Establishing Personal Supports Budgets for People with Intellectual and Developmental Disabilities:

Methods and State Experiences

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Supporting a Better Tomorrow...Today
DMH
Mississippi Department of Mental Health
What is a Supports Budget?

A **supports budget** is a targeted amount of money, or allocation that is made known to individual service recipients *before service planning* to acquire the services they need and prefer.

- The amount is determined by assessing the extent of an individual’s support needs, while accounting for where they live (e.g., community residence, family), and their age (e.g., youth or adult).
- An exceptions review process is also used to assure that extraordinary needs are appropriately addressed.

**Benefits**

- Increased personal control over resources, encouraging “demand driven” approaches.
- Opportunity to alter service array and rates to match demands.
- Increased fairness among all service recipients.
- Increased allocative efficiency.
- Increased predictability of overall system allocations and spending.
THE SUPPORTS BUDGETS PROCESS

While the specific circumstances of each jurisdiction’s system transformation are unique, the overarching goal of a supports budgeting process is to create a system that is efficient, fair, and person-centered.

Why?

Policy Intentions
- Self-direction
- Community integration
- Expanded resources
- Efficiency
- Fairness

Assessment & Service Supply
- Support needs
- Support levels
- Service array
- Rate structures

Personal Support Budget
- Service packages by support level, residence type and age group
- Support budget

Service Planning
- Person-centered
- Integrated planning
- Community-based

Service Delivery
- Choice
- Quality
- Services that are adequate and ample

What do you need to solve? What is the lift?

What do you need to solve?
- Person-centered
- Integrated planning
- Community-based

What is the lift?
- Choice
- Quality
- Services that are adequate and ample

INTENTIONS

ACTIONS

OUTCOMES

Financing Strategy & Communication
Starting with Why

“Where imagery leads, policy follows and behavior results.”
We believe that...

All people and their families have the right to live, love, work, play and pursue their life aspirations in their community.

• Self-direction to the extent possible
• Participation in community
• Contribution to community
• Mutual responsibility

www.theriotrocks.org
Transforming Services and Supports

Everyone exists within the context of family and community

Traditional Disability Services

Integrated Services and Supports within context of person, family and community
Trajectory Towards a Good Life

Friends, family, enough money, job I like, home, faith, vacations, health, choice, freedom

Vision of What I Don’t Want
Policy concerns

- Demand for community integration & self direction
- High spending levels for program enrollees, but years-long waiting lists
- Budget cuts and/or pressure for containing costs
- Too much emphasis on facility based approaches to service delivery
- Weak relationships between individuals’ needs and the amount of supports they receive
- A lack of tools to support service planning and service use consistent with the community integration and self-direction
- Unmaintained systems in which nearly everyone is in the highest category of need
- Payment approaches that do not differentiate between individuals’ needs so that there is a ‘one size fits all’ approach
- Rates that do not adequately support community-based services
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- What is the lift?
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  - Support levels
  - Service array
  - Rate structures

**Policy Intentions**
- Policy Intentions
- Service Planning
- Service Delivery

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**INTENTIONS**
- Financing Strategy & Communication

**ACTIONS**
- Actions

**OUTCOMES**
- Outcomes
Potential policy intentions

- Seek additional funds while illustrating enhanced allocative management strategies
- Give people greater control over their allocation
- Expand and/or adjust the service array
- Adjust the rate schedule and payment rules
- Reallocate resources to promote efficiency and fairness
- Focus resources more sharply to achieve preferred outcomes tied to principles
- Establish personal allocations based on assessed need
- Apply budgets within a person-centered planning process
- Promote use of resources to complement public services

These goals may be approached in different ways, but their underlying issues will not disappear without action.

The “supports budget framework” offers a first means for responding.
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Personal Support Budget

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INTENTIONS

FINANCING STRATEGY & COMMUNICATION

 OUTCOMES

- Person-centered
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What do you need to solve?
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FINANCING STRATEGY & COMMUNICATION

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FINANCING STRATEGY & COMMUNICATION

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A Few Words about Assessing Support Needs

“Support Need” can be quantified as a variable, low to high with a distribution resembling a normal distribution results.

Medical and behavioral challenges are not easily measured.

- These conditions are present across the distribution.
- These factors must be accounted for as well.
- Exceptions process are needed to ensure that exceptional needs are adequately addressed.
Core Dataset to Accommodate Multiple Functions

Background Information

Activities of Daily Living
- Eating
- Bathing
- Dressing
- Hygiene
- Toileting
- Mobility
- Positioning
- Transferring

Instrumental Activities of Daily Living
- Preparing Meals
- Shopping
- Transportation
- Managing Medications
- Housework
- Managing Money
- Telephone Use

Medical Conditions/ Diagnoses

Cognition/ Learning/ Memory
- Diagnoses tied to cognitive function
  - Memory
  - Judgment/Decision-Making
  - Learning

Challenging Behavior
- Injurious
- Destructive
- Socially Offensive
- Uncooperative
- Other Serious

Financial Information

Necessary Elements of an Assessment used to Quantify Support Need

Not be overly burdensome

Have structure and process that is consistent with contemporary best practice

Logically sequenced -- person-centered format
-- supports rather than deficit focused
-- person is included
-- other informants included
-- allows for later standardization or aggregation

Have documented validity and reliability that is maintained with widespread use over time

Allow for automation of data entry, aggregation, scoring, and analysis

Have capacity to inform supports planning
Supplemental Questions/Verification

HSRI often adds supplemental questions, pertaining to **extraordinary medical** and **extraordinary behavioral support needs**, to assessment tools to help identify service recipients who have the highest level of support need in these areas.

Responses to these questions may result in a review of individual records called **verification**.

Verification is a process where state staff or other experts in the field review responses to the supplemental questions and actual case records to confirm that a service recipient has the amount and type of extraordinary support need envisioned for inclusion in specialized support levels.
A Seven Support Level Framework

Low Support Needs

1. Modest support needs & some behavioral support needs
2. 
4. 
5. 

High Support Needs

3. Significant Medical support need
6. 
7. Significant Behavioral support need
A Five Support Level Framework

Low | Support Needs | High
--- | -------------- | ---
1   |               | 5
2   |               | 4
3   |               | 3
4   |               | 2
5   | Significant Medical support need | Significant Behavioral support need

B | Significant Behavioral support need | M | Significant Medical support need
Overall, service definitions function best when they:

- Have embedded policy intentions. *How and why* a service is delivered may be just as important as *what* is delivered.
- Concisely state the behavior expected of service providers delivering the service, including the qualification of those who may deliver the service.
- Indicate the unit by which the service will be delivered. Services vary in the duration by which they are delivered.
- Indicate the rate of reimbursement per unit of service and any limitations on how or how often a service can be accessed.
- Are applied consistently throughout a service system.
<table>
<thead>
<tr>
<th>Residential</th>
<th>Home with Family</th>
<th>Day Supports</th>
<th>Capacity Building</th>
</tr>
</thead>
<tbody>
<tr>
<td>Host Home</td>
<td>Family Caregiver</td>
<td>Center-Based</td>
<td>Community Guide</td>
</tr>
<tr>
<td>Residential Group Homes</td>
<td>Education and Training</td>
<td>Employment</td>
<td></td>
</tr>
<tr>
<td>Shared Living</td>
<td>Parenting Support (for parents with IDD)</td>
<td>Habilitation Services</td>
<td>Peer Support</td>
</tr>
<tr>
<td>Supported Living</td>
<td>Respite</td>
<td>Employment</td>
<td>Peer Support Network Organizing</td>
</tr>
<tr>
<td></td>
<td>-Center-based</td>
<td>-Discovery</td>
<td></td>
</tr>
<tr>
<td></td>
<td>-In Community</td>
<td>-Support</td>
<td></td>
</tr>
<tr>
<td></td>
<td>-Home Based</td>
<td>-Follow along</td>
<td></td>
</tr>
<tr>
<td></td>
<td>In home Support</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Community Integration/Volunteer</td>
<td></td>
</tr>
</tbody>
</table>

**Add Ons....**  Therapies, home barrier removal, behavioral support, assistive technology, nursing, special diet, stipends, transportation, nutrition
Focus on rate schedule

- Province policy intentions
- Information gathering
  - Historical rate schedule
  - Provider cost survey
  - Department of Labor data
  - Relevant considerations ("120 questions")
- Provider stakeholder meetings
- Proposed rates, impact analyses, and revisions
- Proposed rates and public comment
- Revisions and policy makers publish rates

**Fair -- Ample -- Consistent with Policy Goals**

**Typical Points of Contention**
- Time increments or units (15, 30 minutes, hourly, weekly...)
- Individual versus group rates
- Market-basket adjustments
- Assumptions regarding staff ratios, skill sets per position, staff training, benefits, productivity factor...
- Vacancy rate
- Administrative and overhead fee
- Tier structures
- Parameters surrounding what service might be billed at a given time
Tiered Rates for Residential Settings

There may be as many tiers as there are support levels, but we typically have fewer tiers. For example:

<table>
<thead>
<tr>
<th>Support Level</th>
<th>Payment Tiers</th>
</tr>
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<tbody>
<tr>
<td>{1, 2}</td>
<td>Tier 1</td>
</tr>
<tr>
<td>{3}</td>
<td>Tier 2</td>
</tr>
<tr>
<td>{4, 5}</td>
<td>Tier 3</td>
</tr>
<tr>
<td>{6, 7}</td>
<td>Tier 4</td>
</tr>
</tbody>
</table>

Tiered rates are most often applied to fund paid community residences, like group homes, and some day services.
Examples of tiered schedules

<table>
<thead>
<tr>
<th>Day Services – center based</th>
<th>Day Services – community based</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 hourly</td>
<td>Tier 1 hourly</td>
</tr>
<tr>
<td>hourly</td>
<td>$10.00</td>
</tr>
<tr>
<td>Tier 2 hourly</td>
<td>Tier 2 hourly</td>
</tr>
<tr>
<td>hourly</td>
<td>$13.25</td>
</tr>
<tr>
<td>Tier 3 hourly</td>
<td>Tier 3 hourly</td>
</tr>
<tr>
<td>hourly</td>
<td>$15.50</td>
</tr>
<tr>
<td>Tier 4 hourly</td>
<td>Tier 4 hourly</td>
</tr>
<tr>
<td>hourly</td>
<td>$20.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tier 1 hourly</th>
<th>Tier 1 hourly</th>
</tr>
</thead>
<tbody>
<tr>
<td>hourly</td>
<td>$16.00</td>
</tr>
<tr>
<td>Tier 2 hourly</td>
<td>Tier 2 hourly</td>
</tr>
<tr>
<td>hourly</td>
<td>$18.25</td>
</tr>
<tr>
<td>Tier 3 hourly</td>
<td>Tier 3 hourly</td>
</tr>
<tr>
<td>hourly</td>
<td>$21.50</td>
</tr>
<tr>
<td>Tier 4 hourly</td>
<td>Tier 4 hourly</td>
</tr>
<tr>
<td>hourly</td>
<td>$25.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supported Living</th>
<th>Host Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 Daily</td>
<td>Tier 1 Daily</td>
</tr>
<tr>
<td>Daily</td>
<td>$160.00</td>
</tr>
<tr>
<td>Tier 2 Daily</td>
<td>Tier 2 Daily</td>
</tr>
<tr>
<td>Daily</td>
<td>$208.25</td>
</tr>
<tr>
<td>Tier 3 Daily</td>
<td>Tier 3 Daily</td>
</tr>
<tr>
<td>Daily</td>
<td>$242.71</td>
</tr>
<tr>
<td>Tier 4 Daily</td>
<td>Tier 4 Daily</td>
</tr>
<tr>
<td>Daily</td>
<td>$342.56</td>
</tr>
<tr>
<td>Tier 1 Daily</td>
<td>Tier 1 Daily</td>
</tr>
<tr>
<td>Daily</td>
<td>$141.00</td>
</tr>
<tr>
<td>Tier 2 Daily</td>
<td>Tier 2 Daily</td>
</tr>
<tr>
<td>Daily</td>
<td>$183.61</td>
</tr>
<tr>
<td>Tier 3 Daily</td>
<td>Tier 3 Daily</td>
</tr>
<tr>
<td>Daily</td>
<td>$243.98</td>
</tr>
<tr>
<td>Tier 4 Daily</td>
<td>Tier 4 Daily</td>
</tr>
<tr>
<td>Daily</td>
<td>$301.23</td>
</tr>
</tbody>
</table>

Examples Only
These are NOT REAL
While the specific circumstances of each jurisdiction’s system transformation are unique, the overarching goal of a supports budgeting process is to create a system that is efficient, fair, and person-centered.

Why?

Policy Intentions

Assessment & Service Supply

Personal Support Budget

Service Planning

Service Delivery

What do you need to solve?

What is the lift?

- Self-direction
- Community integration
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- Service packages by support level, residence type and age group
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OUTCOMES
Personal Support Budgets--Service Packages

A support budget is a targeted amount of money, or allocation, that is made known to individual service recipients prior to support planning.

- The budget amount is determined based on the person’s support level, residence type, and age group.
- It is based on a “service package” associated with these base elements.

<table>
<thead>
<tr>
<th>Support Level</th>
<th>Family Home</th>
<th>Own Home</th>
<th>Group Home</th>
<th>Host Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>2</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>3</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>4</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>5</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>6</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>7</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
</tbody>
</table>
Service Packages

- A **Service Package** indicates the type and amount of services a person will typically use, depending on where a person lives their Support Level, and age group.

- By building a “typical service mix” we can anticipate its cost and so build a “support budget.”

- Note that:
  - Some services, like group homes, have a preset annual cost and these funds are not available for individuals to control.
  - Other services are used temporarily (like therapies) or just once (like to build a ramp) and are not included in a personal budget.

- Service packages simply help us build a budget. But individuals can select their own type and amount of service as long as they stay inside the budget.

- These packages offer a “best fit” solution for most people. There will be exceptions that need special attention.
Developing service packages or mixes

- **Build service packages or mixes** by Support Level based on common supports needs and living situation.
  - Base budgets include in-home, residential and employment or day services.
  - Some services are managed outside the base, including professional or non-recurring supports.
  - Utilization of services by level is anticipated
  - Service mixes *are priced by level and rate tier to establish supports budgets*. Revise as needed.
  - Individuals are not tied to anticipated utilization patterns. Supports budgeting does not limit person-centered choices, but does impose a budgetary cap.

- **Validate** the service packages systematically and make revisions as needed
- **Conduct** impact analyses to inform implementation plan
How a support budget works depends on the type of residence!

**Paid Residence**
(Group home, host home)

- Consider that...
The cost of the residence is annualized. This amount is **not** included in the supports budget.

**Family or On One’s Own**
(family, apartment)
*Not 24 hour paid support*

- Consider that...
The individual needs support at home periodically and needs day services. No amount is annualized and set aside.

---

**Assessment**

**Support Level**

**Service Mix by Level**

---

**Support Budget**

- **Amount set aside for residence**
- **Control over day service mixes primarily**

- **Control over “in home” and day service mixes**
### Example

**Living w/ Family Service Package**

<table>
<thead>
<tr>
<th>Services</th>
<th>Levels</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td><strong>Residential</strong></td>
<td></td>
</tr>
<tr>
<td>Residential (Hrs/day)</td>
<td>1</td>
</tr>
<tr>
<td><strong>Personal Care</strong></td>
<td></td>
</tr>
<tr>
<td>Personal Care (Hrs/wk)</td>
<td>14</td>
</tr>
<tr>
<td><strong>Total (Hrs/Day)</strong></td>
<td>3</td>
</tr>
<tr>
<td><strong>Day Services</strong></td>
<td></td>
</tr>
<tr>
<td>Total Day Support (Hrs/Wk)</td>
<td>12</td>
</tr>
<tr>
<td>Group Day (In Center)</td>
<td>10</td>
</tr>
<tr>
<td>Community Access (1:1)</td>
<td>0</td>
</tr>
<tr>
<td>Community Engagement</td>
<td>2</td>
</tr>
<tr>
<td>Hours Working/Wk (With or without paid support)</td>
<td>15</td>
</tr>
<tr>
<td><strong>Total Employment Support (Hrs/Wk)</strong></td>
<td>7</td>
</tr>
<tr>
<td>Individual Supported Employment</td>
<td>2</td>
</tr>
<tr>
<td><strong>Group Supported Employment</strong></td>
<td>5 at 1:2-4</td>
</tr>
<tr>
<td>Supported Employment Wraparound</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total (Hrs/Wk)</strong></td>
<td>19</td>
</tr>
</tbody>
</table>
Example
Group Home
Service Package

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Levels 1</th>
<th>Levels 2</th>
<th>Levels 3</th>
<th>Levels 4</th>
<th>Levels 5</th>
<th>Levels 6</th>
<th>Levels 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential Services</td>
<td>365</td>
<td>365</td>
<td>365</td>
<td>365</td>
<td>365</td>
<td>365</td>
<td>365</td>
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<tr>
<td>Personal Care</td>
<td>0</td>
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<td>Total</td>
<td>12</td>
<td>18</td>
<td>20</td>
<td>20</td>
<td>25</td>
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<td></td>
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<td>Group Day (In Center)</td>
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<td>10</td>
<td>10</td>
<td>15</td>
<td>15</td>
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<td>Community Access (1:1)</td>
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<td>0</td>
<td>2</td>
<td>2</td>
<td>5</td>
<td>5</td>
<td>5</td>
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<td>Community Engagement</td>
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<td>3</td>
<td>8</td>
<td>8</td>
<td>5</td>
<td>5</td>
<td>5</td>
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<tr>
<td>Hours Working/Wk (With or without paid support)</td>
<td>7</td>
<td>10</td>
<td>10</td>
<td>10</td>
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<tr>
<td>Total Employment Support (Hrs/Wk)</td>
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<td>1</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
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<tr>
<td>Individual Supported Employment</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group Supported Employment</td>
<td>5 at 1:2-4</td>
<td>5 at 1:2-4</td>
<td>5 at 1:2</td>
<td>5 at 1:2</td>
<td>5 at 1:2</td>
<td>0 at 1:2</td>
<td>0</td>
</tr>
<tr>
<td>Supported Employment</td>
<td>0</td>
<td>4</td>
<td>4.5</td>
<td>4.5</td>
<td>4.5</td>
<td>4.5</td>
<td>4.5</td>
</tr>
<tr>
<td>Total (Hrs/Wk)</td>
<td>19</td>
<td>28</td>
<td>30</td>
<td>30</td>
<td>30</td>
<td>30</td>
<td>30</td>
</tr>
</tbody>
</table>
What about exceptions?

**Everyone** is unique!

**The supports budgeting** process may account for most people.

**Yet some** people will have exceptional needs and must be considered one by one.

**An Exceptions Process** is designed to assure that these individuals have their needs met.
While the specific circumstances of each jurisdiction’s system transformation are unique, the overarching goal of a supports budgeting process is to create a system that is efficient, fair, and person-centered.

Why?
- Self-direction
- Community integration
- Expanded resources
- Efficiency
- Fairness

Policy Intentions
- Support needs
- Support levels
- Service array
- Rate structures

Assessment & Service Supply
- Service packages by support level, residence type and age group
- Support budget

Personal Support Budget
- Person-centered
- Integrated planning
- Community-based

Service Planning
- Choice
- Quality
- Services that are adequate and ample

Service Delivery

INTENTIONS

What do you need to solve?
What is the lift?

FINANCING STRATEGY & COMMUNICATION

OUTCOMES

What is the lift?

INTEGRATED PLANNING

ACTION
Person-Centered Planning

A process directed by the person for whom the plan is for, resulting in a summary of the individual’s dreams, aspirations, goals and support needs as well a description of the services and supports that will be provided in response.
**Person-Centered Planning**

**Individuals** define their **goals and aspirations**.

**Assessment** results can be used to understand areas of **strength** and areas where the individual needs support.

**Individuals** are **made aware** of their supports budget before the planning meeting takes place.

**Individuals** have some degree of **authority and flexibility to choose** which services to purchase.

**Individuals** work with their circle of support to decide on the other types of support that they require to achieve their

**All** paid and non-paid supports work in harmony to help the person achieve their defined goals.
Focusing on Life Experiences and Life Transitions

- Making Mistakes
  - Learning to say “no”
- Dating, romance
- Summer jobs, babysitting
- Chores and allowance
- Birthday parties with friends
- Sports, clubs, music
- Getting New Diagnosis
  - Leaving Early Childhood/enter school
- Transition planning
- Turning 18. Leaving school at 18 or 21
- Living Adult Life
- Parents Turn 65
- My parents have passed away, what do I do?

“Anticipatory Guidance for Life Experiences”
To address a person’s identified needs, many types of supports could be used.

**Personal strengths & assets** – When a person is on their own without assistance from others.

**Relationship-based supports** – Provided by family or friends who are not being paid to provide support.

**Community-based support** – Provided by community serving organizations or businesses, or other public services that are available to all members of a community.

**Technology-based support** - When the individual is supported by technology instead of staff supports.

**Paid (Base Budget)** – Home and Community Based Waiver services provided to the individual that make up their base budget.

**Paid (Add on)** – Provided to the individual through Home and Community Based Waiver Services in addition to the base budget.

http://supportstofamilies.org/
Integrated Supports for Problem Solving

- **Technology**: i-pad/smart phone apps, remote monitoring, cognitive accessibility, Adaptive equipment
- **Personal Strengths & Assets**: resources, skills, abilities characteristics
- **Relationships**: family, friends, neighbors, co-workers, church members, community members
- **Community Based**: school, businesses, church faith based, parks & rec, public transportation
- **Eligibility Specific**: SHS services, Special Ed, Medicaid, Voc Rehab, Food Stamps, Section 8
Ben’s Services and Supports

PERSONAL STRENGTHS & ASSETS
TECHNOLOGY:
RELATIONSHIPS:
COMMUNITY BASED:
ELIGIBILITY SPECIFIC:

Ben’s Services & Supports

DDD Self-Directed waiver PCA staff; Medicaid; Special Needs Trust

Mom, Dad
Ben’s Services and Supports

### PERSONAL STRENGTHS & ASSETS
Able to stay home alone for up to an hour; has & can use i-pad;

### TECHNOLOGY:
i-pad when home alone; digital watch

### RELATIONSHIPS:
Mom, Dad, Matt, Zac, Ali, Chad, Ericka, Roy, Carol, Nick, Spohn,

### COMMUNITY BASED:
Firemen at ESFD; coaches & staff at ES high school; Omni bus;

### DDD SPECIFIC
DDD Self-Directed waiver PCA staff; Medicaid; Special Needs Trust

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### Long Term Service and Support Needs

<table>
<thead>
<tr>
<th>Time</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
<th>Sat</th>
<th>Sun</th>
</tr>
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<tbody>
<tr>
<td>6:45 AM</td>
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<td>7:00 AM</td>
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<td></td>
<td></td>
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<tr>
<td>6:45 PM</td>
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</tr>
</tbody>
</table>

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**Ben’s Services & Supports**
THE SUPPORTS BUDGETS PROCESS

While the specific circumstances of each jurisdiction’s system transformation are unique, the overarching goal of a supports budgeting process is to create a system that is efficient, fair, and person-centered.

**Why?**
- Self-direction
- Community integration
- Expanded resources
- Efficiency
- Fairness

**Policy Intentions**
- What do you need to solve?
- What is the lift?

**Assessment & Service Supply**
- Support needs
- Support levels
- Service array
- Rate structures

**Personal Support Budget**
- Service mixes by support level, residence type and age group
- Support budget

**Service Planning**
- Person-centered
- Integrated planning
- Community-based

**Service Delivery**
- Choice
- Quality
- Services that are adequate and ample

**INTENTIONS**

**ACTIONS**
- Financing Strategy & Communication

**OUTCOMES**
Who wants change?

Who wants to change?
The Redesigned Waivers for Persons with Developmental Disabilities

HCBS Conference

August 31, 2016

Dawn Traver, M.Ed.
Director, Waiver Operations
Division of Developmental Services
Waiver Amendments Approved by CMS

Building Independence Waiver
For adults (18+) able to live independently in the community.

Family & Individual Supports Waiver
For individuals living with their families, friends, or in their own homes.

Community Living Waiver
24/7 services and supports for individuals with complex medical and/or behavioral support needs through licensed services.
Virginia’s Developmental Disability System – Early 2012

- On waitlist for ID or DD waiver: 36%
- Training Center: 6%
- Served in community on ID/DD/DS Waiver: 58%

- Virginia’s Developmental Disability System – Early 2012
- 6,424
- 10,115
- 1018
Virginia’s Developmental Disability System – Current

- ID/DD Slots: 12,255 (53%)
- Waiting List: 10,679 (46%)
- Training Centers' Census: 348 (1%)

Virginia Department of Behavioral Health & Developmental Services
Settlement Agreement with the US Department of Justice

Budgetary Concerns
Desire to close 4 of 5 “Training Centers”

HCBS Settings Requirements
Inadequate waiver services rates
Increasing HCBS waiver waiting lists
Desire to close 4 of 5 “Training Centers”

Budgetary Concerns

Settlement Agreement with the US Department of Justice
My Life, My Community System Redesign

People with developmental disabilities living, working, and playing in their own communities is becoming the norm, not the exception.
Initial Work

Public forums

Reports

Committees
Committees

- Waiver Design Advisory Committee
  - Case Management Subcommittee
  - Eligibility Subcommittee
  - Waiting List Subcommittee
  - Services Subcommittee
- Provider Advisory Committee (rate issues)
Seven Supports Levels

- **Level 1**: Low support needs
- **Level 2**: Low to moderate support needs
- **Level 3**: Moderate support needs plus some behavior challenges
- **Level 4**: Moderate to high support needs
- **Level 5**: Maximum support needs
- **Level 6**: Significant support needs due to medical challenges
- **Level 7**: Significant support needs due to behavioral challenges
## Reimbursement Tiers

<table>
<thead>
<tr>
<th>Tier 4</th>
<th>Tier 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Significant Behavioral Support Needs</strong>&lt;br&gt;1.5% = 173 individuals</td>
<td><strong>High Support Needs</strong>&lt;br&gt;38.7% = 4452 Individuals</td>
</tr>
<tr>
<td><strong>Significant Medical Support Needs</strong>&lt;br&gt;6.9% = 794</td>
<td><strong>Moderate Support Needs + Some Behavioral Support Needs</strong>&lt;br&gt;2.4% = 276 individuals</td>
</tr>
<tr>
<td><strong>Maximum Support Needs</strong>&lt;br&gt;5.3% = 610 individuals</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tier 2</th>
<th>Tier 1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Moderate Support Needs</strong>&lt;br&gt;37.9% = 4360 individuals</td>
<td><strong>Mild Support Needs</strong>&lt;br&gt;7.3% = 840 individuals</td>
</tr>
</tbody>
</table>
“Supports Budgets? You never said anything about that!”
It is really confusing!!!
Taking a Step Back

Individual is assessed using the Supports Intensity Scale®

Assessment results in supports level assignment (1 – 7)

Individual selects services/hours in the PCP process

DBHDS staff will collect data on adequacy of service mix relative to supports level
Lesson Learned

KEEP CALM AND KEEP MOVING FORWARD
Updates at
My Life My Community
at DBHDS.virginia.gov
The following resources are available to address questions:
• 844-603-9248 (844-603-WAIV)
• Interactive website below

www.mylifemycommunityviginia.org
Personal Support Budgets in Mississippi

Supporting a Better Tomorrow...Today

THINK PERSON CENTERED

Supporting a Better Tomorrow...Today

Mississippi Department of Mental Health
The year was 2011…

Plan of Care & Justification for Recertification
• Contained services and amounts only
• No person-centered team planning process

Average cost/person was @ $21,000
• Little community living
• Lots of in-home supports

No objective method of determining amounts of service for each person
• Appeals (no leg to stand on)

Infrastructure
• No automation of forms or processes
• Electronic paper system between Medicaid and the Bureau of Intellectual and Developmental Disabilities (BIDD)
We knew what we wanted to do… (Why?/Intentions)

A system that was fair and equitable

- Services approved based on objective assessment of support needs
- People have control over their service array

Person-centered approach to planning services

A sustainable system to support greater access to community based services

- More providers
- Rates to support access for all
So, we got started...

Received support of DMH Executive Leadership to move forward with “resource allocation”
  - Agreed that people should get what they need, based on objective measure of assessed need

Advocates wanted personal budgets

Contacted NASDDDS

Requested TA for effort from CMS

HSRI dispatched to the scene
2012—Initial Onsite Visits

HSRI met with our team and found:

- The vision is in place
- Support from Executive Leadership and advocates is in place
- Blank slate/Must start from scratch
- Need an improved infrastructure
- Need a detailed implementation plan
- First step—choose an assessment
2012—Selecting Our Assessment

ICAP was selected as our assessment tool

• Can be given in 20-60 minutes
• At least 2 respondents
• Ages birth & up
• The ICAP has a service score, service level, adaptive & maladaptive behavior measures, and demographics
• Been used for LOC since 2006
  • Administered by Support Coordinators
  • Confident it provided a true indication of people’s support needs – no “creep”
2012—Digging into the Data

ICAP/Medicaid claims data analysis uncovered:

- Mississippi needed a Rate Study
  - There had never been a rate study completed
  - Had a flat fee schedule
  - Needed tiered levels of support to afford people Support Budgets
- People’s resources were so sparse, there were none to reallocate (cost/person was $24,000)
2013 – BIP Funds!!!

(assessment & service supply)

Provided funding to increase ID/DD Waiver enrollment

Contracted with Burns and Associates for a Rate Study

Contracted with HSRI to define Support Levels, develop Personal Supports Budget model based on ICAP scores and claims data

Waiver Renewal Completed
2013 – Making Mississippi Person Centered

Brought Support Development Associates to Mississippi for Person Centered Thinking training for Support Coordinators and Providers

BIDD staff to Virginia for ideas to bring PCT to life

Renamed the “Plan of Care” to “Plan of Services and Supports” (PSS)

Advent of Medicaid’s eLTSS System to operationalize the PSS (electronic PSS, data generation, CSA (ICAP), NWD, and a multitude of other functions)
2014 – 2015—Setting the Stage

Rate Study conducted

Training on Person Centered Planning for Support Coordinators and Providers

Final Rule

Defining the Support Levels
## Support Levels

<table>
<thead>
<tr>
<th>Description</th>
<th>Support Levels</th>
<th>ICAP Levels</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fairly independent, may need intermittent support with living activities like cooking and cleaning</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>May need assistance getting ready for the day, household chores, accessing places in their community, purchasing groceries</td>
<td>2</td>
<td>7 &amp; 8</td>
</tr>
<tr>
<td>Moderate support needs, may need reminders to complete daily living activities such as bathing, may use alternative means for communication</td>
<td>3</td>
<td>5 &amp; 6</td>
</tr>
<tr>
<td>Extensive support needs, likely medical and behavioral support, physical assistance with daily life activities</td>
<td>4</td>
<td>3 &amp; 4</td>
</tr>
<tr>
<td>Require constant support, significant hands on assistance with daily life activities, support with communication, and maintain health and safety</td>
<td>5</td>
<td>1 &amp; 2</td>
</tr>
</tbody>
</table>
2014 – 2015—Setting the Stage

Communicate with stakeholders about the PSS, The Final Rule, New Rates, Support Budgets, etc.

Negotiations with Medicaid regarding Rate Study implementation

Draft service packages developed with HSRI and Burns and Associates
Available Service Packages

Youth
- Living at Home with Family

Adult
- Supported Living
- Living at Home with Family
- Receiving Residential Services
  (Supervised Living, Shared Supported Living, or Host Home)
## Youth Living at Home with Family

<table>
<thead>
<tr>
<th>Service</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Home and Community Supports</strong></td>
<td>30 hrs/mo</td>
<td>30 hrs/mo</td>
<td>45 hrs/mo</td>
<td>55 hrs/mo</td>
<td>55 hrs/mo</td>
</tr>
<tr>
<td><strong>In-Home Respite</strong></td>
<td>30 hrs/mo</td>
<td>30 hrs/mo</td>
<td>45 hrs/mo</td>
<td>55 hrs/mo</td>
<td>55 hrs/mo</td>
</tr>
<tr>
<td><strong>Community Respite</strong></td>
<td>40 hrs/mo</td>
<td>40 hrs/mo</td>
<td>40 hrs/mo</td>
<td>40 hrs/mo</td>
<td>40 hrs/mo</td>
</tr>
<tr>
<td><strong>Total Hours per Month</strong></td>
<td>100 hrs/mo</td>
<td>100 hrs/mo</td>
<td>130 hrs/mo</td>
<td>150 hrs/mo</td>
<td>150 hrs/mo</td>
</tr>
</tbody>
</table>
Youth Service Package Details

- The youth service package is specifically for people, through age 21, who live with family and attend school.
- If a service recipient exits school earlier than age 21, they are eligible to receive the adult package.
- 480 hours of Community Respite is provided annually to provide day support hours during summer and school breaks.
## Adults Living at Home with Family

<table>
<thead>
<tr>
<th>Service</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
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<td>45 hrs/mo</td>
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</tr>
<tr>
<td><em>In-Home Respite</em></td>
<td>30 hrs/mo</td>
<td>30 hrs/mo</td>
<td>45 hrs/mo</td>
<td>55 hrs/mo</td>
<td>55 hrs/mo</td>
</tr>
<tr>
<td><strong>Total HCS and Respite per Month</strong></td>
<td><strong>60 hrs/mo</strong></td>
<td><strong>60 hrs/mo</strong></td>
<td><strong>90 hrs/mo</strong></td>
<td><strong>110 hrs/mo</strong></td>
<td><strong>110 hrs/mo</strong></td>
</tr>
<tr>
<td><em>Supported Employment</em></td>
<td>10 hrs/wk</td>
<td>10 hrs/wk</td>
<td>10 hrs/wk</td>
<td>5 hrs/wk</td>
<td>5 hrs/wk</td>
</tr>
<tr>
<td><em>Day Services</em></td>
<td>20 hrs/wk</td>
<td>20 hrs/wk</td>
<td>20 hrs/wk</td>
<td>25 hrs/wk</td>
<td>25 hrs/wk</td>
</tr>
<tr>
<td><strong>Total Day Hours per Week</strong></td>
<td><strong>30 hrs/wk</strong></td>
<td><strong>30 hrs/wk</strong></td>
<td><strong>30 hrs/wk</strong></td>
<td><strong>30 hrs/wk</strong></td>
<td><strong>30 hrs/wk</strong></td>
</tr>
<tr>
<td>Service</td>
<td>Level 1</td>
<td>Level 2</td>
<td>Level 3</td>
<td>Level 4</td>
<td>Level 5</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>---------------</td>
<td>---------------</td>
<td>---------------</td>
<td>------------------</td>
<td>------------------</td>
</tr>
<tr>
<td><em>Home and Community Supports</em></td>
<td>60 hrs/mo</td>
<td>80 hrs/mo</td>
<td>100 hrs/mo</td>
<td>Supported Living Service Package not available to Adults in Level 4 or 5</td>
<td></td>
</tr>
<tr>
<td><em>Total HCS Respite per Month</em></td>
<td>60 hrs/mo</td>
<td>80 hrs/mo</td>
<td>100 hrs/mo</td>
<td>Service Recipients in these levels can instead access <em>Shared Supported Living</em> or other Residential Options</td>
<td></td>
</tr>
<tr>
<td><em>Supported Employment</em></td>
<td>10 hrs/wk</td>
<td>10 hrs/wk</td>
<td>10 hrs/wk</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Day Services</em></td>
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<td></td>
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<td>30 hrs/wk</td>
<td>30 hrs/wk</td>
<td>30 hrs/wk</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Adults Receiving Residential Services
*(Supervised Living, Shared Supported Living, or Host Home)*

<table>
<thead>
<tr>
<th>Service</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
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<tbody>
<tr>
<td>Supported Employment</td>
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<td><strong>30 hrs/wk</strong></td>
<td><strong>30 hrs/wk</strong></td>
</tr>
</tbody>
</table>

**Note:** All service recipients in these residential option also receive 365 per year of community living support.
2016 (thus far)

Traveling road show with BIDD staff and HSRI
  • 6 meetings across the state
  • 230 attendees (providers, families, self advocates, advocates)

Waiver Amendment submitted to CMS

Exceptions process developed

DMH Operational Standards finalized with new service definitions

Validation Study with HSRI
A sample of 225 records was generated to include youth and adults from each residential option and assigned support level.

Records obtained for each person
Includes most current data on support, behavioral, and health needs

10 people were selected to be validation team members– 2 teams of 5 each

Teams review records
Teams complete validation forms
Determining if Services Package will meet a Person’s Needs

Each team member presented the following information to the team for each record:

- What types of support does this person receive for daily life activities?
- What type of setting does this person live in?
- What does this person’s typical day look like?
- How much service(s) have they typically used?
- Does this person have behavior support needs? If so, what documentation outlines those support needs?
- Does this person require additional or unique supports for a medical condition?
After all records were reviewed…

• Each team member received back all the records she reviewed from each Support Level

• The goal was to see if people in each Support Level have similar needs for support and if the Support Level definition adequately describes those support needs

• HSRI analysis of all data revealed the Support Levels were sound with a few minor changes
Our Next Steps

Continued communication with service recipients and families

Support Coordinator training

Provider training

Implementation of procedure codes

Budget calculator for Support Coordinators
Whew!

Thanks!