



# ACUITY AND PLACEMENTS FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES

SOCIAL SERVICES  
STAFF: STEPHEN JARDINE

ISSUE BRIEF

## **SUMMARY**

Acuity for individuals with intellectual disabilities refers to the severity of the individual's situation. Acuity should correlate with the use of resources in providing services for people with intellectual disabilities. Acuity measures are not currently reported to the Legislature regarding state provided services. Acuity measures are inconsistent across the departments of Health and Human Services regarding services provided to individuals with intellectual disabilities. Professional judgment is used throughout the system to determine services provided. Reporting consistent acuity measures in combination with budget categories could help validate professional judgment and verify the effective use of state resources. IQ scores, while not ideal, are recorded for individuals in both departments. Average Intellectual Disability Levels, based upon IQ scores, do show the following: 1) Division of Services for People with Disabilities (DSPD) Non-residential (1.9 ID Level), 2) DSPD Residential (2.2 ID Level), Health Department Privately Owned ICFs/ID (2.4 ID Level), and 4) the Utah State Developmental Center (3.5 ID Level). A budget request to pay for increased acuity among residents on Medicaid waivers is submitted annually to the Legislature. In FY 2012, the Legislature appropriated \$4,176,500 (\$1,200,000 General Fund) to meet these increased acuity levels. Options for the Legislature's consideration are found at the end of this brief.

## **ACUITY IN A MEDICAL CONTEXT**

In a medical context, *acuity* refers to the severity of an illness. It is one of the measures used in "patient classification systems that are designed to serve as guidelines for allocation of nursing staff to justify staffing decisions and to aid in long-range projection of staffing and budget" (*Mosby's Medical Dictionary*, 8<sup>th</sup> edition, 2009).

## **ACUITY MEASURES COULD BE HELPFUL REGARDING STATE SERVICES FOR PEOPLE WITH INTELLECTUAL DISABILITIES**

A *Human Services In-depth Budget Review* was reported to the Social Services Appropriations Subcommittee in February, 2011. As part of that review, each division of the department was assessed using a scorecard. The Division of Services for People with Disabilities (DSPD) received an *inadequate* score regarding maintaining meaningful output/outcome information for its large contracted services area that includes the Medicaid home and community based waivers.

The Legislature adopted intent language requiring the Department of Human Services to report back during the 2012 General Session on its progress regarding recommendations from the *Human Services In-depth Budget Review*. Two of those recommendations are for all department divisions to follow best practices for performance measures, including measuring things that matter, and develop easily understood reports regarding major budget areas and routinely share them with the Legislature, the Governor's Office, and the public.

The DSPD FY2012 appropriated budget for privately contracted community services is \$151,779,900. There is currently no report provided to the Legislature that verifies state resources in this area are allocated consistent with acuity levels or need.

## **ACUITY MEASURES ARE INCONSISTENT ACROSS THE THREE MAJOR SERVICE SETTINGS**

The three major areas where state services are provided to individuals with disabilities are:

- 1) Community services primarily delivered through three Medicaid home and community based waivers and administered by the Department of Human Services (DHS)
- 2) Utah State Developmental Center (USDC) in American Fork under the Department of Human Services
- 3) Intermediate Care Facilities for People with an Intellectual Disability (ICFs/ID) administered by the Department of Health.

**Acuity Measures for DSPD Home and Community Based Services (HCBS)**

Home and community based services include a range of services for individuals with disabilities and their families throughout the state. In administering the HCBS waiver programs, the Division of Services for People with Disabilities contracts with over 150 private providers for services in recipients’ homes, in day service programs, or in 24-hour residential settings outside of the family home. DSPD has been using the Supports Intensity Scale (SIS) since 2006 to aid in developing Person Centered Plans. DSPD is investigating using the SIS for individual budgeting. DSPD is using the SIS on a consistent statewide basis to assess the appropriate level of supports for individuals. Currently, around 24 other states or jurisdictions within other states are using a SIS measure for community services.

**Acuity Measures at the Utah State Developmental Center (USDC)**

The USDC is a state-owned facility operated by DSPD in the Department of Human Services. It is certified as an ICF/ID. It provides residential and specialized services to individuals with multiple, severe disabilities who require either continuous medical care or interventions for behaviors that present a danger to themselves or to others. For approximately 20 percent of USDC residents, services are considered temporary and transitional and are designed to help individuals return to home or community based services. The USDC collects significant information on its residents. Summaries of some of this information are included in *Appendix A*. The information provides a sense of the complexities, both behaviorally and medically, of the residents at the USDC. Like DSPD, the USDC uses the SIS. As of December, 2010, nearly half (46.5%) of all USDC residents had a SIS assessment on file.

**Acuity Measures at Intermediate Care Facilities for People with Intellectual Disabilities**

ICFs/ID are privately owned facilities located in the community and administered by the Division of Medicaid and Health Financing in the Department of Health. Approximately 557 people presently reside in 14 ICFs/ID which range in size from 12 to 85 beds. By state statute, future licenses will be for small facilities that serve 15 or fewer individuals. Nursing homes in Utah use a standardized system referred to as RUG scores that represent the acuity of a resident. No such equivalent score exists for ICFs/ID. However, information is collected as part of the admissions process, but the information is not currently summarized and reported.

**IQ SCORES ARE AVAILABLE, BUT DON’T NECESSARILY PREDICT SERVICES INDIVIDUALS WILL REQUIRE**

In response to an inquiry in November 2010 regarding acuity levels and placements for individuals with disabilities, the Department of Human Services provided the following information:

	DSPD Settings											
	Non-Residential			Residential			USDC			All DSPD Settings		
	N	Avg ID* Lev	Mean Cost	N	Avg ID* Lev	Mean Cost	N	Avg ID* Lev	Mean Cost**	N	Avg ID* Lev	Mean Cost
<b>Statewide Total</b>	<b>2680</b>	<b>1.9</b>	<b>\$ 26,665</b>	<b>926</b>	<b>2.2</b>	<b>\$ 76,164</b>	<b>208</b>	<b>3.5</b>	<b>\$ 113,933</b>	<b>3814</b>	<b>2.1</b>	<b>\$ 43,508</b>

\* **Intellectual Disability Level Key:** 1 = Borderline and Mild (IQ over 52); 2 = Moderate (IQ 36 - 51); 3 = Severe (IQ 20 - 35); 4 = Profound (IQ under 20)

\*\* **Costs** for USDC are presented to show only those costs comparable to what is being presented in community settings (e.g., case management, day program, day program transportation, residential support, and professional services like behavior consultation and prescription monitoring not covered under the Medicaid State Plan.)

Table 1

IQ scores are also collected on individuals in ICFs/ID, but are kept solely in individual files. The Department of Health does make an assessment on individuals in nursing facilities, including individuals in ICFs/ID. This assessment uses similar categories of mild, moderate, severe, and profound similar to what is shown previously for the Department of Human Services. A summary of this information for privately owned ICFs/ID is shown in Table 2:

<b>Utah Department of Health                      Bureau of Health Facility Licensing, Certification and Resident Assessment                      Overview of Mental Retardation Diagnosis                      of Residents Living in a Privately Owned Institutional Setting</b>		
As of - July 13, 2011	Privately Owned	
Diagnosis	Residents	Percentage
317 - Mild Mental Retardation (IQ 50 - 70)	186	32.40%
3180 - Moderate Mental Retardation (IQ 35 - 49)	115	20.03%
3181 - Severe Mental Retardation (IQ 20 - 34)	91	15.85%
3182 - Profound Mental Retardation (IQ below 20)	163	28.40%
319 - Unspecified Mental Retardation	19	3.31%
<b>Total</b>	<b>574</b>	<b>100.00%</b>

Table 2

A review of both tables 1 and 2 show that the intellectual disability level keys are slightly different, but still quite comparable. When an average intellectual disability level is calculated for Table 2, it calculates to an average ID Level of 2.4. Using tables 1 and 2, the average ID Level for the 4 settings is: 1) DSPD Non-residential (1.9), 2) DSPD Residential (2.2), Privately Owned ICFs/ID (2.4), and 4) the Utah State Developmental Center (3.5).

IQ scores are not necessarily a good predictor of the supports a person will require. Most often an increase in need for services is based upon increased medical requirements, a significant change in the status of a family, or difficult behavioral issues. For example, two individuals might have the same IQ score, but one of the individuals may have extremely difficult behavioral issues requiring much more in the way of supports and services. Although IQ scores are not ideal, Tables 1 and 2 do show that when aggregated there is a correlation between IQ scores and resources used.

**ACUITY MEASURES CAN HELP TO VERIFY THE HUMAN PROCESS OF PROFESSIONAL JUDGMENT**

Legislative staff rode with a private support coordinator, observed a key committee that recommends services provided, and discussed various processes with other state staff in the departments of Health and Human Services. In both the Department of Health and the Department of Human Services, much of the

process for determining eligibility and the provision of services could best be described as one of *professional judgment* in combination with some assessment tools. There is an element of subjectivity in the use of professional judgment. For example, staff observed a committee review a dozen cases involving requests for additional funding due to increased acuity. Supports Intensity Scale (SIS) scores and other documentation were discussed in connection with these reviews. The range of requests and actual services recommended were significant. Had different recommendations been made than those observed that day, the budget could have increased significantly. The use of acuity measures in combination with budgets could help validate the process of professional judgment and verify the use of resources in the most effective manner.

**ANNUAL REQUEST IN FUNDING DUE TO INCREASED ACUITY**

As of January 2011, Utah served 4,600 individuals in the Medicaid waiver programs administered by DSPD. Of the 4,600 covered individuals, 400 or 8.7 percent were identified by DSPD as having increased health and safety needs. These are individuals already receiving services where the acuity has increased. In order for a person to meet the test to receive additional services, the person must have lost a primary caregiver or had a dramatic change in his or her health or behavior. It is a requirement of the Medicaid waivers that the state: 1) “ensures the health and welfare of the individuals served on the waiver”; 2) makes certain “individual support plans are periodically reviewed to ensure that the services furnished are consistent with the indentified needs of the individuals”; and 3) ensures that “all problems identified by this monitoring will be addressed in an appropriate and timely manner, consistent with the severity and nature of the deficiency” (*State Implementation Plan* for the home and community based waiver). The Legislature appropriated \$4,176,500 (\$1,200,000 General Fund) for FY 2012 to meet these additional assessed needs indicating an increase in acuity. Such a request is a regular occurrence in the state budget process.

**OPTIONS TO CONSIDER**

1. Require the departments of Health and Human Services to agree upon a common acuity measure, uniformly implement the measure, and regularly report to the Legislature how acuity of individuals correlates with the use of resources in delivering state services to individuals with intellectual disabilities.
2. Using any existing acuity measures, require the Department of Health for ICFs/ID and the Department of Human Services for DSPD and USDC to regularly report to the Legislature how acuity of individuals correlates with the use of resources in delivering state services to individuals with intellectual disabilities.
3. Require both the Department of Health for ICF/ID placements and the Department of Human Services to report back to the Legislature regarding a plan and a timeline to achieve a common acuity measure regarding state services for individuals with intellectual disabilities.
4. Continue with the current system.

**APPENDIX A – DEMOGRAPHIC INFORMATION REGARDING THE UTAH STATE DEVELOPMENTAL CENTER**

The following demographic information was prepared by the Utah State Developmental Center and provided to the Office of the Legislative Fiscal Analyst in May, 2011:

**Gender**

Gender	Transitional Population 52 Total Individuals Living at USDC 5 years or less From 2005-2011	Permanent Population 232 Total Individuals Have lived at USDC 5 years or more and may or may not continue to reside at USDC
Male	39	139
Female	13	93

**Functionality of Residents**

**Medical Demographics**

Medical Issue	Transitional Population 52 Total Individuals Living at USDC 5 years or less From 2005-2011	Permanent Population 232 Total Individuals Have lived at USDC 5 years or more, may or may not continue to reside at USDC
Seizure Disorder	21	171
Tube Feed	0	20
Hypothyroid	8	69
Osteoporosis	1	39
Dual Diagnoses (Has diagnosis of Mental Retardation and a Psychiatric diagnosis)	49	140

The *Permanent Population* has multiple medical issues. 73 percent of the residents have a seizure disorder and are seen regularly in the USDC Seizure Clinic. In addition, 60 percent of that same population has a psychiatric diagnosis.

1. The *Permanent Population* is more medically fragile than the *Transitional Population*.
2. 94 percent of the *Transitional Population* is dually diagnosed with a mental illness and intellectual disability.

**IQ Level**

Level of Functioning	Transitional Population 52 Total Individuals Living at USDC 5 years or less From 2005-2011	Permanent Population 232 Total Individuals Have lived at USDC 5 years or more and may or may not continue to reside at USDC
Unknown	2	1
Borderline / IQ 70-84	3	5
Mild / IQ 50-69	19	19
Moderate / IQ 35-49	10	7
Severe / IQ 20-34	8	25

Profound / IQ below 20	2	179
---------------------------	---	-----

The *Transitional Population* has a higher level of functioning as opposed to the *Permanent Population* with a low level of functioning.

### Ambulatory Level

Level of Functioning	Transitional Population 52 Total Individuals Living at USDC 5 years or less From 2005-2011	Permanent Population 232 Total Individuals Have lived at USDC 5 years or more and may or may not continue to reside at USDC
Ambulatory	52	155
Mobile in Wheel Chair	0	49
Non-Mobile	0	27

### Visual Level

Level of Functioning	Transitional Population 52 Total Individuals Living at USDC 5 years or less From 2005-2011	Permanent Population 232 Total Individuals Have lived at USDC 5 years or more and may or may not continue to reside at USDC
Functional	46	164
Visually Impaired	5	42
Blind	1	27

### Hearing Level

Level of Functioning	Transitional Population 52 Total Individuals Living at USDC 5 years or less From 2005-2011	Permanent Population 232 Total Individuals Have lived at USDC 5 years or more and may or may not continue to reside at USDC
Functional	46	198
Hard of Hearing	5	21
Deaf	1	13

### Speech Level

Level of Functioning	Transitional Population 52 Total Individuals Living at USDC 5 years or less From 2005-2011	Permanent Population 232 Total Individuals Have lived at USDC 5 years or more and may or may not continue to reside at USDC
Verbal	43	79
With Assistance	3	17

Non-Verbal	6	135
------------	---	-----

The *Transitional Population* is higher functioning physically, can communicate better as opposed to the more medically fragile and lower functioning *Permanent Population*.

### General Demographics

#### Admitting County

County	Transitional Population 52 Total Individuals Living at USDC 5 years or less From 2005-2011	Permanent Population 232 Total Individuals Have lived at USDC 5 years or more and may or may not continue to reside at USDC
Box Elder	0	1
Cache	2	6
Carbon	2	1
Davis	3	13
Duchesne	3	1
Iron	2	1
Millard	0	1
Salt Lake	22	117
Sevier	0	2
Tooele	1	5
Uintah	0	1
Utah	17	56
Washington	0	2
Weber	1	17

#### Age

Age	Transitional Population 52 Total Individuals Living at USDC 5 years or less From 2005-2011	Permanent Population 232 Total Individuals Have lived at USDC 5 years or more and may or may not continue to reside at USDC
0-19	6	0
20-29	23	8
30-39	13	37
40-49	7	66
50-59	2	88
60-69	1	22
70-79	0	10
80-90	0	1