

**Department:** County Human Services

**Program Contact:** Alexis Alberti

**Program Offer Type:** Administration

**Program Offer Stage:** Adopted

**Related Programs:**
**Program Characteristics:**

### Executive Summary

The IDDSD Administration team provides oversight to the division and ensures service delivery. It increases quality of life for individuals with intellectual and developmental disabilities such as cerebral palsy, autism, and intellectual disability. These are disabilities that a person is born with, or that develop during childhood. The Administration team focuses on the accurate and timely delivery of services, and generates revenue for the division through billable reviews and submissions to the State. It trains and retains case managers who provide culturally and linguistically specific service coordination in support of independent living. The Administration team leads the division in continuous quality improvement, advocacy at the local and state levels, collaborations with partner agencies, and examination of service equity data.

### Program Description

**ISSUE:** IDDSD is the Community Developmental Disability Program (CDDP) for Multnomah County. This is a Medicaid authority status conferred by the state. The IDDSD Administration team provides oversight of staff, quality assurance, revenue generation, data validity and access, and system improvement. These functions are necessary to maintain Medicaid authority status. This team maximizes client services, maintains service and staffing levels, and provides leadership to the division.

**PROGRAM GOALS:** This team implements business strategies related to system improvement and staff support. These strategies increase the delivery and accessibility of services that improve quality of life for individuals with intellectual and developmental disabilities. The goals of the Administration team include the following. First, optimize service capacity through staff training and development, staff retention, data accuracy and data access. This demonstrates public stewardship and accountability. Second, deliver quality, timely, culturally appropriate and Medicaid compliant services. These services support the health, safety, independence and inclusion of clients. Third, improve policies and remove barriers to access by advocating for clients. Finally, increase resources for clients through collaborative partnerships.

**PROGRAM ACTIVITY:** The four goals outlined above correspond to four general areas of activity. These areas are: coordination, quality, advocacy, and collaboration. Coordination efforts include staff training and development, office management, service database updates, data quality checks, data access tool development, and workflow innovations. Quality efforts include the creation of a strategic plan, metrics, dashboards, and quality improvement cycles. Data informs business improvements to reduce service inequities experienced by historically marginalized clients. Quality efforts also include the monitoring of the state inter-agency agreement. The team maintains quality assurance, and integrates customer feedback into practice. Advocacy includes continuous dialogue with state and local agencies to reduce service barriers. Collaboration efforts include work with a variety of community-based and culturally specific organizations. These collaborations increase access to equitable and inclusive service.

### Performance Measures

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Number of client records audited annually for Medicaid compliance. <sup>1</sup>	360	360	360	N/A
Outcome	Percent of federally-funded plan waivers in compliance for re-authorization. <sup>2</sup>	57%	75%	50%	75%
Outcome	Percent of survey respondents satisfied with the services they receive.	80%	90%	80%	90%
Output	Number of indirect monitoring reviews to confirm delivered services and generate division revenue. <sup>3</sup>	6,559	N/A	6,480	6,480

### Performance Measures Descriptions

<sup>1</sup>This measure will be retired in FY24. The target has been consistently reached with adequate staffing.

<sup>2</sup>Staff turnover, delays in hiring, and the long training timeline for new staff led to a lower percentage of waiver compliance in FY22 and FY23. The new trainer position will address the need to achieve compliance in this area.

<sup>3</sup>New Metric for FY24. Two Quality Assurance Case Managers are each required to complete at least 270 indirect reviews per month at a reimbursement rate of \$412.20 per review. Reviews generated \$2,703,619.80 in revenue for FY22.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2023	2023	2024	2024
Personnel	\$898,117	\$2,026,272	\$625,081	\$2,559,307
Contractual Services	\$282,592	\$0	\$282,592	\$0
Materials & Supplies	\$152,723	\$22,577	\$27,955	\$76,025
Internal Services	\$85,091	\$572,508	\$93,184	\$579,503
<b>Total GF/non-GF</b>	<b>\$1,418,523</b>	<b>\$2,621,357</b>	<b>\$1,028,812</b>	<b>\$3,214,835</b>
<b>Program Total:</b>	<b>\$4,039,880</b>		<b>\$4,243,647</b>	
<b>Program FTE</b>	7.50	16.50	4.50	19.50

Program Revenues				
Intergovernmental	\$0	\$2,621,357	\$0	\$2,778,695
Beginning Working Capital	\$0	\$0	\$0	\$436,140
<b>Total Revenue</b>	<b>\$0</b>	<b>\$2,621,357</b>	<b>\$0</b>	<b>\$3,214,835</b>

Explanation of Revenues

This program generates \$315,307 in indirect revenues.

\$2,778,695- State Mental Health Grant Case Management (Federal)

\$436,140 - Beginning Working Capital from State Mental Health Grant Case Management (Federal)

Significant Program Changes

Last Year this program was: FY 2023: 25010 IDDSD Administration & Support

IDDSD will use \$436,140 in one-time-only State funding from the 21-23 biennium to backfill reductions to the General Fund and 23-25 State biennium funding to maintain current service levels for one year. This includes moving 3.00 FTE from the General Fund to Beginning Working Capital.