1.83	2.24	2.15
313	Connection	0.57			1296	0.00	0.57		
316	Connection	1.41			1296	0.00	1.41		
317	Connection	0.00			1296	0.00	0.00	0.00	0.00
318	Connection				1296	0.00	0.00		
418	Connection				1296	0.00	0.00		
434	Connection	7.38		192	1296	1.09	7.38	0.86	-0.23
435	Connection	7.38		431	1296	0.23	7.38	1.94	1.71
437	Connection	7.38		291	1296	1.66	7.38	1.31	-0.35
438	Connection	7.38		0	1296	0.00	7.38	0.00	
468	Connection	2.33			1296	0.00	2.33	0.00	0.00
469	Connection	4.01		979	1296	3.03	4.01	5.01	1.98
473	Connection	1.14		2260	1296	1.99	1.14	5.69	3.70
474	Connection	2.12		4359	1296	7.14	2.12	7.05	-0.08
475	Connection	0.70		484	1296	0.26	0.70	0.60	0.34
483	Connection	0.70		581	1296	0.31	0.70	0.72	0.41
484	Connection	0.70		2422	1296	1.30	0.70	2.99	1.69
487	Connection	0.70		969	1296	0.52	0.70	1.20	0.68
488	Connection	0.70		1453	1296	0.78	0.70	1.79	1.01
493	Connection	0.70		484	1296	0.26	0.70	0.60	0.34
500	Connection	1.70		1829	1296	2.40	1.70	6.29	3.89
503	Connection				1296	0.00	0.00		
533	Connection	0.70		969	1296	0.52	0.70	1.20	0.68
888	Connection				1296	0.00	0.00		
309	Connection			82		0.00		0.59	0.59
436	Connection	7.38		204	1296	0.00	7.38	0.92	0.92
						1.16			

FTEs

Prgm	Phase	n_ occur	n_ ppl	mean time	med_ ime	STD time	min time	max time	% mand	% addl	Occur * median time	Seen from Random Sample	12	Actual Mean	13	250	2.72%	60	36.88	1296
301	Monitoring	79	3	15.23	10	18.9	1	92	84	16	790	80	0.16	0.25						
302	Monitoring	23	10	18.83	10	25.2	1	115	74	26	230	242	0.02	0.03						
303	Monitoring	60	20	14.88	10	21.8	1	120	93	7	600	48	0.21	0.34					893.0	
304	Monitoring	19	9	17.53	10	15.1	3	40	89	11	190	15	0.21	0.34					333.0	
305	Monitoring	6	3	21.00	8	25.8	5	70	83	17	48	2	0.40	0.34					126.0	
306	Monitoring	24	6	10.50	10	6.2	4	30	92	8	240	17	0.24	0.34					252.0	
307	Monitoring	3	1	16.67	10	11.5	10	30	100	0	30	0	#DIV/0!	0.34					50.0	
308	Monitoring	35	12	16.31	15	12.0	3	55	74	26	525	32	0.27	0.30					571.0	
309	Monitoring	7	3	6.29	5	3.7	2	10	86	14	35	6	0.10	0.12					44.0	
310	Monitoring	2	1	10.00	10	7.1	5	15	0	100	20	28	0.012	0.01					20.0	
311	Monitoring	1	1	12.00	12		12	12	100	0	12	0	#DIV/0!						12.0	
312	Monitoring	18	4	22.22	10	28.7	2	90	50	50	180	0	#DIV/0!						400.0	
313	Monitoring	3	3	36.67	10	46.2	10	90	67	33	30		#DIV/0!						110.0	
317	Monitoring	6	4	6.00	4.5	2.8	4	10	100	0	27	0	#DIV/0!	0.34					36.0	
318	Monitoring	15	4	13.07	10	9.2	4	33	100	0	150	0	#DIV/0!							
411	Monitoring	12	3	10.67	5	9.7	3	37	100	0	60	2.2	0.46	0.99						
412	Monitoring	27	3	10.26	6	13.0	1	65	93	7	162	0.7	3.66	6.26						
418	Monitoring	21	6	11.67	6	14.3	3	50	71	29	126		#DIV/0!							
421	Monitoring	9	4	6.56	5	2.9	2	10	89	11	45	0	#DIV/0!							
433	Monitoring	7	2	7.86	10	2.9	3	10	100	0	70		#DIV/0!							
434	Monitoring	4	3	6.25	6	3.8	3	10	50	50	24	24	0.02	0.13						
435	Monitoring	16	12	17.56	7.5	24.0	2	90	63	38	120	62	0.03	0.13						
436	Monitoring	25	5	16.52	10	20.7	3	105	92	8	250	18	0.23	0.13						
437	Monitoring	15	9	9.93	10	5.7	2	20	53	47	150	35	0.07	0.13						
438	Monitoring	9	5	23.33	10	24.6	5	70	56	44	90	0	#DIV/0!	0.13						
439	Monitoring	6	1	32.33	45	19.6	7	45	100	0	270	0	#DIV/0!							
449	Monitoring	21	2	13.62	7	13.6	4	47	100	0	147	0	#DIV/0!							
468	Monitoring	85	31	8.19	5	7.2	1	45	91	9	425	115	0.06	0.10						
469	Monitoring	16	6	43.25	5	145.9	1	590	81	19	80	38	0.04	0.31						
473	Monitoring	25	10	12.24	7	13.8	1	60	44	56	175	443	0.01	0.01						
474	Monitoring	17	7	29.00	16	24.2	5	90	94	6	272	57	0.08	0.15						
475	Monitoring	10	4	43.70	15	62.1	2	210	30	70	150	287	0.01							
483	Monitoring	3	1	8.33	5	5.8	5	15	100	0	15	0	#DIV/0!							
484	Monitoring	13	8	11.38	10	8.6	1	30	92	8	130	0	#DIV/0!							
495	Monitoring	2	1	7.50	7.5	3.5	5	10	100	0	15	0	#DIV/0!							
500	Monitoring	107	37	10.53	8	9.2	1	45	93	7	856	161	0.0886	0.12						
503	Monitoring	7	5	20.43	5	24.8	5	60	100	0	35	0	#DIV/0!							
533	Monitoring	3	1	15.00	15	0.0	15	15	100	0	45	0	#DIV/0!							
777	Monitoring	56	21	7.21	5	5.8	2	30	95	5	280	0	#DIV/0!							
888	Monitoring	28	14	26.71	20	26.6	1	120	61	39	560	0	#DIV/0!							
474	Monitoring																			
411	Monitoring																			

FTEs

Prgm	Phase	Actual Mean	Yearly Time	# of Persons in Prgm in 97	Time Avail for Case Mngmt	Total Actual FTEs	Actual Mean	Total Essential FTEs	Ess minus Actual FTEs
301	Monitoring	0.25	13	2551	1296	6.49	0.25	11.52	5.03
302	Monitoring	0.03	13	8897	1296	2.70	0.03	22.95	20.25
303	Monitoring	0.34	13	1414	1296	4.83	0.34	5.78	0.96
304	Monitoring	0.34	13	964	1296	3.29	0.34	3.94	0.65
305	Monitoring	0.34	13	471	1296	1.61	0.34	1.93	0.32
306	Monitoring	0.34	13	608	1296	2.07	0.34	2.49	0.41
307	Monitoring	0.34	13	256	1296	0.87	0.34	1.05	0.17
308	Monitoring	0.30	13	1161	1296	3.50	0.30	13.40	9.90
309	Monitoring	0.12	13	290	1296	0.36	0.12	4.25	3.89
310	Monitoring	0.01	13	491	1296	0.06	0.01	2.57	2.51
311	Monitoring		13		1296	0.00			
312	Monitoring		13		1296	0.00			
313	Monitoring		13		1296	0.00			
317	Monitoring	0.34	13		1296	0.00	0.34	0.00	0.00
318	Monitoring								
411	Monitoring	0.48	1	1045	1296	0.38	0.48	2.13	1.75
412	Monitoring	6.26	1	357	1296	0.16	6.26	0.99	0.83
418	Monitoring								
421	Monitoring		13		1296	0.00			
433	Monitoring		13		1296	0.00			
434	Monitoring	0.13	13	1331	1296	1.75	0.13	3.44	1.69
435	Monitoring	0.13	13	1816	1296	2.38	0.13	4.69	2.31
436	Monitoring	0.13	13	953	1296	1.25	0.13	2.46	1.21
437	Monitoring	0.13	13	1247	1296	1.64	0.13	3.22	1.59
438	Monitoring	0.13	13		1296	0.00	0.13	0.00	
439	Monitoring		13		1296	0.00			
449	Monitoring		13		1296	0.00	0.00		
468	Monitoring	0.10	13	3604	1296	3.69	0.10	12.90	9.21
469	Monitoring	0.31	13	1390	1296	4.32	0.31	7.65	3.33
473	Monitoring	0.01	13	214	1296	0.03	0.01	0.00	-0.02
474	Monitoring	0.15	13	2080	1296	3.07	0.15	3.98	0.91
475	Monitoring		13	10557	1296				
483	Monitoring		13	0	1296	0.00		0.00	0.00
484	Monitoring		13	0	1296				
495	Monitoring		13	0	1296	0.00	0.00	0.00	0.00
500	Monitoring	0.12	13	4454	1296	5.27	0.12	22.61	17.34
503	Monitoring		13		1296	0.00			
533	Monitoring		13	0	1296	0.00	0.00	0.00	0.00
777	Monitoring		13		1296	0.00			
888	Monitoring		13		1296	0.00			
474	Monitoring			693		0.00		3.16	3.16
411	Monitoring			292		0.00		0.10	0.10
						1.16			

FTEs

Prgm	Phase	n_occur	n_ppl	mean time	med_time	STD time	min time	max time	% mand	% addl	Occur * median time	Seen from Random Sample	12	Actual Mean	13	250	2.72%	60	36.88	1296
303	Review	3	1	13.33	3	18.8	2	35	100	0	9	4	0.15	0.22				40.00		
305	Review	1	1	50.00	50		50	50	100	0	50	0	0.83	0.22				50		
308	Review	4	1	90.00	97.5	70.4	15	150	0	100	390	2	6.50	2.58						
309	Review	2	1	1.50	1.5	0.7	1	2	100	0	3	0	0.05	0.09						
310	Review	2	1	11.00	11	12.7	2	20	100	0	22	2	0.37	0.45						
312	Review	2	1	70.00	70	28.3	50	90	100	0	140	0	2.33							
318	Review	1	1	6.00	6		6	6	100	0	6	0	0.10							
434	Review	1	1	35.00	35		35	35	100	0	35	2	0.58	0.05						
468	Review	5	2	17.00	15	5.7	10	25	100	0	75	9	1.25	0.27						
500	Review	58	19	27.69	20	24.0	2	90	98	2	1160	12	19.33	3.30						
503	Review	12	7	25.00	15	26.1	2	90	100	0	180	0	3.00							
304	Review													0.22						
306	Review													0.22						
435	Review													0.05						
436	Review													0.05						
437	Review													0.05						
473	Review																			
474	Review																			
469	Review																			
307	Review													0.22						

FTEs

Prgm	Phase	Actual Mean	Yearly Time	# of Persons in Prgm in 97	Time Avail for Case Mngmt	Total Actual FTEs	Actual Mean	Total Essential FTEs	Ess minus Actual FTEs
303	Review	0.22		1085	1296	0.19	0.22	2.23	2.05
305	Review	0.22		470	1296	0.08	0.22	0.97	0.89
308	Review	2.58		1125	1296	2.24	2.58	3.80	1.56
309	Review	0.09		270	1296	0.02	0.09	0.88	0.86
310	Review	0.45		393	1296	0.14	0.45	0.68	0.54
312	Review								
318	Review								
434	Review	0.05		1245	1296	0.05	0.05	2.24	2.19
468	Review	0.27		2576	1296	0.53	0.27	1.46	0.93
500	Review	3.30		3933	1296	10.00	3.30	15.09	5.09
503	Review								
304	Review	0.22		821	1296	0.14	0.22	1.69	1.55
306	Review	0.22		615	1296	0.11	0.22	1.27	1.16
435	Review	0.05		1834	1296	0.08	0.05	3.30	3.23
436	Review	0.05		982	1296	0.04	0.05	1.77	1.73
437	Review	0.05		1226	1296	0.05	0.05	2.21	2.16
473	Review			215		0.00		0.00	0.00
474	Review			110				0.00	0.00
469	Review			1390		0.00		3.65	3.65
307	Review	0.22		270	1296	0.05	0.22	0.56	0.51
						1.16			

Appendix H

Amount of Time Available for Case/Resource Management in One Year

To calculate how much time a case/resource manager would have to spend in activities related to the supports/services analyzed, time was subtracted out that was spent on administrative activities, leave, holidays, and breaks. The percent of time used for administration and leave was based on the data gathered in the November 100% time measurement. According to those data, 20.7% of a case/resource manager's time was spent in administrative activities³ and 9.97% on leave. This left 69.33% of the time left for Case Management, Resource Management, or Intake activities.

This was the formula that was used to find the number of hours per year a case/resource manager had to spend on case and resource management activities:

$$\begin{aligned} \text{Total Work Hours Available} &= 174 \text{ hours/month} \times 12 \text{ months} &= 2088 \text{ hours} \\ &\text{minus 11 holidays} &= - 88 \text{ hours} \\ &\text{minus 2.5 hours break/week} \times 52 \text{ weeks} &= - \underline{130 \text{ hours}} \\ &&1870 \text{ hours} \\ &\times 69.33\% \text{ for case and/or resource management activities} &= 1296 \text{ hours} \end{aligned}$$

This figure, 1296 hours, is the figure used in calculating how many FTE's it would take to fill the FTE gaps in each service/support.

³ Time Spent on Administrative Activities

"Administrative activities" are defined as those things that Case/Resource Managers did that were not directly related to a specific client or group of clients or to the management of resources. These activities included:

General information and referral to the community

Regional staff meeting

Regional unit meetings

Statewide meetings for coordination or training on specific programs

Attending training, e.g., Diversity, new programs/program changes, computer use

Personnel, e.g., leave slips, annual evaluations, health insurance

Union-related activities

General supervisory conferences

Building-related activities, e.g., moves from one building to another, safety or building

meetings with co-located programs, fire drills, maintaining cars, ordering/

repairing equipment

Consultation with Computer Information Consultants (CIC's)

Interagency administrative meetings, e.g., quarterly DDD/DCFS or DDD/DVR regional

meetings, DCFS foster care transfer administrative work

Community Resource Fairs

Updating procedure and policy manuals

Reading and discussing RCW's, WAC's, policies, procedures for specific programs

Researching information on specific disabilities or illnesses

Reviewing or updating computer RID's and lists, especially in response to requests from

DDD Central Office

Organizing workspace, preparing/reviewing schedule

Interpreting or translating

While these activities do take time away from direct services to people or to programs, they are necessary to help staff be effective case and resource managers and to maintain appropriate relationships with other agencies and the community at large, or that they are clearly mandated by Personnel Policies or Union Contracts.

Appendix H

Source Data

8/3/98	TPD factor	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Program Totals Monthly	Placements in CY97	Secondary Program Totals	DD population	sample n	Reviews CY97
301	OH	2459	2479	2509	2504	2518	2538	2574	2569	2592	2624	2619	2628	2551	0		69	80	
302	PH-RH													8897	0		242	387	
303	ITS	1380	1397	1411	1416	1402	1410	1427	1410	1419	1423	1430	1446	1414	215	3714	38	48	1085
304	SL/TS	931	951	954	950	971	974	965	984	982	967	967	973	964	173		26	15	821
305	AL	458	477	477	483	480	470	471	480	464	465	469	462	471	155		13	2	470
306	GH	580	605	617	620	621	624	612	610	609	605	597	596	608	30		17	17	615
307	DDD - other/not specified	274	264	263	262	256	253	252	251	252	250	248	245	256	5				270
308	AFH	1155	1150	1159	1165	1155	1167	1171	1163	1159	1163	1168	1152	1161	511		32	32	1125
309	ARC	275	283	290	292	290	289	289	304	300	296	289	286	290	82		8	6	270
310	NF	498	496	494	491	492	488	487	488	489	490	490	487	491	0		13	28	393
311	DSHS - other/not specified																		
312	WSH, ESH																		
313	DCFS Foster Care	1026	1310	1338	1326	1343	1480	1496	1490	1500	1459	1458	1739	1414	1266		38		
316	Mental health residential														1266				
317	Other residential/not specified																		
318	Medically Intensive Program																		
411	CPS													1045		292	28		
412	APS													357			10		
418	DCFS (beh., foster, other)	2286	3001	2958	3042	3067	3268	3424	3380	3364	2353	2284	2908	2945			80		
421	Medicaid																		
433	CDS														0		0		889
434	SI	1369	1250	1360	1360	1355	1303	1340	1324	1333	1308	1346	1323	1331	192		36	24	1245
435	IE	1783	1786	1826	1816	1816	1775	1819	1846	1816	1846	1821	1841	1816	431		49	62	1834
436	GSE	937	893	945	930	977	936	957	958	965	959	975	1004	953	204		26	18	982
437	CA	1178	1212	1216	1254	1267	1246	1248	1267	1221	1299	1288	1273	1247	291		34	35	1226
438	Vocational - not defined																		
439	Other Day Program																		
449	Other Legal																		
468	FS Reg	1951	2030	2073	2031	2078	2212	2088	2060	1991	2006	1957	1926	3604	0		98	115	2576
469	FS Opp													1390	0		38	27	
473	M-T													16324	2260	214	443		215
474	MHC - Adults													2080	4359	112	57		110
475	School	10263	10300	10400	10439	10494	10555	10602	10640	10694	10755	10785	10754	10557	484		287	287	
483	Housing	0.4												0	581		0	0	
484	Financial assistance	0.4												0	2422		0	0	
487	Recreational/social	0.4												0	969		0	0	
488	Support group	0.4												0	1453		0	0	
495	Transportation	0.4												0	0		0	0	
500	MPC	3995	4139	4231	4344	4453	4537	4563	4610	4597	4621	4671	4683	4454	0		121	161	3933
503	Gen'l CAP																0	0	
533	Guardianship	0.4												0	969		0	0	
777	Client administrative misc.																		
888	General life activities (client)																		
493	Advocacy	0.4												0	484		0	0	
474	MHC - Children													693					

Appendix H

Cell: AI

Comment: Jane Wingfield:

Cell: Q1

Comment: from TPD
Johnny Tyrell-Smith

Cell: T1

Source Data

Comment: These numbers come from either our profile data or are our sample's proportion of the entire DD population.

Cell: B2

Comment: from Residential codes for CY97 (Jan-Dec) Distinct Persons by Duplicated restate - TPD

Johnny Tyrell-Smith

Cell: B3

Comment: from Residential codes for CY97 (Jan-Dec) Distinct Persons by Duplicated restate - TPD
People in PR-RH who do not have MPC or Family Support Services

Johnny Tyrell-Smith

Cell: A4

Comment: These numbers for program totals and placements by program are estimates based on proportions of the total. Program data by individual program was not available at time of calculations. RECALCULATE when numbers are updated by TPD

Cell: B4

Comment: from count of distinct clients/unduplicated services CY97, Jan-Dec, by residence service group - TPD

Johnny Tyrell-Smith

Cell: A5

Comment: These numbers for program totals and placements by program are estimates based on proportions of the total. Program data by individual program was not available at time of calculations. RECALCULATE when numbers are updated by TPD

Cell: B5

Comment: Supported Living +Tenant Support from count of distinct clients/unduplicated services CY97, Jan-Dec, by residence service group - TPD

Johnny Tyrell-Smith

Cell: A6

Comment: These numbers for program totals and placements by program are estimates based on proportions of the total. Program data by individual program was not available at time of calculations. RECALCULATE when numbers are updated by TPD

Appendix H

Cell: B6

Comment: from count of distinct clients/unduplicated services CY97, Jan-Dec, by residence service group - TPD

Johnny Tyrell-Smith

Cell: A7

Comment: These numbers for program totals and placements by program are estimates based on proportions of the total. Program data by individual program was not available at time of calculations. RECALCULATE when numbers are updated by TPD

Cell: B7

Comment: from count of distinct clients/unduplicated services CY97, Jan-Dec, by residence service group - TPD

Johnny Tyrell-Smith

Cell: A8

Comment: These numbers for program totals and placements by program are estimates based on proportions of the total. Program data by individual program was not available at time of calculations. RECALCULATE when numbers are updated by TPD

Cell: B8

Comment: N = community IMR + SOLA from count of distinct clients/unduplicated services CY97, Jan-Dec, by residence service group - TPD

Johnny Tyrell-Smith

Cell: B9

Comment: from count of distinct clients/unduplicated services CY97, Jan-Dec, by residence service group - TPD

Johnny Tyrell-Smith

Cell: B10

Comment: from count of distinct clients/unduplicated services CY97, Jan-Dec, by residence service group - TPD

Johnny Tyrell-Smith

Cell: B1 1

Comment: from TPD "Unduplicated residence type for clients on the caseload, CY 1997 by residence type, by month" Friday, June 26, 1997

Johnny Tyrell-Smith

Cell: UI 1

Comment: Est. 80% NF clients need reviews per year.

Cell: B13

Comment: See Ann Mikluisis (DDD)

Appendix H

Cell: B18

Comment: from NADB DCFS data: DDID clients in CPS svc. FY 94 projected to'97. denominator is whole caseload for FY94 projected to FY97

secondary program total = DD parents whose children are involved with CPS. Based on Field Committee estimate of 80% of all DD parents has CPS issue each year

(365 = parents estimated from December'97 survey)

Cell: B19

Comment: from NADB AASA data: DDD clients in APS svc. FY 94, projected to'97.

Cell: B22

Comment: from Count of distinct clients/duplicate services for CY97 (Jan-Dec) by Day Program Service Group -- TPD

Johnny Tyrell-Smith

Cell: A23

Comment: These numbers for program totals and placements by program are estimates based on proportions of the total. Program data by individual program was not available at time of calculations. RECALCULATE when numbers are updated by TPD

Cell: B23

Comment: from Count of distinct clients/duplicate services for CY97 (Jan-Dec) by Day Program Service Group -- TPD

Johnny Tyrell-Smith

Cell: A24

Comment: These numbers for program totals and placements by program are estimates based on proportions of the total. Program data by individual program was not available at time of calculations. RECALCULATE when numbers are updated by TPD

Cell: B24

Comment: from Count of distinct clients/duplicate services for CY97 (Jan-Dec) by Day Program Service Group -- TPD

Johnny Tyrell-Smith

Cell: A25

Comment: These numbers for program totals and placements by program are estimates based on proportions of the total. Program data by individual program was not available at time of calculations. RECALCULATE when numbers are updated by TPD

Cell: B25

Comment: from Count of distinct clients/duplicate services for CY97 (Jan-Dec) by Day Program Service Group -- TPD

Johnny Tyrell-Smith

Cell: A26

Comment: These numbers for program totals and placements by program are estimates based on proportions of the total. Program data by individual program was not available at time of

Appendix H

calculations. RECALCULATE when numbers are updated by TPD

Cell: B26

Comment: from Count of distinct clients/duplicate services for CY97 (Jan-Dec) by Day Program Service Group -- TPD

Johnny Tyrell-Smith

Cell: B30

Comment: from Count of distinct clients/unduplicated services for CY97 (Jan-Dec) by Family Support Service Group -- TPD minus "placements", which are not ongoing clients in program, but onetime svc. recipients (emergency svcs.)

Johnny Tyrell-Smith

Cell: B31

Comment: The total of 1390 came from Rita Dickey, DDD. FY98, the placement data by month for FY98.

Cell: A32

Comment: Placements calculated based on number of people in Connection phase for program in February in random sample X February time factor / sample adjustment figure (2.7%)

Cell: B32

Comment: from NADB Medicaid data FY 94: DDD clients receiving 1 or more Medicaid svc. in yr.; data projected to'97.

secondary program total = DDS-paid services, TPD codes D313, D335, D305

see Dario's notes on adjustment based on number of connections to Medical-Therapy completed per month (2/3, if a completed connection takes 2 weeks)

Cell: A33

Comment: Placements calculated based on number of people in Connection phase for program in February in random sample X February time factor / sample adjustment figure (2.7%)

Appendix H

Cell: B33

Comment: from NADB data: DDD clients (adult %) in MHD svc. FY 94; data projected to '97. Incl. est. of private-pay mental health svc. (same % as DDD with Medicaid).

secondary program total = DDD paid services TPD code D314, D306

See MHC total below.

Cell: P33

Comment: = total # minus children (see below for children)

Cell: A34

Comment: Placements calculated based on number of people in Connection phase for program in February in random sample X February time factor / sample adjustment figure (2.7%)

Cell: B34

Comment: School aged clients (age 3 to 21) from TPD.

Cell: A35

Comment: Placements calculated based on number of people in Connection phase for program in February in random sample X February time factor / sample adjustment figure (2.7%)

Cell: B35

Comment: The "aggregated program" totals for Community Resource Linking are the number of school age kids + the expected number of people that could have been placed in these supports/services based on our February random sample x the february time factor/ the sample fraction (2.7%)

Connection to Community Resources takes about 6 weeks

Cell: A36

Comment: Placements calculated based on number of people in Connection phase for program in February in random sample X February time factor / sample adjustment figure (2.7%)

Cell: B36

Comment: The "aggregated program" totals for Community Resource Linking are the number of school age kids + the expected number of people that could have been placed in these supports/services based on our February random sample x the February time factor /the sample fraction (2.7%)

Connection to Community Resources takes about 6 weeks

Cell: A37

Comment: Placements calculated based on number of people in Connection phase for program in February in random sample X February time factor/ sample adjustment figure (2.7%)

Cell: B37

Comment: The "aggregated program" totals for Community Resource Linking are the number of school age kids + the expected number of people that could have been placed in these supports/services based on our February random sample x the February time factor/ the sample fraction (2.7%)

Connection to Community Resources takes about 6 weeks

Appendix H

Cell: A38

Comment: Placements calculated based on number of people in Connection phase for program in February in random sample X February time factor / sample adjustment figure (2.7%)

Cell: B38

Comment: The "aggregated program" totals for Community Resource Linking are the number of school age kids + the expected number of people that could have been placed in these supports/services based on our February random sample x the February time factor/ the sample fraction (2.7%)

Connection to Community Resources takes about 6 weeks

Cell: B39

Comment: The "aggregated program" totals for Community Resource Linking are the number of school age kids + the expected number of people that could have been placed in these supports/services based on our February random sample x the February time factor/ the sample fraction (2.7%)

Connection to Community Resources takes about 6 weeks

Cell: B40

Comment: a) unduplicated total of MPC all in one group:

agency adult agency children
I.P. adult I.P. children

b) excluding residential MPC (i.e. those in AFH and in ARC (CCF)) from TPD (Johnny Tyrell-Smith, programmer) numbers which include all'97 months (previously missing or low reporting in last months of '97)

c) calculated as an average monthly total.

Cell: A42

Comment: Placements calculated based on number of people in Connection phase for program in February in random sample X February time factor / sample adjustment figure (2.7%)

Cell- B42

Comment: The "aggregated program" totals for Community Resource Linking are the number of school age kids + the expected number of people that could have been placed in these supports/services based on our February random sample x the February time factor / the sample fraction (2.7%)

Connection to Community Resources takes about 6 weeks

Cell: A45

Comment: Placements calculated based on number of people in Connection phase for program in February in random sample X February time factor / sample adjustment figure (2.7%)

Cell: B45

Comment: The "aggregated program" totals for Community Resource Linking are the number of school age kids + the expected number of people that could have been placed in these supports/services based on our February random sample x the February time factor / the sample fraction (2.7%)

Connection to Community Resources takes about 6 weeks

Cell: B46

Comment: from NADB data: DDD clients (child %) in MHD svc. FY 94; data projected to'97. Incl. est. of private-pay mental health svc. (same % as DDD children with Medicaid)

See MHC - Adults above.

FTEs Projections for Case Management by Phase and Fiscal Year

Program	Connections					Monitoring					Review					Total Required FTEs				
	FY97	FY98	FY99	FY00	FY01	FY97	FY98	FY99	FY00	FY01	FY97	FY98	FY99	FY00	FY01	FY97	FY98	FY99	FY00	FY01
General MPC	3.89	3.89	3.89	3.89	3.89	17.34	17.77	18.21	18.65	19.08	5.09	8.26	11.76	15.25	18.75	26.32	29.92	33.86	37.79	41.72
DDD Residential (Agency) Intensive Tenant Sup. (ITS) Supportive Living, Tenant Sup. (SL/TS) Alternative Living (AL) Group Home (GH) DDD - other (SOLA, Community IMR)	4.53	4.53	4.53	4.53	4.53	2.51	2.51	2.51	2.51	2.51	6.15	6.15	6.15	6.15	6.15	13.18	13.18	13.18	13.18	13.18
Other Residential Adult Family Home (AFH) Adult Res. Center (ARC/CCF) Nursing Facility (NF)	2.38	2.38	2.38	2.38	2.38	9.90	9.90	9.90	9.90	9.90	1.56	1.56	1.56	1.56	1.56	13.84	13.84	13.84	13.84	13.84
	0.59	0.59	0.59	0.59	0.59	3.89	3.89	3.89	3.89	3.89	0.86	0.86	0.86	0.86	0.86	5.34	5.34	5.34	5.34	5.34
	2.15	2.35	2.55	2.74	2.94	2.51	2.53	2.55	2.57	2.58	0.54	0.60	0.66	0.72	0.78	5.21	5.48	5.76	6.03	6.31
DDD Day Programs Pre-Voc (SI) Individual Empl. (IE) Group Support (GSE) Community Access (CA) Vocational - not defined Other Day Program	2.05	2.05	2.05	2.05	2.05	6.81	6.81	6.81	6.81	6.81	9.30	9.30	9.30	9.30	9.30	18.15	18.15	18.15	18.15	18.15
Family Support FS - regular program FS - pilot program						9.21	8.29	7.46	6.71	6.04	0.93	0.84	0.75	0.68	0.61	10.14	9.12	8.21	7.39	6.65
	1.98	1.98	1.98	1.98	1.98	3.33	3.33	3.33	3.33	3.33	3.65	3.65	3.65	3.65	3.65	8.96	8.96	8.96	8.96	8.96
Protective Services CPS APS						1.85	2.09	2.33	2.57	2.81						1.85	2.09	2.33	2.57	2.81
						0.83	0.92	1.00	1.09	1.17						0.83	0.92	1.00	1.09	1.17
Community Resource Link School Housing Financial assistance Recreational/social Support group Advocacy Transportation Guardianship	5.13	5.93	6.73	7.53	8.33											5.13	5.93	6.73	7.53	8.33
	0.41	1.02	1.69	2.44	3.26	5.03	5.12	5.20	5.29	5.37						5.44	6.14	6.89	7.72	8.63
						20.25	24.61	26.99	29.62	32.53						20.25	24.61	26.99	29.62	32.53
	3.70	4.20	4.70	5.20	5.70	-0.02	-0.02	-0.02	-0.02	-0.02						3.68	4.18	4.68	5.18	5.68
	-0.08	0.54	1.16	1.77	2.39	4.07	4.12	4.17	4.22	4.27						3.98	4.65	5.33	6.00	6.67
Totals	26.73	29.46	32.24	35.10	38.04	87.51	91.87	94.33	97.13	100.29	28.08	31.22	34.69	38.17	41.66	#####	#####	#####	170.40	179.99

FTEs for Resource Management					
	FY97	FY98	FY99	FY00	FY01
DDD Residential	5.72	5.72	5.72	5.72	5.72
DDD County Programs	7.92	7.92	7.92	7.92	7.92
Contracting	6.74	6.74	6.74	6.74	6.74
Community Resource Building	1.11	1.11	1.11	1.11	1.11
Total	21.49	21.49	21.49	21.49	21.49

FTEs for Intakes & Reviews					
	FY97	FY98	FY99	FY00	FY01
Intake		1.25	2.31	3.53	4.91
	11.73				
Reviews		12.66	13.71	14.89	16.22
Total	11.73	13.91	16.02	18.42	21.13

FTEs for the Unseen Population					
	FY97	FY98	FY99	FY00	FY01
	22.41	24.32	26.43	28.78	31.37

Appendix I
April 100% Time Management

DDD CASE/RESOURCE MANAGEMENT WORKLOAD MEASUREMENT -- DAILY TIME LOG

Name _____

Sample Number _____

Office Number _____

Category Code Key: (Enter CATCODE below)	
1	Case Management
2	Resource Management
3	Intake
4	Administrative
5	Leave

PHASE Key	
S	Setting Up
M	Maintaining
E	Evaluating/QA

Examples of **FOR WHOM**, **WITH WHOM**, or **Program Type** (see *Cheat Sheet for a more complete list*)

Residential Provider:	ITS	AFH	SL	ARC	GH
Day Program:	CDS	IE	CA	SI	GSE
Client	County	Family Support	Housing	Mental Health	
Family	School	MPC Provider	DCFS	Child Care	
Legal	Cmunity Prof.	Other DSHS	DDD Staff	Interpreter	

Today's Date _____

LOCation: _____

ACTivity Type: _____

Day begins at _____ am pm

O H E

TC FF OF TR

Page _____ of _____

FINISH TIME	CAT CODE	if CRISIS	If CATCODE = 1 or 2		FOR WHOM (see above) Client &/ or Program Name	LOC (see above)	ACT (see above)	WITH WHOM (see examples above and on Cheat Sheet)
			PROGTYPE	PHASE				

Describe Activity

--	--	--	--	--	--	--	--	--

Describe Activity

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Describe Activity

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Describe Activity

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Describe Activity

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Describe Activity

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Describe Activity

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Describe Activity

DDD WORKLOAD STUDY

DAILY TIME LOG - GENERAL INFORMATION - APRIL

The data collecting that you will be doing in April is like the tracking you did in November. You are being asked to write down each activity you do all day for 10 working days between **Friday, April 17 and Thursday, April 30. Please fill out a form for each day of the study even if it is not a work day for you.** Just mark it “Not a scheduled work day.”

The Daily Time Log is designed to be used to record all activities performed each day during the measurement periods by each Case/Resource Manager, Outstation Manager, and Supervisor or Administrator taking part in the study. The information gathered with this instrument will provide the quantity, types, and duration of time spent on the activities associated with case/resource management.

No positive or negative value is given to any recorded activity. What’s happening, is happening.

To get a high degree of accuracy, it is preferable to **fill in each activity as it is completed** rather than reconstructing later. If it is not possible to complete the activity line at the time it occurs, please try to fill it in as soon after the activity as is feasible.

You will notice that **the Daily Time Log for April is different from the one we used in November.** The changes we made are designed to allow us to code information in a more understandable and useful way. We also hope that the changes will make it easier for you to fill out the Logs.

CATEGORY CODES: Category Codes are listed in the top section of the form. These are the **same as for the November tracking.**

1 = Case Management: activities that relate to a particular client on your caseload. If you are developing a resource for a particular person on your caseload, mark that as Case Management.

2 = Resource Management: activities that relate to the more general development or monitoring of a resource. (For examples of these types of activities, see the Resource Management Matrix.) **If you are dealing with a resource for a particular client, you should still mark it Resource Management if: (1) you are considered a Resource Manager and you are helping a Case Manager develop/find a resource; or (2) you are a Case Manager helping to develop or find a resource for someone not on your caseload.**

3 = Intake: activities that take place prior to a person being found eligible and being assigned to a case manager or team. Includes eligibility review activities.

4 = Administrative: activities that are not related directly to case or resource management or intake. Almost always administrative activities can **not** be tied to a specific client or program. Examples of administrative activities are:

training, meetings (unit, all-staff, statewide, general community meetings etc.)
information and referral, personnel paperwork and meetings, reviewing policies and procedures, building-related activities, straightening up of your work area, union meetings doing #@&% Daily Time Logs, updating manuals, general I & R, personnel paperwork/activities

5 = Leave: Includes annual, sick, personal holiday, civil/jury, military, etc.

Note: Please specify the type of leave and indicate how many hours you are taking, e.g., 4, 8, 10, etc.

You will be recording break and lunch times although these will not be coded as activities. Recording them allows us to see the time sequence from beginning to end each day.

PHASES: This is a **new concept** that we are using for this tracking. It applies only to **case management and resource management activities (Category Codes 1 and 2)**. Giving us this information will be useful in coding the information.

If you want **further information** on the types of activities that go into particular phases, you can refer to the **Case Management Service Categories Sheets (blue)** for examples of case management activities or to the **Resource Management Matrix (lavender)** for examples of resource management activities. **Your Regional Coordinators will have copies of these sheets.**

The three phases we would like you to use are:

SETTING UP: Activities that get a service started. For **case management**, this would include activities where you are assessing a client's needs and strengths, planning with the client/family/others to determine what services to set up, developing new resources for that specific person, and the things that you do to link the person up with the service and get it going. For **resource management**, this would include activities designed to help an agency or individual start a new service or to help **someone else's client** get started in a new service. **Note:** A residential or day program move, even if within the same program, e.g., from one AFH to another, is considered a Setting Up activity.

MAINTAINING: For **case management**, these would be activities that keep a service going or are designed to stabilize a client situation. Once you have a service set up, most of your activities will fall in this phase. For **resource management**, these would be activities that enable an agency or an individual to continue providing a service. **Note:** changing respite care or MPC providers is considered a Maintaining activity.

EVALUATING/QUALITY ASSURANCE: Activities that involve **formal evaluations** of client's situation or services or **formal evaluations** of an agency or individual service provider. Usually the activities in this phase will (1) have a scheduled time to be done, e.g., an annual CAP or MPC review, an AFH-QI review, or an audit of a residential program and (2) involve specific paperwork that must be filled out, e.g., the MPC Interim Assessment, CAP Review Paperwork, AFH-QI paperwork. (Sometimes someone else, e.g., the county or Operations Review staff, fills out the paperwork.)

FOR WHOM, WITH WHOM, AND TYPES OF PROGRAMS

One of the main things that we learned from our November tracking exercise was that it is much easier to code activities in a meaningful way if we get certain information.

For Whom: if an activity relates to a **particular client** (for Case Management, Resource Management or Intake activities), we need to know the person's name. If the activity relates to a **particular program** (for Resource Management activities), we need to know the **name and type** of program (e.g., Grosser Group Home, Early Beginnings CDS, Family Support Opportunities). **Please print all names of clients or programs.**

With Whom: If your activity is a **phone call or a face-to-face meeting**, please indicate the **roles** of the person(s) you are talking or meeting with, e.g., not "Mary", but "John's mother", not "Samantha", but "the ITS administrator". Put in the names of **all** the people involved. If you need more room than is in the WITH WHOM box, put information in the Describe Activity box.

Types of Program/Services: If your activity relates to a **particular program or service** (whether it is a case management or resource management, put in the specific type of program it is, e.g., group home, Family Support Pilot, mental health, child development services, DVR).

FOR A MORE COMPLETE LIST OF EXAMPLES OF THINGS TO PUT IN THE FOR WHOM, WITH WHOM AND PROGRAM TYPE PARTS OF THE LOG, SEE YOUR GOLDENROD CHEAT SHEET.

GENERAL INFORMATION AND REFERRAL can be in many Category Codes. Most often it will be an **administrative** activity. However, if you are giving information and referral to or for a specific client on your caseload; then you would list it as a **case management** activity. Or, particularly if you are acting as a Resource Manager, if you are giving information and referral about a particular resource, list it as **resource management**. If you are giving information and referral during the intake phase related to a specific person seeking to be a client, list it as **intake**.

FINAL COMMENTS:

The Daily Time Log is available in the MS WORD format for your computer. If you would like to enter your data this way, see your Regional Coordinator. We will still need a paper copy of your information each day, however.

If you are supervisor or administrator who is filling out Daily Time Logs because you do intake and/or resource management, you do not have to give us details on your other activities that related to your role as a supervisor or administrator. However, we do need you to keep a continuous time track, so for those activities, mark the category code as “administrative”, fill in the “Finish Time” as usual, and write in “supervision” or “administration” under the “Description of Activity.” If you do several supervisory or administrative activities in a row, you can group them and put down just one “Finish Time.”

Special information for Region 4 Team Members: Having Teams with no specified Case Manager makes it a little more difficult to figure out if an activity is a Case Management activity (CATEGORY CODE 1) or a Resource Management activity (CATEGORY CODE 2). So we have come up with these following guidelines:

1. If you do an activity for any client assigned to your Team, mark it Case Management.
2. If you do an activity for a client assigned to someone else’s team, mark it as Resource Management. (**Major Exception:** If a Service Authorization Team member does an SSPS activity for a client, that would be considered Case Management.
3. If you are a Resource Manager, including a contracts person, the activities you do will be resource management activities.
4. If what you are doing doesn’t seem to fit into 1, 2, or 3 above, write down what “feels” right.

Finally, if you are having trouble figuring out how to fill out the Daily Log, check first with your supervisor (if he or she went to the training), then with your Regional Coordinator. Or you can call Dave Langford at 360-902-7583 or Meg Strong at 360-902-7557.

WHEN AND WHERE TO SEND IN DAILY TIME LOGS:

Daily Time Logs are to be **mailed to your Regional Workload Study Coordinator each day** when completed. **Please make a copy of each day’s Log** so that you won’t have to reconstruct it in case it gets lost in the mail. **Please do not FAX in your forms.** Copies of FAX’ed forms are hard for us to read. If you fold and/or staple your Log before sending it to your Coordinator, write your name and the date of the Log on the outside. The daily log can then be tracked and forwarded to Olympia unopened, thus further ensuring confidentiality.

YOUR RESPONSE TO THE TRACKING IN NOVEMBER AND FEBRUARY WAS PHENOMENAL. DO IT ONE MORE TIME!!!!

DDD WORKLOAD STUDY

DAILY TIME LOG - SPECIFIC INFORMATION - APRIL

Refer to the examples of filled-out Daily Time Logs that we have provided.

The following information is recorded on the Daily Time Log:

NAME: Print your name.

SAMPLE NUMBER: Leave blank. Project staff will assign a number to each staff person for the purposes of data entry and analysis and to further ensure the confidentiality of information reported.

OFFICE NUMBER: Enter your 800-series office number. If you do not know this number, write in the location of your office, e.g., Colville, Bellingham.

TODAY'S DATE: Enter the date on which the activities reported on this Daily Time Log took place.

DAY BEGINS AT: Enter the time (hour and minute) that your daily activities began and circle am or pm. This time entry is the start time for your initial activity of the day. If you start the day with leave time, include that on your Log.

PAGE ___ OF ___ : 1 of 1, 2 of 3, etc.

FINISH TIME: Enter the time this activity was completed. (This entry also serves as the start time for your next activity.) The project staff will calculate the amount of time the activity took.

CAT CODE: Category code. Write in 1,2,3,4, or 5. Refer to definitions in the GENERAL INFORMATION.

Check if CRISIS: To identify crisis management, when it occurs.

Definition: A crisis is an emergent situation requiring immediate attention and causes you to change what you were doing or had planned to deal with the issue. Remember that a crisis is something that affects a **client's health and safety**.

IF CATEGORY CODE = 1 or 2, PROGRAM TYPE AND PHASE: We are asking you to fill in these columns **every time you write in an activity that is Category Code 1 or 2**. Refer to GENERAL INSTRUCTIONS (cream), Case Management Service Categories (light blue), and the Resource Management Matrix (lavender) for more information on filling out this part of the Daily Log.

Examples of **Program Types** are: Group Home, Alternative Living, Group Supported Employment, Child Development Services, Medicaid Personal Care, Family Support Opportunities/Pilot, Nursing. It is possible for an activity to cover more than one Program Type. **Please indicate** in the Describe Activity box **whether you are referring to an individual or agency provider**.

The **Phases** are: (1) **Setting Up**: the activities involved in starting or getting a service or resource up and running; (2) **Maintaining**: keeping the program or service going; and (3) **Evaluating or doing Quality Assurance**: official, scheduled reviews of the program or service. Only one Phase should occur for each activity.

FOR WHOM: This will be the name of a specific client or a specific program. **Print** in the name of the client for whom the case management or, if appropriate, the resource management, activity occurs. Or, **print** in the **name and type** of program the resource management activity is being done for.

If you are doing an activity for more than 1 client or agency, and you feel it is important to record all the names, use this procedure: Fill in all the boxes for the first activity line completely; then in the activity second line, record **just** the second name; in the third activity line, record **just** the third name, etc. (See Example Sheet.) We will fill in the blanks in the second and third lines with the same information you put in the first activity line.

If you are doing an activity for **more than 2** clients or agencies (e.g., filing or a providers' meeting), and you are not recording the specific names, please put in the "FOR WHOM" column **your best estimate** of the number of clients or agencies involved, e.g., 2, 10, 47. **Avoid words like "several" or "many."**

LOCATION: This is the **same as for the February Client Tracking**. Fill in the location of where the activity took place:

O: in your office or in the same building in which your office is located;

H: the client's residence, even if that is in a paid program;

F: the field, any place that is not your office or the client's home; if you go to a client's home but meet with providers without the client, mark that as field.

ACTIVITY TYPE: Write in the initials for what the activity was. **We have made a change from the way we did this in the February Client Tracking** (See OF below):

TC = phone call, making it or receiving it, including voice mail;

FF = face-to-face meeting with any one else;

OF = all non-phone call, non-face-to-face, and non-travel activities **including paperwork**. All paperwork activities as well as things like reviewing a school report, copying, filing, researching resource information, updating manuals, reading or sorting mail, and doing work on your computer go in OF.

TR = travel (by yourself or with other staff) or transport (with client and/or family member).

NOTE: When you fill in a travel activity, you can leave the CAT CODE, Check if CRISIS, PROGRAM TYPE, PHASE, AND FOR WHOM categories blank. They will be the same as for whatever activity you are driving to, and we can fill them in based on what you put in for that activity line. (See example #2.)

Important. Please put in **your travel**. In both the November and February data collection, travel time was often left out or included as part of the meeting time.

WITH WHOM: one of the most **important** things to fill in. If you are making a **phone call** or having a **face-to-face meeting** with one or more persons, fill in the **roles** of all the people, e.g., mother, respite provider, CDS teacher, neighbor, supervisor. Proper names in the With Whom column don't help us. If someone else was in the car when you drove, e.g., client, parent, supervisor, write in that person. If there are more people involved than will fit in the WITH WHOM box, put the rest of the roles in the Describe Activity box.

DESCRIBE ACTIVITY: Briefly describe the activity you did. Give us any **more information** that you think we need to have in order to understand what you were doing. Examples of things that should go in here are:

1. what you talked about in your of phone call or meeting, e.g., We talked about the problems J was having in his job; I got information about his nursing hours; J said that he and his girl friend had just broken up.
2. the **kind** of paperwork or office activity that you did
3. where you are traveling to and what the purpose of your trip is
4. other details that clarify what you did.

If you need more space in this section, feel free to continue writing in the next Describe Activity box.

THANKS!!

WORKLOAD STUDY CHEAT SHEET

PLEASE POST

IMPORTANT THINGS TO REMEMBER FOR DAILY TIME LOGS:

- 1. TRAVEL - Please record on separate activity lines.**
- 2. PRINT ALL PROPER NAMES (e.g. clients, names of programs).**
- 3. ROLES people are in, NOT NAMES (e.g. “mother” not “Mary”).**
- 4. DON’T USE WORDS LIKE “MANY” OR “SEVERAL” IN THE “FOR WHOM” BOX. Estimate the number of people or agencies involved and put that number under “FOR WHOM.”**
- 5. ALL PAPERWORK AND OTHER OFFICE ACTIVITIES should be put under the “OF” (OFFICE ACTIVITIES) CODE.**

Examples of “For Whom” and “With Whom” (Use Roles)

Client Family DDD Staff CPS Staff
ITS Staff Group Home Administrator
CDS Therapist Home and Community Staff
Police Jail Staff Respite Provider
MPC Agency Community Guide
Nurse Doctor Friend Roommate
AFH Sponsor WSH Staff IE Staff
Mental Health Counselor Interpreter
Teacher Child Care Provider Advocate
FRC Housing Agency Staff
Substance Abuse Program Staff
Tribal Member, Supervisor
Community Guide

Examples of “Program Types” (Be Specific)

ITS SL AL GH
ARC Nursing Facility
WSH/ESH Foster Home
CDS SI IE GSE CA
CPS APS HCS DVR
MPC Medicaid DJR
Family Support-Regular
FS Opportunities/Pilot
School Adult Day Health
Child Care Mental Health
Substance Abuse

EXAMPLES FOR FILLING IN DAILY TIME LOG

1. **Activity:** You make a phone call to Bill Bathgate's mother and talk about his vocational program and the hours that the MPC provider worked.
2. **Activity:** You look over Heather Heater's last MPC Comprehensive Assessment, make copies of it, and mail it to your local Area Agency on Aging.
3. **Activity:** At your office you attend a meeting with the County Coordinator for DD Services and the administrators of two employment programs, Profitable Enterprises and CleanSweep, to discuss ways of increasing the number of workers they can serve without giving them any additional funding.
4. **Activity:** As a Resource Manager, you make a phone call to a Case Manager in one of your outstations to continue this morning's conversation you have been having about an emergency that involves recruiting an Adult Family Home for his client Robby Roberts because his mother, who has been his caretaker has had to be placed into an Assisted Living Facility.
5. **Activity:** You gather together all the application paperwork for 7 new respite care providers, check to see that the Background Check approvals are all in, and complete the contracting paperwork for all 7.
6. **Activity:** You have an intake interview with Mary Martin's aunt, fill out intake paperwork, and get releases of information signed.
7. **Activity:** You spend most of the morning filing paperwork for about 25 of the people on your caseload.
8. **Activity:** You are a Resource Manager, and you call the administrator of the Westside ITS program to discuss her request for some add-on staff time for two of her residents, Mark Mayberry and Opie Howard, who are on the Community Protection List.
9. **Activity:** You are a Case Manager, and you call the administrator of the Westside ITS program to discuss her request for some add-on staff time for two of your clients, Mark Mayberry and Opie Howard, who are on the Community Protection List.
10. **Activity:** You are Marjorie Morgan's Case Manager, and you review an Incident Report from the Countryside Supported Living Program about a problem that she had, make a copy for Marjorie's file, and mail another copy to the Residential Resource Manager.
11. **Activity:** You are a Resource Manager for residential services, and you review an Incident Report from the Countryside Supported Living Program about a problem that Marjorie Morgan had, make a copy for the Regional Administrator, and mail another copy to Olympia.
12. **Activity:** You put Lester Linguini's initial MPC Plan in to computer, write an ETP asking for exceptional cost MPC payment, and talk with your supervisor about the ETP.
13. **Activity:** You spend 25 minutes reviewing the MPC Exception Policies and procedures.
14. **Activity:** You fill out Leave Slips for your recent 3-week vacation to the Caribbean islands.
15. **Activity:** You drive to a group home to attend a meeting with Sallye Steele, her mother, two members of her group home staff and the mental health counselor from the local agency to discuss ways to help Sallye control her temper. You drive back to the office.
16. **Activity:** You drive to the Anderson Adult Family Home to do the annual MPC reviews for the three people who live there: Jen Jensen, Mabel Martin, and Karin Korn. You drive back to the office.

Record Layout for April 100% Time Measurement

Time Log

APSMP	Case Manager ID Number
OFC	Case Manager Office
APRLDT	Date of Activity
STRT_H	Start hour of Activity
STRT_M	Start Minute of Activity
FIN_H	End Hour of Activity
FIN_M	End Minute of Activity
CATCODE	Category of Activity
CRISISAP	Crisis Activity Yes/No
PROGTYPE	Program
PHASE	Phase (Connection, Monitoring, Review)
FORWHOM	Client Last Name or Program Name
WHMTP	Type for whom activity is done (Agency, individual provider, client)
CASE	Number of Cases
LOC	Location of Activity
ACT	Type of Activity
WWHM	With Whom
RAL	Resource Management / Administrative / Leave Code
EX	Special Codes
D_R	Residential Domain
D_V	Vocational/Educational Domain
D_H	Health Domain
D_C	Community/Integration Domain
D_F	Financial Domain
D_L	Legal Domain

Appendix J

Mandates and Expectations

Essential Tasks – Resource Managers

Communication	Keep management (a.j., l.r., r.w.) informed good communication re: budget issues	T.A. requests, respond in timely fashion	Monitor agency contract compliance	New Provider development	Ensure that SSPS vendors are paid in timely manner	Respond to Legislative / Central Office requests	County Liaison	Respond to criminal issues	CCDB update
Communicate to case managers -changes -updates	Technical Assistance -respond to requests -track budget	Contract management	Resource development for people with no roof	Budget management	Respond to Legislative inquiries	Respond to Licensing issues	Respond to subpoenas	Keep updated community protection list	
DSHS Policy C.O. Reqrmts. Crisis Mgmt Best Practices	Work with community to develop resources	Current contracts - assure compliance	Develop client support models	Monitor agency financial stability	Be available to "walk ins"	Respond to APS and CPS inquiries	Go to Court, MH, & Community Protection	Data management in program areas	
Quality Assurance	Develop and monitor corrective actions	Respond to residential placement disruptions	SSPS Corrective Action	Respond to guardian / parent / client concerns	Interagency meetings (DCFS, MHD, DVR, etc. + agreements	Working with A.G.'s Office	Maintain incident reporting system		
AFFH capacity -tracking movement -respite	Certification	Expectations of Community (Parents, Providers, Advocacy Groups) Budget Legislation	RCW, WAC Program Policy DSHS & DDD Policy	Incident response	Interagency agreements RCW WAC Policy Manuals	Respond to Administrative Hearings	HCFA RCW Central Office Regional Policy		
Provider training	RCW / WAC Regional, Statewide & DSHS policy Fed Funding Requirement			Return phone calls		RCW WAC Subpoena Expectations of Community at Large			
DDD Statewide policies				information and referral - community					
WAC RCW Best Practices				Leg. Supv. Admin., DSHS Policy Central Office, Parents, Guardians, Advocates					

Essential Tasks – Case Managers

Intake and Eligibility	Assessment	Service Payment	Interagency Coordination	Fiscal Management	Nuts & Bolts	Intervening Priorities	Maintain Title XIX
Intake		Pay Providers	Coordination with county programs, DCFS, other Agencies	Residential placements	Know the rules	County Liaison	Initial CAP and Review
Eligibility Reviews		Monthly Part SSPP	Coordination with MAA of Nursing Medically Intensive	Make program referrals	Return phone calls	What my boss says...	Original MPC
WAC, RCW 71.A DDD Policy		Respond to Provider Inquiries	Report to APS / CPS	Help clients look for providers	Be professional and respectful in all interactions	Respond to Legislative Inquiries	MPC Reviews
		Contracts, Policies, Fiscal Responsibility, Common Sense	Interagency Agreements RCW, WAC, Best Practices	OBRA PASSAR	Case Transfer paperwork	Attend Fair Hearings	Fed Regs. State Medicaid Plan Program Policy
				AFF Quality Assurance	Be able to find paperwork, organized filing	Policy Supervisor, C.O., or Legislative Expectations WAC (FH)	
				Individual Service Planning	General I & R		
				Family support needs assessment Flexible use requests	Read mail, memos, etc.		
				Meet all new families within 60 days	Personnel activities		
				Policy, WAC, RCW	Building-related activities		
					Go to training		
					Go to meetings		
					Policy - training Best Practices Supervisor Expectations Community Expectations		

Additional Tasks – Case Managers

Increase Client Contact for Better Planning	Increase Self-Direction and Natural Supports	Improve Provider Relations	Improve and Expand Public Relations	Employee Development	Cubicle Management	Strategic Planning
Spend more time with people/families	Facilitate self-direction by clients	Develop paid resources	More outreach and PR	Know how to use technology	Maintain/update CCDB	Take time to plan
Meet with and interview clients and their families on a regular basis	Develop natural supports	Work closer with providers (incl. training)	Improve relationships with DCFS	Attend training opportunities	Maintain more complete case narratives	Don't work so much
Futures planning and reviews	Work with community to develop resources	Provider Recruitment	Educate agencies and public on DD issues	Take time to learn new things	Keep your desk clean	Get around to the round to it stuff
Attend School I.E.P.S & IFSPs consistently	People First and Self-Advocates meetings	Developing overnight respite resources for children		Have debates about stuff		
Resource utilization reviews; review what people are receiving	Community meetings (PR)	Maintain current Provider database		Improve morale		
		Developing child care resources				

Additional Tasks - Resource Managers

Ensuring Resource Excellence	Observation/ Feedback/ Presence	Quality Improvement	Comprehensive Documentation	Informed Decision Making	Individualization of Supports	Fostering Innovation	Training/ Best practice	Building Partnerships
Readily let go of poor providers	Visit folks in programs regularly	Regular self-evaluation	Write narratives	Prevent damn fool decisions through proactive participation in DDD/DSHS decision making	Individual support for transition students	Creative planning	Training for providers	Build "real" teamwork
Client feedback on services	Meet with all clients annually		Computerize the file	Policy development	Attend all Person Center Planning meetings	Encourage/ sponsor service innovations	Individual provider training	Partnerships among providers
Provider recruitment	Regular visits to agencies		Documentation of all business-related contacts		Assure that folks determined ineligible for DDD services are linked to supports	Get around to the round to fit stuff	Training Training Training	Partnerships with families, clients, organizations
Attend School I.E.P. S & IFSPs consistently	Visit programs 3-4 times/year		Automation of repetitive paperwork processes		Convert to individualization			Participate in community organization network outside DDD
Resource utilization reviews; review what people are receiving	Be available after hours		Go to all IEPs, IHPS		Support people to connect with community resources one-one			encourage / foster regional "culture" around guidelines values
	Observation of direct care and training		Do yearly ISPs					

C/RM Activities	Policy	Description	WAC Title	WAC	Description/Im pact	CFR	Description	RCW / FED	Description/Impact
GENERAL								74.08.090	Rule-making authority and enforcement. The department is hereby authorized to make rules and regulations not inconsistent with the provisions of this title (Public Assistance)
GENERAL								74.09.520	The department shall adopt, amend, or rescind such administrative rules as are necessary to ensure that Title XIX personal care services are provided to eligible persons in conformance with federal regulations
GENERAL								74.39.005	Ensure functional ability is the determining factor in defining long-term care service needs; determine these needs by a uniform system for comprehensively assessing functional disability; ensure services are provided in the most independent living
GENERAL								74.39.005 cont.	situations consistent with individual needs; ensure that service options are developed that enable functionally disabled persons to continue to live in their homes or other community residential facilities while in the care of families or volunteers.
GENERAL								74.08.043	In determining the living requirements of otherwise eligible applicants and recipients of SSI and general assistance, the department is authorized to consider the need for personal and special care and supervision due to physical and mental conditions.
GENERAL								71.A.10.015	The legislature recognizes the state's obligation to provide aid to persons with developmental disabilities through a uniform, coordinated system of services to enable them to achieve a greater measure of independence and fulfillment
GENERAL								71.A.12.010	It is declared to be the policy of the state to authorize the secretary to develop and coordinate state services for persons with developmental disabilities
GENERAL								71.A.12.020	To the extent that funds designated for services to persons with developmental disabilities are available, the secretary shall provide every eligible person with habilitative services suited to the person's needs, regardless of age or degree of handicap.
			Medicaid Personal Care Services--Legal Authority M1	388-15-810	Look up. Find RCW references			74.08.090	See GENERAL above

C/RM Activities	Policy	Description	WAC Title	WAC	Description/Impact	CFR	Description	RCW / FED	Description/Impact
(G) Initial Contact and Eligibility: Financial Eligibility Review								74.09.520	These administrative rules for Personal Care shall include eligibility indexed according to the requirements of the social security act providing for medicaid eligibility. Requires Case Managers to confirm medicaid eligibility.
(C) Initial Contact and Eligibility: Contact Family or Individual			Long-Term Care Functional Eligibility M2 Can't find on Netscape: need RCW references	388-15-201	Lists self-care areas in which people must need assistance in order to be eligible for Medicaid Personal Care			74.09.520	Department must assess functional disability, and provide personal care services, to the extent funding is available, based on those assessments. Any reductions in service must give priority to people with the greatest need based on those assessments.
			Long-Term Care Services--Definitions M2	388-15-202	Specifies what is meant by "assessment", "authorizator", "provider", and "service Plan			74.08.545 (Can't find on Netscape)	See GENERAL above.
									Any notice to a person with developmental disabilities must be (a) given in the way that the person is most likely to understand and (b) given to at least one other person.
(C) Initial Contact and Eligibility: Contact Family/Individual: (G) Assessment: Travel, Interview with Client/Family, Paperwork, Copying and Distributing			Long-term care services—Assessment of task self performance and determination of required assistance M1, M2	388-15-203	Details factors to be taken into account by C/RM in MPC assessment. How to score and compute hours to be authorized. Assessment must be done by department staff or designee. Requires:(a) separate assessment for each client; (b) use of a prescribed form;	CFR 435 (10-1-96)	Federal regulations mandating timely determination, notice of agency's decision concerning eligibility, need for periodic (at least once every 12 months) redetermination, and timely and adequate notice concerning adverse actions.	74.08.090	See GENERAL above

				388-15-203 cont.	Requires: (c) an assessment based on an in-person interview with the client; (d) notification to client of the right to contest a denial or reduction in services. Department staff or designee must represent department in hearings related to assessments.			74.09.520	Department must assess functional disability, and provide personal care services, to the extent funding is available, based on those assessments. Any reductions in service must give priority to people with the greatest need based on those assessments.
								74.39.005	Ensure that functional ability shall be the determining factor in defining long-term care service needs and that these needs will be determined by a uniform system for comprehensively assessing functional disability.
								71A.10.050	the right to appeal the following department actions: an unreasonable delay in acting on an application for service; a denial, reduction, or termination of a service
								74.08.545 (Can't find on Netscape)	
								71A.10.060	Any notice to a person with developmental disabilities must be (a) given in the way that the person is most likely to understand and (b) given to at least one other person.
								74.08.090	See GENERAL above
(C) Initial Contact Eligibility: Contact Family/Individual; (C) Assessment: Travel, Interview with Client/Family, Paperwork, Copying and Distributing			Long-term care services—Service plan development M1, M2	388-15-205	Requires C/RM to develop a service plan which identifies ways to meet the client's needs with the most appropriate services, both formal and informal. Details specific items that must be documented.			71A.10.060	Any notice to a person with developmental disabilities must be (a) given in the way that the person is most likely to understand and (b) given to

C/RM Activities	Policy	Description	WAC Title	WAC	Description/Imp	CFR	Description	RCW / FED	Description/Impact
<p>(C) Initial Contact and Eligibility: Contact Family; (C) Assessment: Travel, Interview with Client/Family, Paperwork, Copying and Distributing; (R) Redetermining Eligibility: Contact with Individual/Family; (R) Assessment: Travel, Individual/Family Meeting, Paperwork, Copying and Distributing</p>			Medicaid Personal Care Services—Eligibility M1, M2	388-15-830	Sets out eligibility criteria which Case Managers must assess. Mandates yearly review. Sets out special criteria to be considered for children and for people in foster care.	CFR 435 (10-1-96)	Federal regulations mandating timely determination, notice of agency's decision concerning eligibility, need for periodic (at least once every 12 months) redetermination, and timely and adequate notice concerning adverse actions.	74.08.090 Find other RCW references	See GENERAL above
<p>(C), (G), (M) Initial Contact: request/concern; (M) Information Gathering: Review Records, Collateral Followup, (TC); (M) Resolution: SSPS Change, Family/Provider Meeting, Home Visit, Travel</p>	See Contracts Manual		Home and community services—Minimum qualifications for care providers in home and community settings M2	388-15-196	Details requirements to be contracted as an MPC provider. C/RM doing contracts must ensure requirements are met. Details the training providers must take and which C/RM must monitor. Prohibits continuing payment to providers who do not get training.			74.08.090	The secretary may enter into agreements with any person, corporation, or governmental entity to pay the contracting party to perform services that the secretary is authorized to provide under this title, except for operation of RHC's.
			Medicaid Personal Care Services—Payment Procedures M2	388-15-880	Details factors C/RM must consider in determining if payment is legitimate; can not pay for services not included in MPC Plan; must determine if Plan is being followed; can pay only for hours actually worked			#VALUE!	See GENERAL above

CRM Activities	Policy	Description	WAC Title	WAC	Description/Impact	CFR	Description	RCW / FED	Description/Impact
								71.A.12.020	See GENERAL above
								74.09.520	See GENERAL above
								74.09.090	See GENERAL above
(M) Information Gathering: Review Records, Collateral Followup, (TC); (M) Resolution: SSPS Change, Family/Provider Meeting, Home Visit, Travel			Medicaid Personal Care Services—Program Limitations M2	388-15-890	Defines further limitations to MPC program the Case Managers must follow and, therefore, monitor.				
(M) Information Gathering: Review records: Collateral Followup (TC); Family/provider meeting, Home visit, Travel; (R) Assessment: Copying and Distributing (R)			Home and community services—Nurse Oversight M3	388-15-194	Details duties of Registered Nurse in MPC program. C/RM are expected to respond to inquiries and concerns of nurse oversight and to read their periodic reports.			74.09.520	See GENERAL above The rules shall require clients be assessed as having a medical condition requiring assistance with personal care tasks. Plans of care must be reviewed by a nurse.
(M), Provider: Provider contacts, (SSPS, Coordinate Case Plan); (M) Newly-Contacted Provider: Orienting New Providers, Contracts-General Intro,	See Contracts Manual		Home and community services—Minimum qualifications for care providers in home and community settings M2	388-15-196	Details requirements to be contracted as an MPC provider. C/RM doing contracts must ensure requirements are met. Details the training providers must take and which C/RM must monitor. Prohibits continuing payment to providers who do not get training.			74.08.090	The secretary may enter into agreements with any person, corporation, or governmental entity to pay the contracting party to perform services that the secretary is authorized to provide under this title, except for operation of RHC's.

CRM Activities	Policy	Description	WAC Title	WAC	Description/Impact	CFR	Description	RCW / FED	Description/Impact
(R) Redetermining Eligibility: Contact: Family/Individual (R) Assessment: Travel, Meeting with Client/Family, Paperwork, Copying and Distributing			Home and Community Services – Reassessment M1, M2	388-15-204	Requires full, in-person, reassessment, using the same factors used in the initial determination, at least every 12 months (more often if there is a change in the client's condition or situation). Based on this reassessment, services are to be continued, denied, or altered. The department must notify the client of	CFR 435 (10-1-96)	Federal regulations mandating timely determination, notice of agency's decision concerning eligibility, need for periodic (at least once every 12 months) redetermination, and timely and adequate notice concerning adverse actions.	74.08.090	Can appeal an unreasonable delay in acting on an application for eligibility, for a service, or for an alternative service under RCW 71A.18.040;
				388-15-204 cont.				74.09.520	Can appeal a denial, reduction, or termination of a service;
								74.39.005	Ensure that functional ability is the determining factor in defining long-term care service needs and that these needs will be determined by a uniform system for comprehensively assessing functional
								71A.10.060	Any notice to a person with developmental disabilities must be (a) given in the way that the person is most likely to understand and (b) given to
(R) Assessment: Paperwork, Copying and Distributing;			Termination of Services M1	388-15-895	Case Managers must terminate MFC services if assessment done within the past 12 months shows that the person no longer meets eligibility requirements.	CFR 435 (10-1-96)	Federal regulations mandating timely determination, notice of agency's decision concerning eligibility, need for periodic (at least once every 12 months) redetermination, and timely and adequate notice concerning adverse actions.	74.08.090	See GENERAL above

CRM Activities	Policy	Description	WAC Title	WAC	Description/Impact	CFR	Description	RCW / FED	Description/Impact
								74.09.520 FED	See GENERAL above
								71A.10.050	Guarantees the right to appeal the following department actions: an unreasonable delay in acting on an application for service; a denial, reduction, or termination of a service
								71A.10.060	Any notice to a person with developmental disabilities must be (a) given in the way that the person is most likely to understand and (b) given to at least one other person.
(C,M,R)ETP: Contact with Family/individual Contact with Provider, Paperwork, SSFS, Supervisory Review			Exception to rule M2	388-200-1150	Describes situations in which Case Managers may request an Exception to Policy to authorize more MPC hours than allowed under usual rules.			Find RCW references	

Where Mandates for “Mandated” Tasks Come From

1. Washington RCW’s and WAC’s
2. Program Policies
3. DDD Statewide Policies
4. DDD Regional Policies
5. Supervisor’s Expectations
6. Expectations of clients, families, providers
7. Expectations of the community at large.
8. “Best practices”

Appendix J

Code	Description	Update
275-25	COUNTY PLAN	7/8/93
275-25-020	Plan development and submission	
275-25-030	Program operation--General provisions	
275-25-040	Appeal procedure.	
275-25-520	Services--Developmental disabilities.	
275-25-527	Rights--Health and safety assured.	
275-25-530	Funding formula--Developmental disabilities.	
275-25-755	Client rights--Notification of client.	
275-26	COMMUNITY RESIDENTIAL SERVICES AND SUPPORT	5/1/96
275-26-005	Purpose.	
275-26-010	Definitions.	
275-26-019	Exemptions.	
275-26-020	Certification.	
275-26-021	Review and evaluation.	
275-26-022	Administrative review conference--Adjudicative proceeding process	
275-26-025	Eligibility for residential services and support.	
275-26-050	Client remuneration.	
275-26-060	Personnel.	
275-26-065	Staffing.	
275-26-070	Staff training.	
275-26-071	Individual service plan.	
275-26-072	Instruction and support.	
275-26-073	Health services.	
275-26-074	Nurse delegation.	
275-26-075	Client records.	
275-26-076	Nurse delegation--Penalties.	
275-26-077	Notice of fine and appeal rights.	
275-26-087	Transportation.	
275-26-095	Physical requirements.	
275-26-097	Exceptions when allowed.	
275-26-100	Payment for service.	
275-26-107	Program set-up cost.	
275-26-110	Change of ownership.	
275-26-115	Accounting procedures for client accounts.	
275-27	SERVICES RULES	2/1/94
275-27-020	Definitions.	
275-27-023	Exemptions.	
275-27-026	Eligibility for services.	
275-27-030	Determination of eligibility.	
275-27-040	Application for services.	
275-27-050	Determination for necessary services.	
275-27-060	Individual service plan.	
275-27-219	Continuity of family support services.	
275-27-220	Family support services. 275-27-220	
275-27-221	Family financial participation	
275-27-223	Service need levels.	
275-27-230	Authorization of services.	
275-27-240	Financial services.	
275-27-250	Guardianship services.	
275-27-400	Notification.	
275-27-500	Adjudicative proceeding.	
275-27-800	Community alternatives program (CAP).	
275-27-810	Eligible persons.	
275-27-820	Community alternatives program (CAP)--Services.	

275-31	PROGRAM OPTION RULES	1/18/84
275-31-005	Purpose.	
275-31-010	Definitions.	
275-31-020	Determination of eligibility.	
275-31-030	Notification to potential applicants.	
275-31-040	Application for services.	
275-31-050	Individual service plan.	
275-31-070	Implementation of necessary services.	
275-31-080	Criteria for determining costs.	
275-31-090	Method of rate determination.	

Code	Description
71A.10	GENERAL PROVISIONS
71A.10.010	Legislative finding--Intent--1988 c 176.
71A.10.011	Intent--1995 c 383.
71A.10.015	Declaration of policy.
71A.10.020	Definitions.
71A.10.030	Civil and parental rights not affected.
71A.10.040	Protection from discrimination.
71A.10.050	Appeal of department actions--Right to.
71A.10.060	Notice by secretary.
71A.10.070	Secretary's duty to consult.
71A.10.080	Governor to designate an agency to implement a program for protection and advocacy of the rights of persons with developmental disabilities and mentally ill persons--Authority of designated agency--Liaison with state agencies.
71A.10.800	Application of Title 71A RCW to matters pending as of June 9, 1988.
71A.10.805	Headings in Title 71A RCW not part of law.
71A.10.900	Severability--1988 c 176.
71A.10.901	Saving--1988 c 176.
71A.10.902	Continuation of existing law--1988 c 176.
71A.12	STATE SERVICES
71A.12.010	State and local program--Coordination--Continuum.
71A.12.020	Objectives of program.
71A.12.030	General authority of secretary--Rule adoption.
71A.12.040	Authorized services.
71A.12.050	Payments for nonresidential services.
71A.12.060	Payment authorized for residents in community residential programs.
71A.12.070	Payments under RCW 71A.12.060 supplemental to payments from other resources--Direct payments.
71A.12.080	Rules.
71A.12.090	Eligibility of parent for services.
71A.12.100	Other services.
71A.12.110	Authority to contract for services.
71A.12.120	Authority to participate in federal programs.
71A.12.130	Gifts--Acceptance, use, record.
71A.12.140	Duties of state agencies generally.
71A.12.150	Contracts with United States and other states for developmental disability services.
71A.14	LOCAL SERVICES
71A.14.010	Coordinated and comprehensive state and local program.
71A.14.020	County developmental disability boards--Composition--Expenses.
71A.14.030	County authorities--State fund eligibility--Rules--Application.
71A.14.040	Applications for state funds--Review--Approval--Rules.
71A.14.050	Services to community may be required.
71A.14.060	Local authority to provide services.
71A.14.070	Confidentiality of information--Oath.
71A.14.080	Local authority to receive and spend funds.
71A.14.090	Local authority to participate in federal programs.
71A.14.100	Funds from tax levy under RCW 71.20.110.
71A.14.110	Contracts by boundary counties or cities in boundary counties.

71A.16 ELIGIBILITY FOR SERVICES

- 71A.16.010 Referral for services.
- 71A.16.020 Eligibility for services--Rules.
- 71A.16.030 Determination of eligibility--Application.
- 71A.16.040 Determination of eligibility--Notice--Rules for redetermination.
- 71A.16.050 Determination of eligibility--Effect—Determination of appropriate services.

71A.18 SERVICE DELIVERY

- 71A.18.010 Individual service plans.
- 71A.18.020 Services provided if funds available.
- 71A.18.030 Rejection of service.
- 71A.18.040 Alternative service--Application--Determination--Reauthorization--Notice.
- 71A.18.050 Discontinuance of a service.

71A.20 RESIDENTIAL HABILITATION CENTERS

- 71A.20.010 Scope of chapter.
 - 71A.20.020 Residential habilitation centers.
 - 71A.20.030 Facilities for Interlake School.
 - 71A.20.040 Use of Harrison Memorial Hospital property.
 - 71A.20.050 Superintendents--Secretary's custody of residents.
 - 71A.20.060 Work programs for residents.
 - 71A.20.070 Educational programs.
 - 71A.20.080 Return of resident to community--Notice--Adjudicative proceeding--Judicial review--Effect of appeal.
 - 71A.20.090 Secretary to determine capacity of residential quarters.
 - 71A.20.100 Personal property of resident--Secretary as custodian--Limitations--Judicial proceedings to recover.
 - 71A.20.110 Clothing for residents--Cost.
 - 71A.20.120 Financial responsibility.
 - 71A.20.130 Death of resident, payment of funeral expenses-- Limitation.
 - 71A.20.140 Resident desiring to leave center--Authority to hold resident limited.
 - 71A.20.150 Admission to residential habilitation center for observation.
 - 71A.20.800 Chapter to be liberally construed.
- 71A.22 TRAINING CENTERS AND HOMES**
- 71A.22.010 Contracts for services authorized.
 - 71A.22.020 Definitions.
 - 71A.22.030 Payments by secretary under this chapter supplemental--Limitation.
 - 71A.22.040 Certification of facility as day training center or group training home.
 - 71A.22.050 Services in day training center or group training home--Application for payment.
 - 71A.22.060 Facilities to be nonsectarian.

BACKGROUND ON “MANDATED” TASKS

M1: Law, policy, etc. says you have to do it, entitlements (e.g., have to evaluate for eligibility for DDD services; have to assess for Medicaid Personal Care if certain criteria are met.) **Also used for mandates that tell you under what circumstances you can do something even if does not require you to do it (e.g., when can do MPC in provider’s home or in conjunction with ITS).**

M2: Not have to do it, but if you do it, have to follow this procedure (e.g., if a person appeals one of our decisions, we have to participate in a “Fair Hearing”; when give notice to a persona with a disability, have to give notice at the same time to another person.

M3: Implications that some actions may have to be taken (e.g., if there is an Adult Protective Services complaint, we need to participate in the investigation and remedy; if Protection and Advocacy is working with a client, we have to cooperate)

MPC Reviews

CAP Reviews

Intake

Incident Reporting

TCM tracking

See new clients within 60 days

Part H birth-two services

AFH Quality Improvement

I. Mandated by RCW

RCW 71A.10.050 Clients can appeal adverse decisions we make (M2)

RCW 71A.10.060 When we give notice to a client, we must give notice to a second person and must give notice “in a way that the person is best able to understand” (M2)

RCW 71A.10.070 If the Secretary has a duty to consult with a client, that consultation must take place with at least one other person (M2)

RCW 71A.10.080 Secretary must set up a Protection and Advocacy System (M3)

RCW 74.09.520 Legal Authority for MPC services

II. Mandated by WAC or Federal CFR

WAC 275-27-220 (3) Family Support Services; we are required to assess for eligibility anyone who asks for this service and then provide it if they qualify and if there is money (M1)

WAC 275-27-220-(4e) Must have a Family Support Review Committee to approve authorizations (M1)

WAC 275-36-071 (3) (Current?) Group Home Residents must contribute toward their cost of care according to department policies (cf. Division Directive 402). (M2)

WAC 388-15-194 Nurse Oversight for MPC Program (M3) (In MPC Manual)

WAC 388-15-196 Minimum Qualifications for Care Providers in MPC Program
Includes information on Caregiving Training for all individual providers of MPC including parents and on “Challenge Testing”. (M2) (In MPC Manual)

WAC 388-15-201 Mandates assessment of self-care areas for MPC eligibility (in MPC Manual) (M2)

WAC 388-15-202 Definitions pertaining to MPC Program (M2) (in MPC Manual)

WAC 388-15-203 Outlines Assessment of Task Self-Performances and Determination of Required Assistance for Long-Term Case Services (including MPC). **Requires in-person interview with client.** Makes reference to a form to use with children. (M2) (In MPC Manual)

WAC 388-15-203 (7) Mandating Process for Notifying Client of Right to Contest denial or reduction of services (including MPC) (M1)
References RCW 74.09.520, 74.39.005, 74.08.043 and 74.08.545 and CFR 431 (in MPC Manual))

WAC 388-15-204 Reassessment of HCS Services, including MPC
Requires in-person interview. Outlines time frames (M1,M2) (In MPC Manual)

WAC 388-15-205 Development of Service Plan for HCS Services, including MPC (M2)

WAC 388-15-310 Adult Protective Services are available to “developmental disabled adults 18 and over” (M3)

WAC 388-15-610 COPES Eligibility (M1,M2) (In MPC Manual)

Appendix J

- WAC 388-15-810 Medicaid Personal Care Services--Legal Authority (M1)
(In MPC Manual)
- WAC 388-15-830 Medicaid Personal Care Services Eligibility (M1,M2)
Sets out criteria. **Mandates yearly review.** Defines special criteria for assessment for children and for people in foster care. (In MPC Manual) (Also references WAC 388-15-204 relative to reviews.)
- WAC 388-15-880 Medicaid Personal Care Services--Payment Procedures (M2) (In MPC Manual)
- WAC 388-15-890 Medicaid Personal Care Services--Program Limitations (in MPC Manual) (M2)
- WAC 388-76-590 Required training for AFH sponsors who choose to work with people with developmental disabilities (M3)
- WAC 388-83-210 (Current?) Describes how persons receiving CAP participate in cost of care in contracted facilities
- WAC 388-92-035 (Current?) How to Calculate Client Participation in AFH's and CCF's (M2)
- WAC 388-97-255 Pre-Admission Screening and Annual Resident Review (PASARR) evaluations shall be done (M1)
- WAC 388-200-1150 Exception to Rule. Outlines process to follow when requesting ETP to go above maximum number of MPC hours
- WAC 388-300-1000 For people who are on the "Disability Advocacy Pathway" (??) we have to cooperate and give information (M3)
- WAC 388-503-0310 Defining Categorically Need Eligible Persons (relating to MPC). (Is in MPC Manual) (M1)
- CFR 435 (10-1-96) On MPC re: timely determination, notice of agency's decision concerning eligibility, need for periodic (at least once every 12 months) redetermination, and timely and adequate notice concerning adverse actions.
- CFR 435.735 (Current?) Describes how persons on CAP waiver contribute to cost of care in contracted facilities

MANDATES--DDD POLICIES, DIRECTIVES, MANAGEMENT BULLETINS

Note: Policies with ??? by their number mean it has an old policy # and the new # is unclear.

2.02 (M2) **Communication with Attorney General.**

Procedures for getting written or verbal response or participation in a Fair Hearing from an AAG; paperwork and line of command

3.01 (M1) **“All persons receiving services from DDD shall have a service plan.”** Lists options (but does not give timelines)

3.02 (M1,M2) **Interregional Placement and Transfers** “All individuals who move from one region of the Division of Developmental abilities to another region may expect a timely exchange of information and case management affecting their service delivery” Gives timelines, responsibilities of CM from originating and receiving regions; need to include FRC if birth-to-3, procedures for initial contact, action to take on “surprise” moves, transferring resources whenever possible, sending placement packet.

4.01 (M2) **Authorizing and providing respite care and emergency placements in RHC’s.** Lists required information, ETP procedure, and line of command.

4.02 (M2) **Placement into community residential services including AFH’s and ARC’s** Specifies referral packet information, steps for evaluating potential provider’s ability to meet person’s needs, steps for emergency placements, special procedures for “individual with challenging support needs” and for mental health diversion, has paperwork to be filled out

4.03 (M2) **Family Support Services**

Specifies need for Family Support Review Committee, outlines its composition, information CM must prepare for this committee, actions FSRC must take, ETP procedures

4.04 (M2) **Medically Intensive Home Care Program**

Outlines “procedures and duties of DDD staff in the course of providing services to children in this program. Includes specifics on referral packet, development of Home Care Plan, CM monitoring responsibilities

4.06 (M2) **Family Support Emergencies and Program Transfers.** Outlines steps CM must take to request emergency services through this program (ETP) and to transfer a person from MPC, MIHCP, and foster care to the FS program.

4.08 (M1, M2) **Monitoring and Quality Improvement of Adult Family Home Services.**

Mandates taking actions to insure “quality and oversight of services” to people funded by DDD and living in AFH’s. Gives details of procedural requirements for Case Managers and for Quality Improvement Resource Managers (QIRM).

5.01 (M1,M2) **Criminal Background History Inquiries**

Specifies which programs this policy applies to. Outlines procedures for making sure this happens either directly (e.g., with Family Support or MPC providers) or indirectly (e.g., through early childhood, residential, or vocational programs). Gives procedures for responding to inquiries by providers.

5.03 (M1, M2) **Client Grievances**

Requires Field Services Offices to have a procedure for dealing with client grievances and outlines procedures for doing this.

5.04 (M3) **Representative Payee**

Clients who are not their own payees shall have their income directed to the appropriate payee as designated by the Social Security Administration.

5.05 (M1,M2) **Limited English Proficiency (LEP) Clients**

Mandates that we must make all our services available to LEP clients. Outlines procedures for signage, meetings, getting interpreters, making contractors aware of this policy

5.06 (M3) **Client Rights**

Outlines specific client rights. Implies responsibilities to see that these rights are respected and that we might have to do things if they are violated.

5.07 (M1,M2) **Voter Registration**

At time of intake, we must offer applicants the right to register to vote. Outlines procedures to follow

5.11 (M2,M3) **Restraints**

ICF/MR's must have a system of documenting, reporting, and monitoring the use of restraints. C/RM get involved in monitoring this and might have to respond to situations of misuse.

5.13 (M2,M3) **Protection from Abuse**

All DDD funded programs, licensees, and contractors must have written procedures to make sure abuse does not occur and for reporting it if it does. C/RM involved in making sure this policy is known to contractors and is followed and have to respond if abuse is reported.

5.14 (M2,M3) **Positive Behavior Support**

Describes "division's general approach to promoting quality of life and adaptive behavior through the provision of positive behavior support." C/RM are involved in the development and monitoring of Positive Behavior Support Plans and may have to respond if there is a problem.

Appendix J

5.15 (M2,M3) Use of Restrictive Procedures

Describes which restrictive procedures may or may not be used an under which circumstances. C/RM are involved in making sure this policy is followed and may have to respond if it is not.

5.16 (M2,M3) Use of Psychoactive Medications

Describes procedures that must be followed by DDD contracted residential services. C/RM must see that that policy is followed and may have to respond if there are problems.

6.01 (M1,M2) Social Service Payment System (SSPS)

Requires staff to use the SSPS system. Defines procedures that must be followed in authorizing payments, in monitoring payments, in maintaining a contract system, in being familiar with manuals, and in doing monthly Case Reviews.

6.02 (M2) Cost of Care Adjustment for Non-Facility Based Programs

Describes conditions under which such payments can be made and the procedures for requesting and authorizing them.

6.03 (M2) Group Home Program Reimbursement System

Sets out “procedures and criteria for cost reporting, rate setting, and the settlement process for DDD contracted Group Home programs” including summer programs. Outlines responsibilities for C/RM’s.

6.05 (M2) Non-Facility Based Reimbursement System

Same as Policy 6.03 for non-facility based programs (ITS, SL).

6.06 (M1,M2) Client Participation in Contracted Facilities

Requires that clients living in contracted facilities contribute toward their cost of care. Outlines procedures that C/RM must follow to see that this occurs including getting information from contractors, calculating the amount, and doing SSPS forms.

6.09 (M2) State Funded Residents in Community ICF/MR Facilities

Describes procedures to be used in funding residents with state-only money.

??6.10 (M2) Rate Change Policies

Sets out procedures to be followed to change rates paid to residential contractors; includes staff add-on procedures.

6.11 (M2) Non-Facility Based Allowance

Sets out procedures for authorizing allowances such as Start-up, Roommate Vacancy, and Rent Supplement.

??6.12 (M2) Continued Payment for Residential Services of Persons Taking Social/Medical Leave

Sets out procedures to be followed by authorizing these payments.

6.13 (M3) Day Program Provider Qualifications

Implies the C/RM have to pay attention to these whenever they are involved in selecting or evaluating these providers.

6.14 (M2) Residential Program Development

Describes procedures DDD staff, including Resource Managers, must follow when authorizing “program development expenses for...establishing or expanding residential services.

6.15 (M2) Conflict Resolution

Describes procedures for resolving disagreement between a residential vendor and DDD.

6.16 (M2) Damage Reimbursement

Describes procedures to be followed when a residential vendor seeks reimbursement for damages caused by a client.

6.17 (M2) Reimbursement for Vacancies

Describes steps staff must follow to respond to a request for payment for a residential vacancy.

6.18 (M3) Medication for Group Home and Tenant Support Residents

Describes procedures residential vendors must follow in relation to client medication. Implies C/RM monitoring of this policy and involvement if a problem occurs.

6.21 (M3) Regulations for Renovation/Furnishing Grants

Outlines procedures for residential vendors to apply for these grants; implies staff involvement in approving/disapproving these requests.

7.01 (M2) Corrective Action Plans and Reports

Describes DDD staff responsibilities for monitoring Correct Action Plans for contracted vendors and for DDD offices.

7.03 (M3) Consent

Outlines requirements for Informed Consent for residents of ICF/MR’s.
Implies staff monitoring of this policy.

7.04 (M1,M2) Establishment and Initial Certification for Group Home, Tenant Support, and Alternative Living Agencies

Says DDD Field Services Offices “will provide technical assistance to any group, individual, or agency interested in establishing” a residential program. Describes what assistance must be offered and outlines the Initial Certification Review.

- 7.05 (M1,M2) **Recertification and Interim Certification for Group Homes, Tenant Support, and Alternative Living Agency Services**
Says the division will periodically recertify these programs. Outlines procedures for doing this. (Says WAC specifies how often this must be done.)
- ??8.04 (M2) **Overtime Work and Compensation**
Outlines procedures to be followed to get approval and payment for overtime.
- 8.05 (M1, M2) **Affirmative Action**
Mandates that staff must follow state OEO policies as must certain contracted vendors. Lists procedures for interviewing.
- 9.01 (M3) **Client Participation in Medical Treatment and Advance Directives**
Outlines procedures community ICF/MR's must follow in this area.
Implies monitoring to see this policy is followed and may require action if there is a problem.
- 9.02 (M3) **Administration of Psychotropic/Neuroleptic Drugs and Other Medications for Behavior Management or Treatment of Mental Illness**
Outlines procedures community ICF/MR's must follow in this area.
Implies monitoring to see this policy is followed and may require action if there is a problem.
- 9.06(M3) **Health Services**
Outlines procedures that community ICF/MR's must follow in providing "appropriate and adequate" health care. Implies monitoring to see this policy is followed and may require action if there is a problem.
- 9.07 (M2,M3) **Human Immunodeficiency Virus (HIV) and Acquired Immune-Deficiency Syndrome (AIDS)**
Requires all DDD facilities and programs to develop procedures around non-discrimination, confidentiality, counseling and testing, transmission prevention, education and training, and protection of client rights. Implies monitoring of this policy in contracted programs and may require action if there is a problem.
- 9.08 (M1,M2) **Consent for Medical Treatment Affecting Reproductive Functions**
Requires DDD staff to "assist clients through the consent process before intentional sterilization procedures are performed.
- 11.01 (M2) **Eligibility Determination**
Outlines procedures that must be followed to "ensure compliance with RCW 71A.10 and 71aA.16 and consistency of procedures used when eligibility is determined. Specifies steps to be followed in terms of paperwork, notification of eligibility or ineligibility.

Appendix J

11.02 (M2) Eligibility Under Autism

Outlines additional procedures for eligibility determination when autism is the claimed disability.

12.01 (M1,M2) Incident Management

Requires each Regional Field Services office to “have comprehensive procedures for reporting and investigating serious and emergent incidents and situations. Outlines procedures that must be followed.

14.01 (M2) Environmental Safety

Outlines procedures for ensuring a safe work environment for DDD Staff.

420 (M2) Division Directive on Client Participation in Contracted Facilities

Gives information on calculating client participation in cost of care

DIRECTIVES and MANAGEMENT BULLETINS

9-18-95 (M1,M2) **Directive Governing the Use of Medicaid Personal Care in Non-Facility Based Residential Programs**

Gives conditions in which MPC can be used with programs such as AL, ITS, SL, and CAP. Outlines steps that must be followed to do such combinations.

2-23-96 (M1,M2) **Memo from DDD on Undocumented Aliens (re: MPC)**

Clarifies when undocumented aliens can receive MPC or be employed as MPC providers. Gives procedures for doing this. Memo dated 3-24-98 outlines new steps in this procedure.

10-28-96 (M1) **Directive for “Out of Home” Services within the Medicaid Personal Care Program**

Outlines situations in which MPC can be authorized in the provider’s home.

1-1-91 (M2) **Division Directive 402: Client Participation in Contracted Facilities**

Gives information for C/RM’s to calculate client participation in cost of care in group homes, ARC’s, or AFH

4-97 (M2) **Addendum to Policy 402 on Adult Family Home Participation Changes (Also for ARC’s)**

Clarifies situations in which client will participate in paying for MPC in AFH’s (and ARC’s). Give procedures for calculating.
Lists new SSPS codes to be used

5-20-97 (M2) (In MPC Manual) **Directive regarding the placement of individuals with Community Protection issues in Adult Family Homes and Adult Residential Centers**

Gives steps and paperwork that must be done in order to place such a person into an AFH or ARC.

7-97 (M2) **Memo from DDD on MPC Exception Process**

Outlines steps for ETP’s.

10-27-97 (M2) AASA Management Bulletin on **Adult Family Home (AFH) License/Contract is Not Required for One Client Home**

Clarifies situations where license is not needed

12-19-97 (M2) (In MPC Manual) **Revision of 5-20-97 Directive about placement of individuals with Community Protection issues into AFH’s or ARC’s.**

Eliminates one of steps in previous directive

12-31-97 (M2) **Memo from HCS on Disabled Adult Children (DAC) Income Disregard**

Clarifies eligibility for CN Medicaid for people going from SSI to SSA

4-1-98 (M1,M2) **Directive on Restoration of Medicaid Personal Care Reductions**

Mandates restoration of some MPC reductions and outlines ETP steps.

Appendix J

3-31-95 and dates following (M3) **AASA Information Bulletin and other memos on Income, FICA, and FUTA Taxes for MPC Providers** (in MPC Manual)

Clarifies when and how these taxes must be paid. DDD contracting staff explain this to new providers

Undated (M2) **Instructions for Using the “Notice of Denial...” for MPC**

Details how to use this form

6-28-96 (M2) **Memo on Transfer to DCFS for MPC Services**

Outlines procedures for such transfers (In MPC Manual)

Appendix K

**Estimations and Projections of Case/Resource Managers
for the Planned Expansion of DDD Programs
in the 99-01 Biennium**

LOGIC FOR UNMET NEEDS FTE CALCULATIONS

Family Support Opportunities

Numbers During the 99-01 biennium, everyone will be taken off the FSO waiting list. As of 6-30-97, the waiting list was 3133. During the current biennium, 720 people were taken off the waiting list in FY 98 and an additional 1840 will be taken off in FY 99. 13.3 Project FTEs were provided to take the 720 off, and an additional 13.3 (for a total of 26.6) have been authorized to take off the 1840. Over the 4 fiscal years of 98-01, Trends and Patterns estimates that an additional 3801 people will be added to the FS Opportunities waiting list. So in the 99-01 biennium, a total of $3133+3801-720-1840 = 4374$ people will need to be taken off the waiting list.

Case Management (FSO)

Connecting. We assume that the 4374 people will be connected to FSO at a constant rate of $4374/24 = 182$ per month.

Monitoring and Maintenance. We assume that monitoring will begin the month after a person is connected to FSO. Therefore, each month, there will be an additional 182 people added to the previous month's total who need to be monitored and maintained. A certain percentage of the people will drop off the program during the year (we used 20% as an estimate; Case Managers running the program estimated 5% which seemed low, and Rita Dickey estimated 45% based on a small sample, which seemed high). We assumed that most people who drop off will do so at the end of their first year when their program is reviewed. So beginning the 13th month, the number of people to be reviewed will increase by $182 \text{ minus } 20\% \text{ of } 182 = 36$. Note: these Monitoring figures also assume that the 720 people who were put on the program in FY 98 and the 1840 who will be put on in FY 99 will be monitored in FYs 00 and 01. The drop out rate for those two years is assumed to be 20% the first year and 10% each succeeding year. (Families who continue on the program the second year are more likely to remain on it for the long term.)

Review. We assume that Reviews would start taking place 12 months after a person had been put on FSO. Therefore, the only Reviews in FY 00 would be those left over (with drop outs taken into account) from Fys 98 and 99. For FY 01, we assume that the number of reviews would equal the number of connections done a year ago in FY 00 plus the reviews from the people left in the program from Fys 98 and 99.

GENERAL NOTE ON CALCULATING MONITORING AND REVIEWS THAT NEED TO BE DONE ON FS OPPORTUNITIES UNMET NEEDS: Assume a 20% drop out the first year and 10% each year after that. Similar formulas can be used to calculate Monitoring and Review totals for DDD Residential and Day Program unmet needs substituting their respective drop-out

rates and with no monitoring or review needing to be done on FYs 98 and 99 since only the “ordinary” rate of connections took place.

Resource Management (FSO)

Connecting. We want to take the amount of time the expert estimators said they spent per year in recruiting Community Guides and divide that by the number of Connections made in 1997. This will give us a time per connection which we can then multiply times the number of Connections we plan for the 99-01 biennium. (See spreadsheet for actual numbers.)

We also thought about adding in a factor for recruiting generic providers once we get some data on that, but decided not to since there is already time included in the RM Contracting spreadsheet for recruiting these providers for everyone.

Monitoring. For monitoring, we assumed that the amount of time in this phase would increase by the same proportion as the program increases. The size of the FS Opportunities program at the time the Monitoring Expert Estimation was done was 1300. The program would increase above that amount by how every many are left from those added in FY 98 and 99 plus those added in FY 00. (See spreadsheet for actual numbers.) So the additional monitoring time would be (New People Added)/1300 X Monthly Monitoring Hours X 12.

Review. There are no real Review activities connected with Resource Management; reviews of families continued participation in the program are included above in the Case Management section and reviews of Community Guides contracts are in the RM Contracting spreadsheet.

Note: 13.3 FTEs were just added to take the 1840 off the waiting list for Family Support Opportunities this fiscal year (in addition to the 13.3 that were added in FY 98). If those 26.6 FTEs are continued into the 99-01 biennium, that will mean that that many fewer new FTEs will be needed. Also, if we assume a drop out rate of some percent, then current staff working on FS Opportunities will have “extra” time to do Monitoring and Review of new people put on the program.

Day Programs

Numbers.

Scenario 1: During the 99-01 biennium, a net of 1500 new Day Programs openings will be filled, 900 at the standard rate, 600 at a higher rate. This will not eliminate the waiting list for Day Programs. Scenario 2: the entire waiting list (2418) will be eliminated.

Case Management (Day Programs)

Connecting. Scenario 1. We assume that the openings for Day Programs will be filled at a constant rate equal to $1500/24 = 63$ per month. In addition another 8.38% of $63 = 5$ will need to be connected to take the place of the 8.38% who historically drop out of adult day programs. That is, to net an increase of 63 new employees, we will have to connect 68 people. Scenario 2: Assume will be filled at a constant rate = $2418/12 = 101$ per month. There is no drop-out factor since every person on the list will be taken into the program.

Monitoring and Maintenance. Scenario 1. We use the same assumption for when monitoring begins for Day Program, so an additional 63 people will need Monitoring each month. However, there will be no drop out factor and this number will stay at a constant 63 for two years since we are increasing this Program by a net of 63 per month (i.e., any “drop outs” will immediately be replaced by someone else on the waiting list.) Scenario 2. Same assumptions, so 101 more will need monitoring each month the first year. In the second year, the total number monitored each month will be reduced by 8.38% of 63.

Review. Scenario 1. We use the same assumptions for Day Programs for when Reviews start i.e., during the 13th month.. However, the number of reviews will remain constant at 63 with no drop out factor. Scenario 2: The same except 101 will be reviewed each month.

Resource Management (Day Programs)

Scenario 1. We will try to calculate the additional RM time needed for Day Programs in the following way. (RM time for Day Programs is not divided into phases.) The percentage increase in the number of people in Day Programs on FY 00 will be $(68 \times 12) / \text{number currently in program (5347 in February)} = 15\%$. Therefore, we will assume that the RM time related to Day Programs will also increase 15%. For the second year, when twice as many people are in the program, the RM time should increase by 30%. Scenario 2. Use the same formulas, except assume 101×12 people monitored the first year and 101×24 minus the drop outs monitored the second year. Note: these figures are likely to be underestimates since our Expert Estimators gave us information assuming a “business as usual” situation. Because developing such a large number of new openings is very different from maintaining current programs and adding to them one or two at a time, certain activities will take longer than determined by our Expert Estimators.

Residential Programs

Numbers.

Scenario 1. During the 99-01 biennium, a net of 425 new Residential openings will be filled, 200 at the “high” rate and 200 at the “low” rate. 95 of these openings will be filled by people on the current waiting list who have Community Protection issues. This will not eliminate the waiting list for Residential placement. Scenario 2. During the 99-01 biennium, the entire waiting list of 2535 will be eliminated. In calculating FTEs, I made the assumption that the number of placements of people with Community Protection issues would be the same percentage as for Scenario 1, i.e., 567 people. Since the 95 in the 425 scenario represents a back-up of several years, their percentage relative to the 425 is probably much higher than under “normal” circumstances. 100 new people (in addition to the current 95) with Community Protection issues among the 2535 to be placed might be a more realistic figure to use.

Case Management (Residential Programs)

Connecting. Scenario 1. We assume that the openings for Residential Programs will be filled at a constant rate equal to $425/24 = 17.7$ per month. In addition another 9% of $17.7 = 1$ will need to be connected to take the place of the 9% who historically drop out of residential programs. That is, to net an increase of 18 new residents, we will have to connect 19 people. Scenario 2. We assume the openings will be filled at a constant rate of $2535/24 = 106$ per month. There is no drop-out factor since all people on the waiting list will get into the program.

Monitoring and Maintenance. Scenario 1. We use the same assumption for when monitoring begins for Residential Programs, so an additional 19 people will need Monitoring each month. However, there will be no drop out factor, and this number will stay at a constant 19 since we are increasing this Program by a net of 17 per month (i.e., any “drop outs” will immediately be replaced by someone else on the waiting list.) Scenario 2. Same except that an additional 106 will need to be monitored each month the first year and an additional $106 - 9\%$ drop out rate the second year.

Review. We use the same assumptions for Residential Programs for when Reviews start. However, the number of reviews will remain constant at 17 with no drop out factor.

Resource Management (Residential Programs)

We will make certain assumptions for both scenarios about how the increase in Residential Program openings will occur. (1) Some will be the result of new agencies starting and taking 5 new people at a time; some will come from current agencies taking a group of 5 or so new residents; some will be from additions of one new person to a program. For calculations, we assumed 1/3 would be placed in each option. (2) There will be a number of RFQs involved for new agencies and agencies accepting groups of people.

Appendix K

(3) Additional time will have to be included for placement of people with Community Protection needs. We have good Expert Estimation times on (1), (2), and (3), so we should be able to calculate these times quite accurately.

Monitoring time will be calculated as follows: figure out what % increase in the program the placements are, (425/3714 in February or 2535/3714) then multiply that percentage times the average yearly amount of time spent monitoring (4244 hours a year according to our Expert Estimators). There will be just one Monitoring time figure for all placements (i.e., it won't be divided up among "new agencies", "adding groups", and "adding one person")

Review time will be calculated only on new agency placements. Review time on current agencies adding groups or individuals is already included in RM spreadsheets on Residential Programs. We are assuming that there will be no extra evaluations on current agencies done because of these placements.

Note: All the figures on the chart assume that the Case Management and Resource Management activities will be ready to go at week 1 of the first year. It is especially important that RM development of Day Program and Residential Program openings occur before CM Connecting activities begin. Additional FTE time may be needed prior to that time to train new staff so that they can begin work right away.

Note: The information given to us by the Expert Estimators was done under an assumption of "business as usual". Because adding 425 new placements or 2535 new placements represents a considerable departure from "business as usual", the RM time it takes to add these openings is probably understated.

Appendix K

**FTEs FOR UNMET NEEDS REQUEST - FAMILY SUPPORT OPPORTUNITIES
(Eliminate the Waiting List)**

Waiting List (June 30, 1997)	3136	FTEs NEEDED	Connect	Monitor	Review	TOTALS	
New People added in FY 98-01	3801	CM	FY00	11.52	16.69	6.34	34.56
People taken off by 6-30-99	720+1840= 2560	RM		2.21	4.79	0	7.00
		TOTAL for FY 00					41.56
		CM	FY01	11.52	26.37	10.97	48.86
		RM		2.21	6.57	0	8.78
		TOTAL for FY 01					57.64

CASE MANAGEMENT

<u>CONNECTING</u>	<u># of connections</u>	<u>Hrs/Connection</u>	<u>Total Hrs/Yr</u>	<u>Hrs./FTE</u>	<u>FTEs/Yr</u>
Total connections needed '99-'01 Biennium	4377 /biennium 182 /month	6.8	14934.69	1296	11.52

<u>MONITORING</u>	<u># of people</u>	<u>Hrs/Mo/Person</u>	<u>Total Hrs</u>	<u>FTEs/Yr</u>
People with Maintenance Activity	518	1472		
FY 00				
Month 1	1990	0.6	1199	
Month 2	2173	0.6	1309	
Month 3	2355	0.6	1419	
Month 4	2538	0.6	1529	
Month 5	2720	0.6	1639	
Month 6	2902	0.6	1749	
Month 7	3085	0.6	1859	
Month 8	3267	0.6	1968	
Month 9	3449	0.6	2078	
Month 10	3632	0.6	2188	
Month 11	3814	0.6	2298	
Month 12	3997	0.6	2408	
Total for FY 00			21643	16.69

People with Maintenance Activity	467	1325	1751		
FY 01					
Month 1	3725	0.6	2244		
Month 2	3907	0.6	2354		
Month 3	4089	0.6	2464		
Month 4	4272	0.6	2574		
Month 5	4454	0.6	2684		
Month 6	4636	0.6	2793		
Month 7	4819	0.6	2903		
Month 8	5001	0.6	3013		
Month 9	5184	0.6	3123		
Month 10	5366	0.6	3233		
Month 11	5548	0.6	3343		
Month 12	5731	0.6	3453		
Total for FY 01			34181	26.37	

<u>REVIEWS</u>	<u># Reviews/Yr</u>	<u>Hours Per Review</u>	<u>Total Hrs/Yr</u>	<u>FTEs/Yr</u>
Reviews in FY 00	576	1840		
FY 00	2416	3.4	8222	6.34
Reviews in FY 01	518	1472	2189	
FY 01	4179	3.4	14222	10.97

RESOURCE MANAGEMENT

<u>CONNECTING</u>				
Hours/month on Connecting	107	# of Connections/month 1997	81.6	
		Hrs/Yr	FTEs Needed/Yr	
Recruiting Community Guides		2869	2.21	

<u>MONITORING</u>				
Total Monitored/FY 00	518.4	1472	2188.5	
FY00		6210		4.79
Total Monitored/FY 01	466.56	1324.8	2188.5	
FY01		8517		6.57

<u>REVIEW</u>		0		0
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Appendix K

FTEs FOR UNMET NEEDS REQUESTS-DAY PROGRAMS
(1500 Additional People in Programs)

<u>FTEs NEEDED</u>		Connect	Maint.	Review	RM	TOTAL
CM	FY00	1.31	1.05	0		2.36
RM	FY00				0.48	0.48
TOTAL for FY 00						2.83
CM	FY01	1.31	3.25	1.46		6.02
RM	FY01				0.96	0.96
TOTAL for FY 01						6.98

CASE MANAGEMENT

CONNECTING

# of Connections	Hrs/Connection	Total Hours/Yr	Hrs/FTE	FTEs/Yr
1625.7 /biennium	2.1	1693	1296	1.31
67.7 /month				

Continuation Rate = 0.9162

MONITORING

People with Monitoring Activity

	# of People	Hrs/Mo/Person	Total Hours	FTEs
FY 00	Month 1	0	0	
	Month 2	68	20.60	
	Month 3	135	41.21	
	Month 4	203	61.81	
	Month 5	271	82.41	
	Month 6	339	103.02	
	Month 7	406	123.62	
	Month 8	474	144.22	
	Month 9	542	164.83	
	Month 10	610	185.43	
	Month 11	677	206.03	
	Month 12	745	226.64	
Total for FY 00			1359.83	1.05
FY 01	Month 1	813	247.24	
	Month 2	875	266.12	
	Month 3	937	285.00	
	Month 4	999	303.87	
	Month 5	1061	322.75	
	Month 6	1123	341.63	
	Month 7	1185	360.50	
	Month 8	1247	379.38	
	Month 9	1309	398.26	
	Month 10	1371	417.13	
	Month 11	1433	436.01	
	Month 12	1496	454.89	
Total for 01			4212.78	3.25

REVIEWS

	# Reviews/Yr	Hours per Review	Total Hours/Yr	FTEs
FY00	0	2.3	0	0
FY01	812.85	2.3	1896.65	1.46

RESOURCE MANAGEMENT

ALL PHASES

Time	Hrs/Yr	Total in Prog 1998	FTEs
	4088.2	5347	
FY 00	621		0.48
FY01	1243		0.96

**FTEs FOR UNMET NEEDS REQUESTS-DAY PROGRAMS
(725 Transition Students for FY 00 and FY01)**

<u>FTEs NEEDED</u>		Connect	Maint.	Review	RM	TOTAL
CM	FY00	0.56	0.45	0		1.01
RM	FY00				0.21	0.21
TOTAL for FY 00						1.22
CM	FY01	0.60	1.47	0.63		2.70
RM	FY01				0.43	0.43
TOTAL for FY 01						3.13

CASE MANAGEMENT

CONNECTING

	# of Connections	Hrs/Connection	Total Hours/Yr	Hrs/FTE	FTEs/Yr
FY 00	350	2.1	729	1296	0.56
FY 01	375	2.1	781		0.60

MONITORING

People with Monitoring Activity

	# of People	Hrs/Mo/Person	Total Hours	FTEs
FY 00	Month 1	0	0	
	Month 2	29	8.87	
	Month 3	58	17.74	
	Month 4	88	26.61	
	Month 5	117	35.49	
	Month 6	146	44.36	
	Month 7	175	53.23	
	Month 8	204	62.10	
	Month 9	233	70.97	
	Month 10	263	79.84	
	Month 11	292	88.72	
	Month 12	321	97.59	
Total for FY 00			585.52	0.45
FY 01	Month 1	350	106.46	
	Month 2	381	115.96	
	Month 3	413	125.47	
	Month 4	444	134.97	
	Month 5	475	144.48	
	Month 6	506	153.98	
	Month 7	538	163.49	
	Month 8	569	172.99	
	Month 9	600	182.50	
	Month 10	631	192.01	
	Month 11	663	201.51	
	Month 12	694	211.02	
Total for 01			1904.84	1.47

REVIEWS

	# Reviews/Yr	Hours per Review	Total Hours/Yr	FTEs
FY00	0	2.3	0	0
FY01	350	2.3	816.6667	0.63

RESOURCE MANAGEMENT

ALL PHASES

Time	4088.2	Total in Prog 1998	5347
	Hrs/Yr	FTEs	
FY 00	268	0.21	
FY01	554	0.43	

Appendix K

FTEs FOR UNMET NEEDS REQUESTS- DDD RESIDENTIAL PROGRAMS
 (Additional 425 people in residential programs)

		FTEs NEEDED	Connect	Monitor	Review	Total
CM	FY00	2.06	0.43	0.00	2.49	
RM	FY00	5.74	0.19	0.50	6.42	
TOTAL for FY00						8.91
CM	FY01	2.06	1.34	0.48	3.87	
RM	FY01	5.74	0.37	0.58	6.69	
TOTAL for FY 01						10.57

CASE MANAGEMENT

CONNECTING

# of Connections	Hrs/Conn	Tot Hrs/Yr	Hrs/FTE	FTEs
463 /biennium	11.5	2666	1296	2.06
19.30 /month				

Continuation Rate = 0.91

MONITORING

People with Monitoring Activity

	# of People	Hrs/Mo/Person	Total Hrs	FTEs
FY 00				
Month 1	0	0.44	0	
Month 2	19	0.44	9	
Month 3	39	0.44	17	
Month 4	58	0.44	26	
Month 5	77	0.44	34	
Month 6	97	0.44	43	
Month 7	116	0.44	51	
Month 8	135	0.44	60	
Month 9	154	0.44	68	
Month 10	174	0.44	77	
Month 11	193	0.44	85	
Month 12	212	0.44	94	
Total for FY 00			563	0.43

FY 01				
Month 1	232	0.44	102	
Month 2	249	0.44	110	
Month 3	267	0.44	118	
Month 4	284	0.44	126	
Month 5	302	0.44	133	
Month 6	319	0.44	141	
Month 7	337	0.44	149	
Month 8	355	0.44	157	
Month 9	372	0.44	164	
Month 10	390	0.44	172	
Month 11	407	0.44	180	
Month 12	425	0.44	188	
Total for FY 01			1740	1.34

REVIEWS

	# Rev/Yr	Hrs per Review	Tot Hrs/Yr	FTEs
FY00	0	2.7	0	0
FY01	232	2.7	618	0.48

RESOURCE MANAGEMENT

CONNECTING

	# of Set-Ups/Year	Hrs. Per Process	Total Hrs per Year	FTEs
Total Placements	231.625			
Through a New Agency	15.28725			
Set-Up Activities		109.71	1677	
RFQs		21.4	327	
Contracting		25.17	385	
Extra Time-Community Protection	6	101.5	609	1688
TOTAL			2998	
By Adding Groups to Current Providers	15.28725			
Set-Up Activities		42.81	654	
RFQs		21.4	327	
Contracting		12.25	187	
Extra Time-Community Protection	6	83	498	
TOTAL			1667	
By Adding Individuals to Current Providers	78.7525			
Set-Up Activities		19.25	1516	



Report Number 5.30