# Project Sustainability: An Overview

## Project Sustainability: Rationale

- ▶ BHDDH had a tight budget and repeatedly faced cuts
  - ▶ Service demand was steadily increasing (people living longer, more individuals entering the adult system, increasing rates of Alzheimer's/autism spectrum disorders)—the takeaway message was "we can not stay where we are"
- ▶ The Department identified a need to better tie individuals' resources directly to their assessed needs, indicating an issue with the capitated model that previously existed
- ▶ Providers were not paid consistent rates for the same services—each provider negotiated separate rates with the Department

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#### Project Sustainability: Goals

- ▶ The goal of the project was to achieve a system that:
  - ▶ Supported individuals living in the community, in charge of their lives
  - ▶ Allowed individuals to spend resources flexibly
  - ▶ Aligned resources to individual needs so that people were getting exactly what they needed, "no more, no less"
  - ▶ Paid providers the same amount for the same services, making the system more equitable for providers and transparent for consumers
  - ▶ Was sustainable

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#### Project Sustainability: Intentions

- ▶ Prior to implementation, the vision for Project Sustainability was to have the following impacts:
  - ▶ On Individuals/Families:
    - ▶ Use of the SIS and resource allocations
    - ▶ Some additional services available
    - ▶ Ability to "shop around" for both services and providers
    - ▶ Maintain the same services individuals were already receiving
  - ▶ On Direct Support Professional (DSP) Workforce:
    - ▶ Benchmark wage of \$12.03 per hour (the goal was originally \$13.97)

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### Project Sustainability: Intentions (cont.)

- ▶ On Providers:
  - ▶ More specific requirements about what must be provided under new service definitions
  - ▶ Changes in rates and billing method
  - ▶ Increased transparency and accountability
- On BHDDH:
  - ▶ Only paying for services that were actually provided based on individual needs, rather than broader categories
  - ▶ Unique rate per service, rather than unique rate per provider

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#### Project Sustainability: Effects

- ▶ Once Project Sustainability was effective on July 1, 2011, it also had the following impacts:
  - ▶ On Individuals/Families:
    - ▶ Less staff on site = fewer individualized supports (more group activities)
    - ▶ Some providers cut their hours for day services
    - ▶ Some providers also cut back on services, including supports which allowed individuals to work/volunteer and transportation services to social events and other community engagements

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## Project Sustainability: Effects (cont.)

#### ➤ On DSP Workforce:

- ▶ Rate cut to providers reflected as cut to pay/benefits/hours
- ▶ Elimination of overtime (including extra pay on holidays) and paid time off

#### ► On Providers:

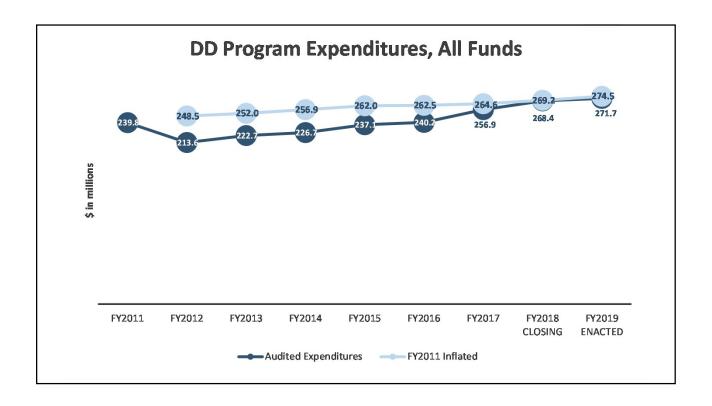
- ▶ Rate cut did not allow providers to remain at the same level of services
- ▶ Billing system took more time, drastically increasing administrative expenses
- ▶ Workforce shortage and high turnover

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### Project Sustainability: Effects (cont.)

#### On BHDDH:

- ▶ The Division of Developmental Disabilities has slowly approached the FY2011 funding level (adjusted for inflation), or the Pre-Project-Sustainability appropriation—although the number of individuals served through this system has steadily increased since that time
  - ▶ Note: The 2014 Consent Decree dramatically affected expectations for the program
- ▶ See graphic on next slide



## Project Sustainability: Where Are We Now?

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- ▶ DSP wages remain stagnant, many employees work overtime or other iobs to make ends meet
- ▶ Providers struggle to retain workforce, resulting in instability for clients who rely on DSPs
  - ▶ High turnover increases the amount of money providers spend on training
- ► How does Project Sustainability align with achieving the outcomes Consent Decree?

Question for commission members: what else can be added to this slide?