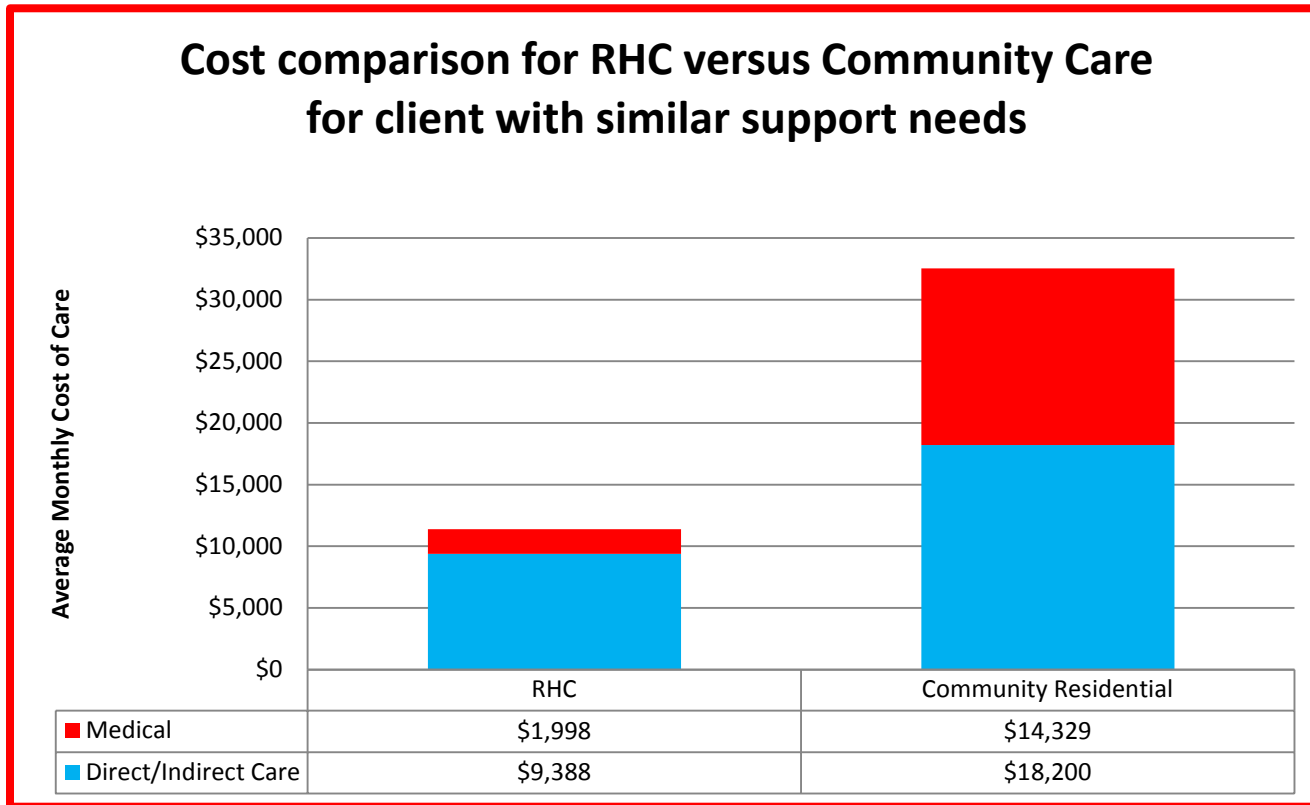


The cost of care for our residents with developmental/intellectual disabilities with similar support care needs – looking at the Residential Habilitation Center and Community Residential Settings



Did you know that The Arc, Disability Rights Washington, the Developmental Disabilities Council and other mislead disability advocates have misinformed not only our legislature but our citizens with regards to the cost of care? Did you know that this misinformation is part of the reason that we have driven our social services and care systems into a crisis situation?

When are they going to remove the blinders and look at the actual data?

This chart has staggering differences in cost – this is just the average monthly cost for one client – imagine what happens to our care system when there are hundreds. If our RHCs are consolidated and/or closed as many of these so-called advocates push for, what will happen to the level of care for everyone?

Do we then accept negligence as the standard of care?

Please share this information with all who you know who work in the DD/ID community. They need to be educated as to the reality of the situation and not led down the path to destruction. Please have anyone with questions write to me, I would be more than happy to discuss this with them or to clarify any questions.

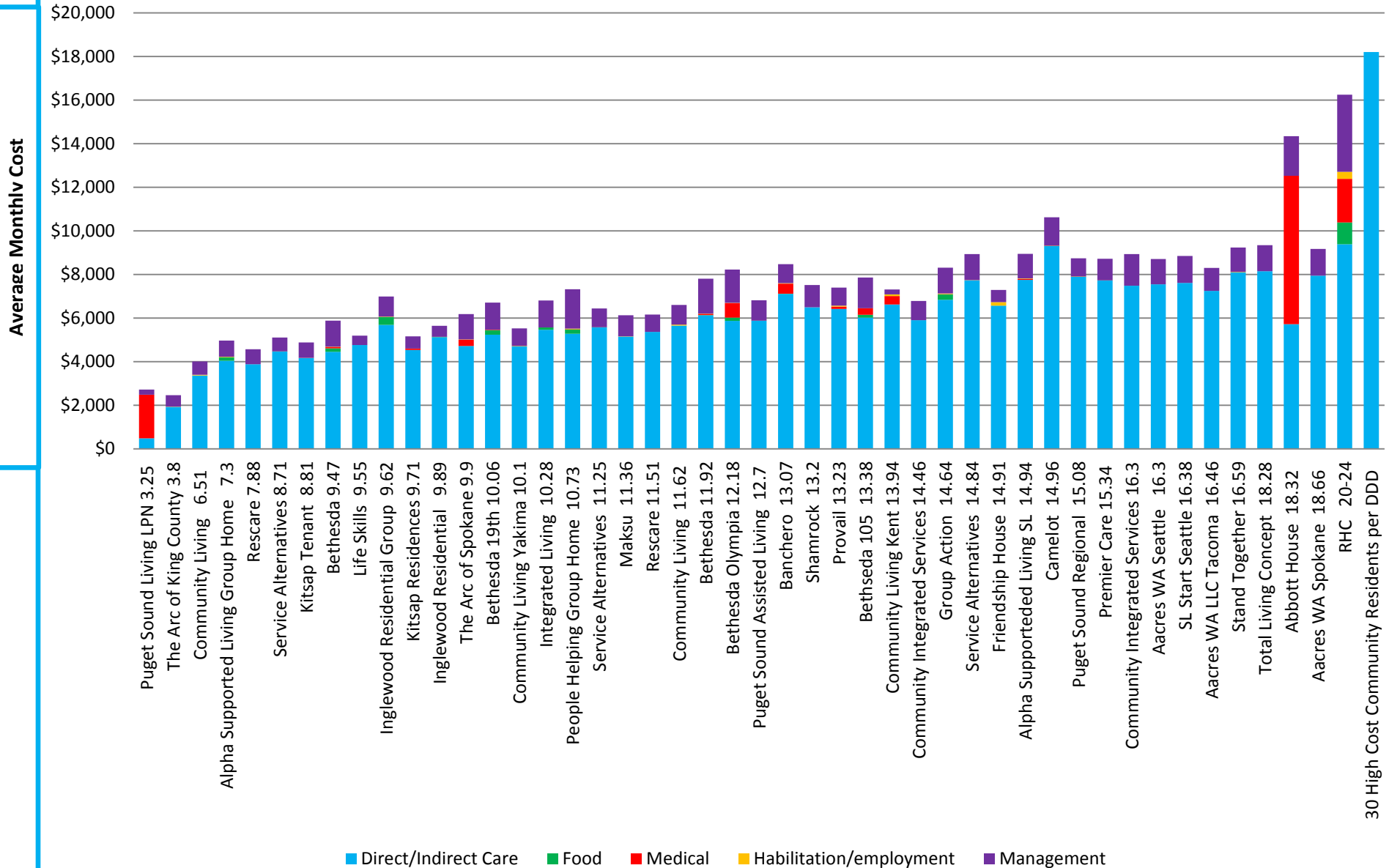
I know this information will be looked at and questioned and thrown aside as garbage. I have already experienced that by the Executive Director of Disability Rights Washington who refuses to look at data which goes against their advocacy. He writes “one is entitled to their own truth but not their own facts” to me often – what he does not realize is that these are not my own facts but the facts that I have copied from each individual certified report and from the Assistant Director of the Department of Social and Health Services.

I have also already been chastised by executives in the DD Community Advocacy Coalition (from which I am banned from participating in because I will not sign the agreement that I oppose all congregate care) that this data is manipulated and only serves to cut services more. One such executive totally misunderstands why I am presenting this data – it’s not to cut services or to say that community residential services are too expensive – it is to clarify that for the resident with the highest support needs, such as those in the RHC, the community residential setting is much more expensive for their safe care. I am trying to save money and preserve safe care for all by presenting this information.

Let me know your comments – Cheryl Felak, RN, BSN ddadvocacy@gmail.com

Cost of Care for DD residents by Support Needs

0-24 indicates number of hours a day a client needs support
 Admission criteria for an RHC is needing 24 hour support



Agency Name and reported Support Needs Index for residents served

2011 Cost of Care as reported by each Supported Living Agency or Group Home.

This data reflects several issues that contradict what DSHS, DDD, DDC report. This data is directly taken from the certified Cost Reports which each agency submits to the Division of Developmental Disabilities each year.

Included in these reports are the cost centers for each agency and the reimbursements which they receive from DDD. The support needs index which reflects the average number of hours each day which the residents of each agency require. The Support Needs Index ranges from 0-24 to reflect 24 hours in a day. As you can see from this data, the support needs of the residents in the community homes varies greatly from the support needs of the residents in the Residential Habilitation Centers and the 30 most expensive residents to DDD as provided by DDD. (Clintsman, 2011)

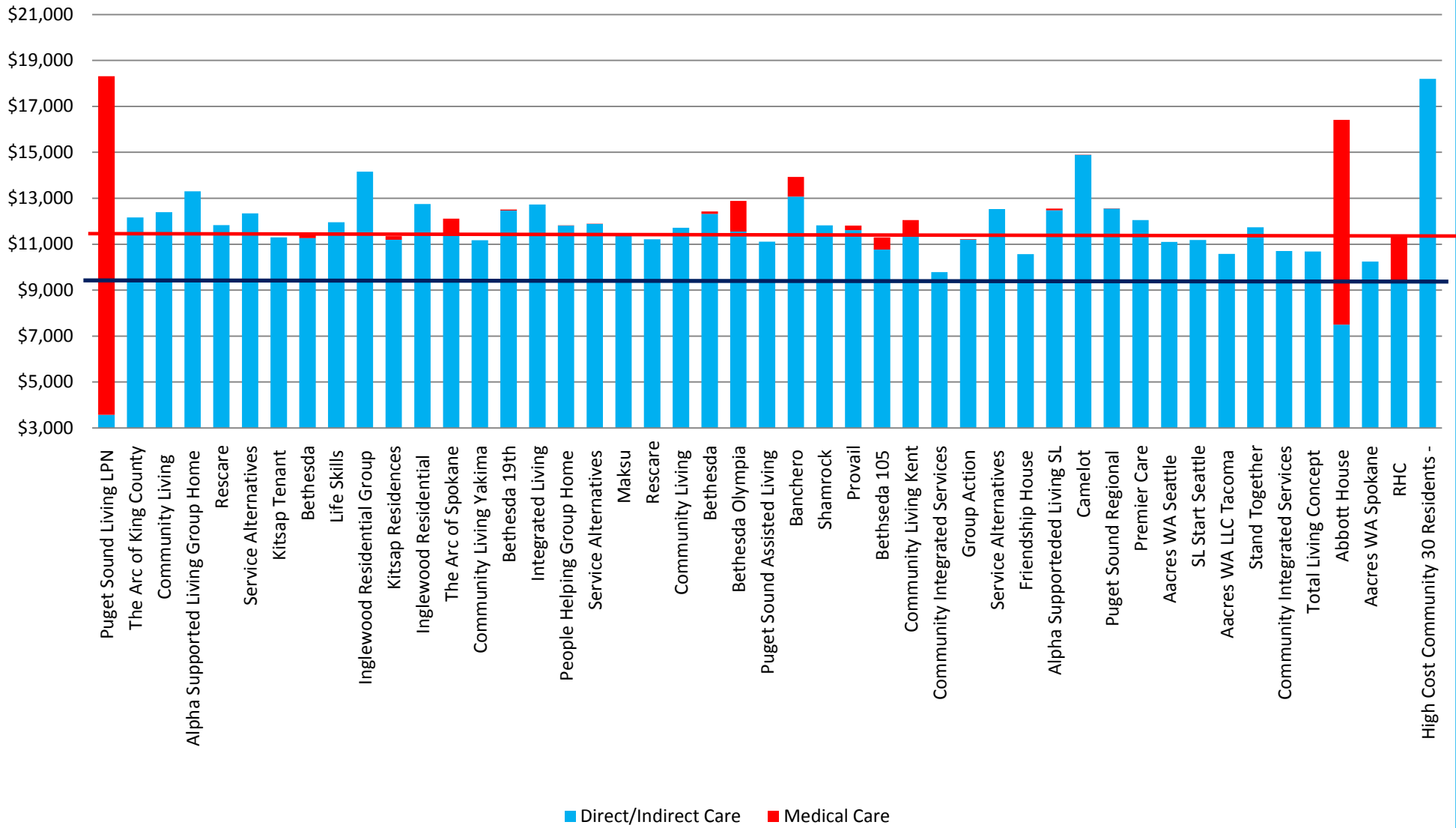
One can clearly see that the supported living agencies DO NOT provide the same comprehensive services of the RHC. Also contrary to what DDD communicates, the community RHCs is also not comparable to the state RHCs. These community RHCs do not have nursing care nor do they have nurse delegation programs. This means that the clients are responsible for their own medications – when they are taken and how they are taken. This is not a standard of care which is acceptable for the majority of our high support needs residents.

The reports generated by DDD for Cost of Care only INCLUDE the Direct/Indirect Care of the community residential settings. DDD uses the comprehensive cost of care from the RHCS to compare to this. DDD presents a very misleading representation of the costs of various residential settings.

The following chart has the support needs standardized and from that the cost of care has been standardized. I used 24 hours to standardize care level since that is admission criteria into the RHC. In reality though, there are many in the RHC who actually have a higher level of care given that they require 2:1, 3:1 or 4:1 staffing at times.

When looking at this chart it can be noted that there are a few residential settings that do provide some medical care. Most likely this is the on-site nursing care which does not include physician services, pharmacy services, Occupational, speech and physical therapy services and psychological services. Once again, it becomes clear that the comprehensive cost package of the RHC is the most cost-effective method to cover the costs of the resident with extremely high support needs.

Direct/Indirect care costs and some medical costs



RHC Direct/Indirect Cost of Care

RHC Direct/Indirect Care plus Medical

These cost comparisons are taken from the data given to me by Don Clintsman, Assistant Director Department of Social and Health Services, Aging and Disability Services Administration (Clintsman, 2011) Division of Developmental Disabilities and Mark Eliason, Department of Social and Health Services, Aging and Disability Services Administration, Division of Developmental Disabilities, Office Chief of Field Services Support for the direct/indirect care costs for the 30 highest costing DDD clients in the community for 2010-2011 and the medical costs was taken from the Certified Residential Care Provider Cost Report - averaged between two agencies which provide LPN coverage to clients in their homes. This example is an excellent representation of an “apples to apples” comparison for care costs.

All Data was collected from The 2011 Certified Residential Care Provider Cost Reports which they must annually submit to the Division of Developmental Disabilities (DDD). This document reflects both the support needs index of the client and the reimbursements from DDD. The data for the RHC was taken from the presentation on October 17, 2011 by Megan Atkinson, Office of Program Research and Senate Committee Services (Megan Atkinson, 2011)

Bibliography

- Barbara A. Lucenko, P. a. (2011). *Assessment Findings for Persons with Developmental Disabilities Served in Residential Habilitation Centers and Community Settings*. Department of Social and Health Services. Retrieved from <http://www.dshs.wa.gov/pdf/ms/rda/research/5/36.pdf>
- Clintsman, D. L. (2011). Assistant Director, Department of Social and Health Services. *30 Community DDD Residents - highest costing to DDD*.
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