

NCARF's 2010 Legislative Agenda and Talking Points

- **Advocate for DD Services Section Chief at the Division Level**

The Developmental Disabilities Service Consortium, as well as most provider associations (such as NCARF) and private non-profit agencies, believe that the Division of MH/DD/SA should appoint a Section Chief for Intellectual and other Developmental Disabilities services. At the present time, the Division's focus seems to be consumed by CABHA and Managed Care Waiver initiatives, other mental health and substance abuse issues, with little attention to DD Services and issues. We need a voice at the Division level who recognizes that the predominant 'medical model' or 'recovery model' is not best practice for persons with intellectual and other developmental disabilities (IDD).

- **Advocate for Implementation of Appropriate IDD funding, to include IPRS and CAP-MR/DD Tiers/Bands**

The nationally recognized best practice for persons with IDD is a lifetime support model with on-going habilitation as needed. State IPRS funding for individuals, in the form of a monthly or annual support grant, would remedy the medical model's flaws for effective IDD supports delivery. Funding bands within the CAP-MR/DD Waiver would allow for necessary individualized community supports. Any individual with IDD who qualifies for Medicaid can now qualify for the CAP-MR/DD waiver without the need to meet ICF/MR eligibility standards. States now have the authority to gradually expand enrollment in their CAP-MR/DD waivers.

- **Promote Employment First and the CAET (Community Activity and Employment Transitions) concept and recommendations**

NCARF's leadership heavily participated on a state sponsored Employment Work Group, with the goal of defining best practice day program and employment service alternatives for adults with IDD. This effort produced the CAET service concept, which included service opportunities for 1) School to Work Transition, 2) Day Program alternatives for people with multiple and/or complex needs, 3) Senior Services (recreation and leisure opportunities, similar to what anyone else would select in retirement) for the aging IDD population, and 4) a full range of employment opportunities which include Affirmative Businesses, consumer-owned Micro-Enterprises, Supported Employment, and Long Term Vocational Supports. The CAET concept emphasized informed consumer choice and a person-centered approach, and was presented to the Division of MH/DD/SA Services Executive Leadership Team which accepted it as a 'best practice concept' in January of 2006. However, CAET was never cost-found, nor was it converted to an official service definition. Several of our members are practicing CAET (after negotiating a rate with their respective LME) but NCARF believes the concept should be standardized and available statewide.

- **Support the Governor's Recommendation to restore MH/DD/SA Funds!**

During the past year, Mental Health/Developmental Disabilities/Substance Abuse Services sustained deep funding cuts due to a \$40 million reduction in the State's support of these services. Thousands of people have lost or had their services drastically reduced...Governor Perdue has recommended that these funds---and service delivery for this vulnerable population---be restored.

- **NCARF supports the Arc of NC position on managed care model**

The MH/DD/SAS service delivery system should NOT be converted to a managed care model. Efforts to do so should stop immediately! If this is not possible, and the State persists in converting to managed care, then all IDD services should be exempt. At the present time, of those states that use a Managed Care model, 90% exclude IDD services.