

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

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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.

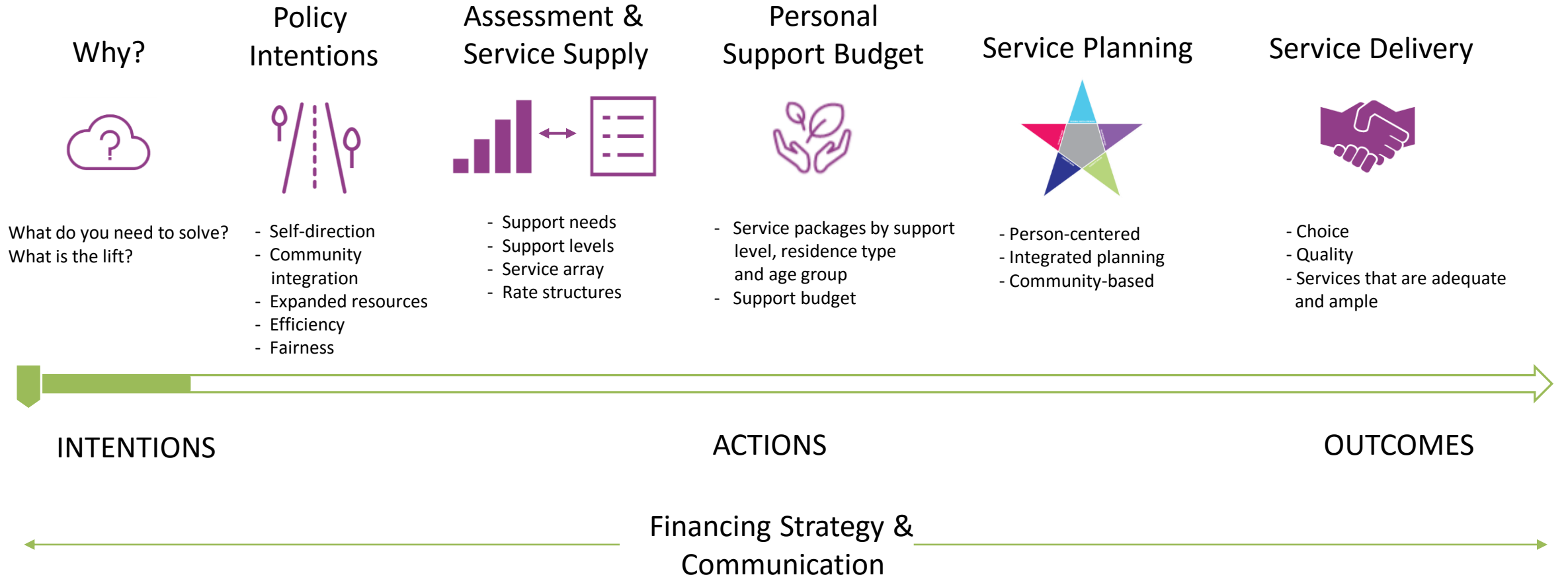
- The amount is determined by assessing the extent of an individual's support needs, while accounting for where they live (e.g., community residence, family), and their age (e.g., youth or adult).
- An exceptions review process is also used to assure that extraordinary needs are appropriately addressed.

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.

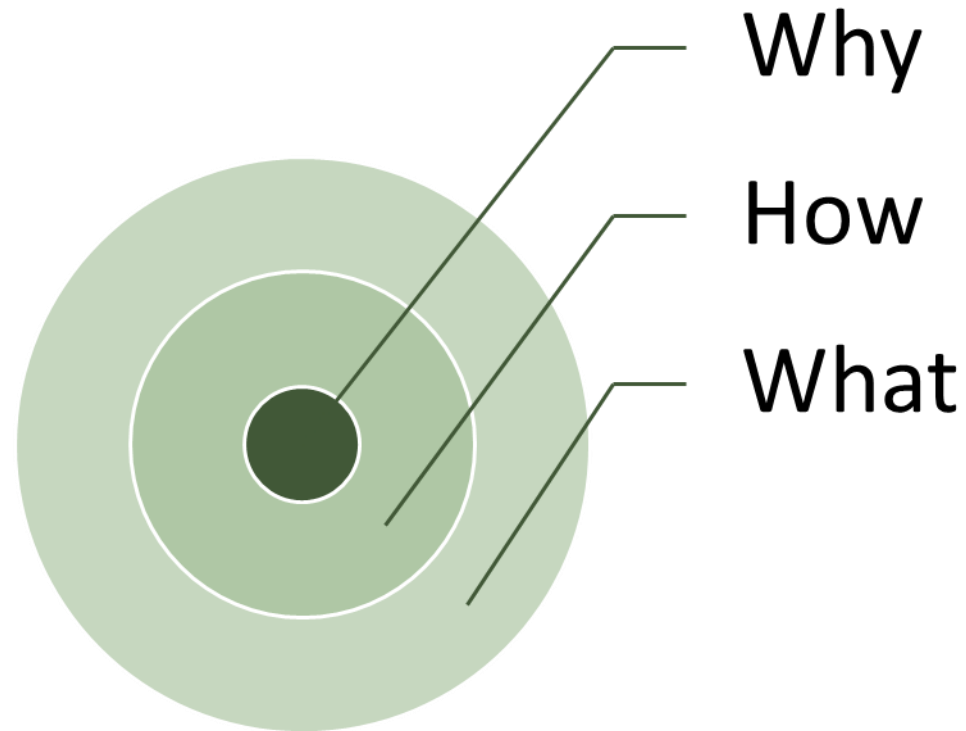
THE SUPPORTS BUDGETS PROCESS

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.



Starting with Why

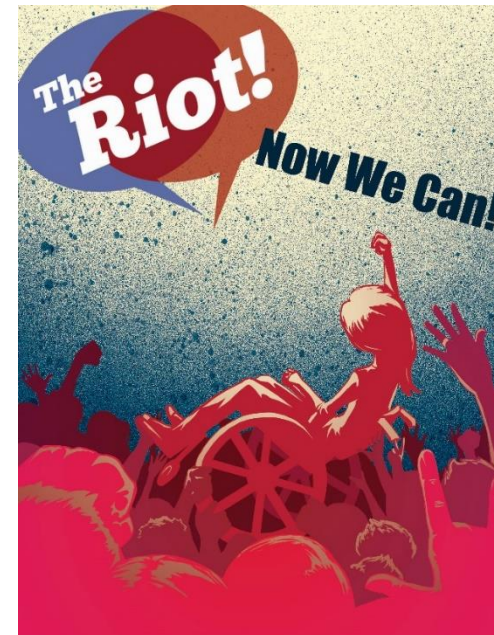
*“Where imagery leads,
policy follows and
behavior results.”*



We believe that...

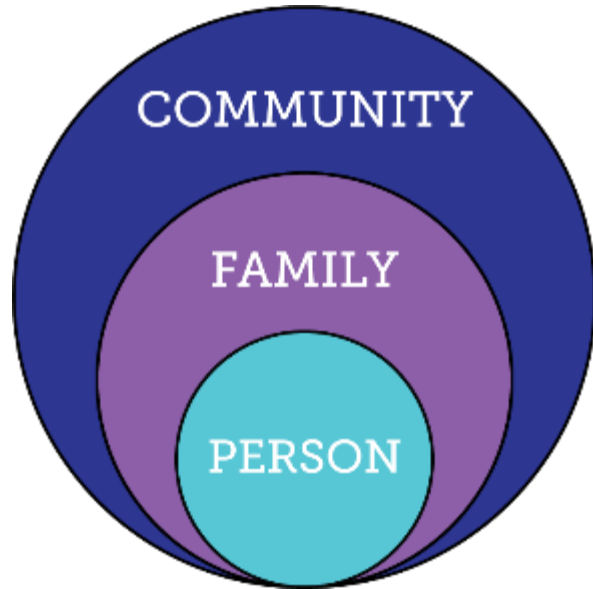
All people and their families have the right to live, love, work, play and pursue their life aspirations in their community.

- 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

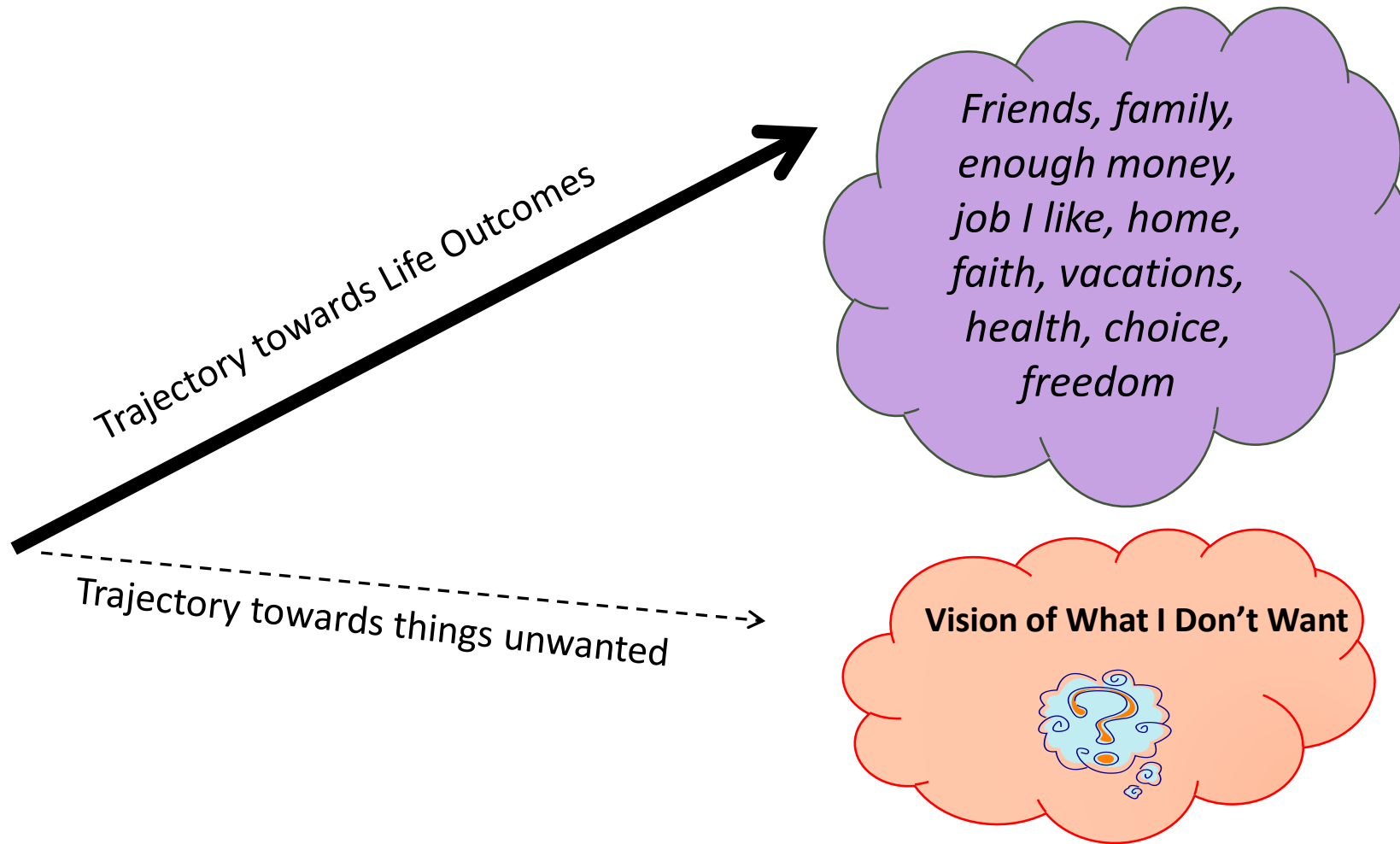


Integrated Services and Supports within context of person, family and community



MISSOURI FAMILY TO FAMILY AT UMKC IHD, UCEDD | LIFECOURSETOOLS.COM

Trajectory Towards a Good Life



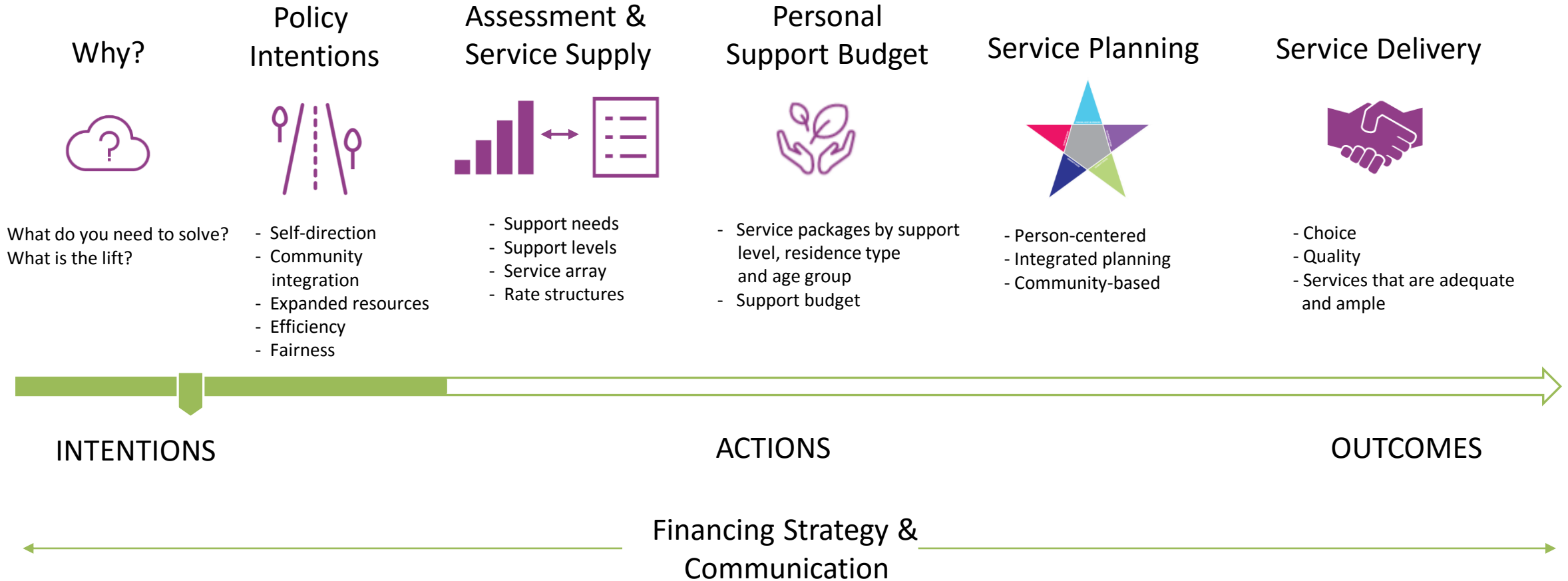
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Policy concerns

- 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

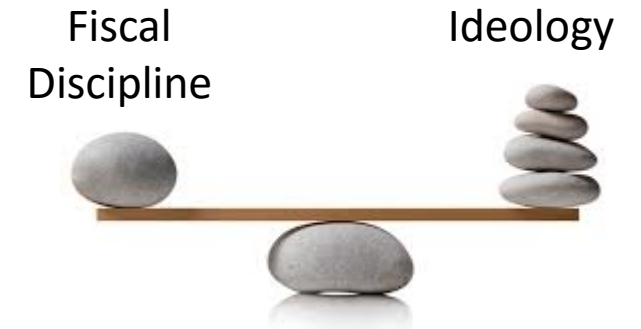
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Potential policy intentions

- 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

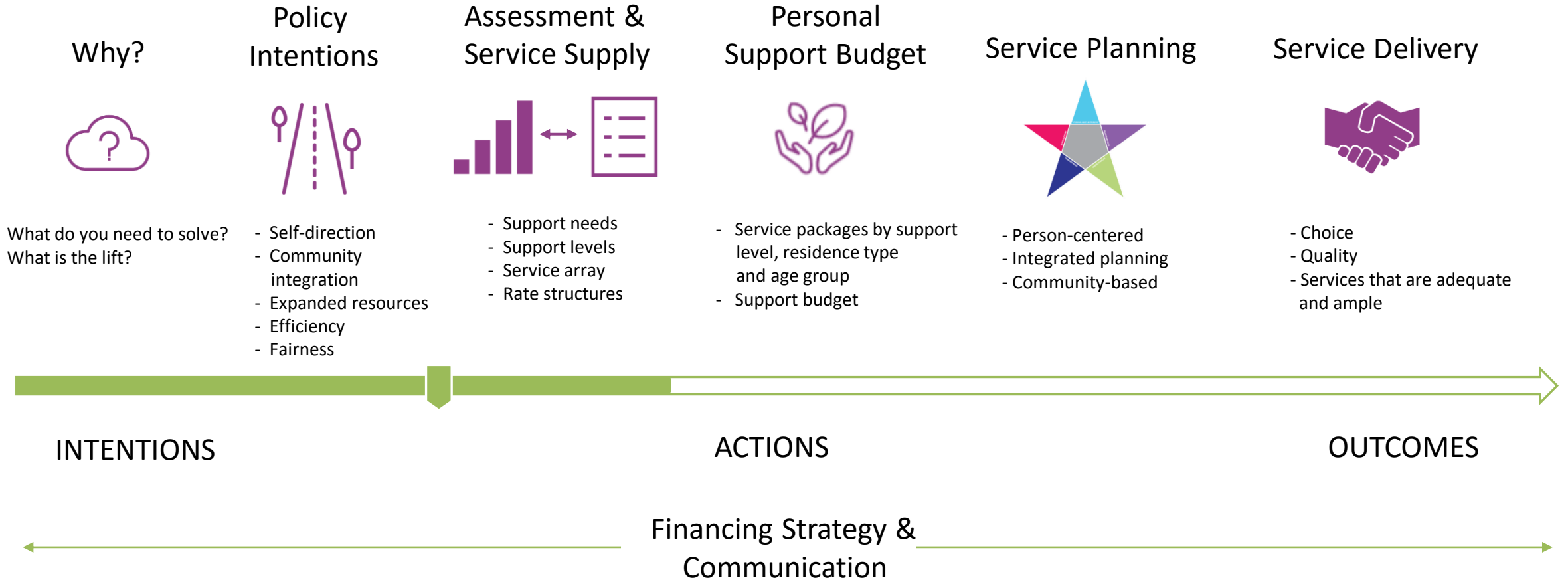


These goals may be approached in different ways, but their underlying issues will not disappear without action.

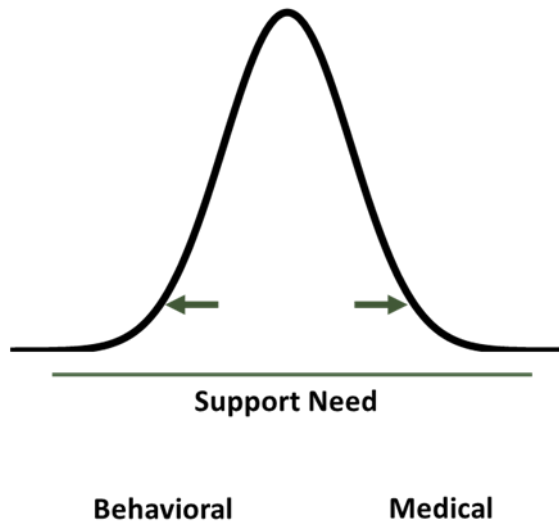
The “supports budget framework” offers a first means for responding.

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Focus on Assessing Support Needs...



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

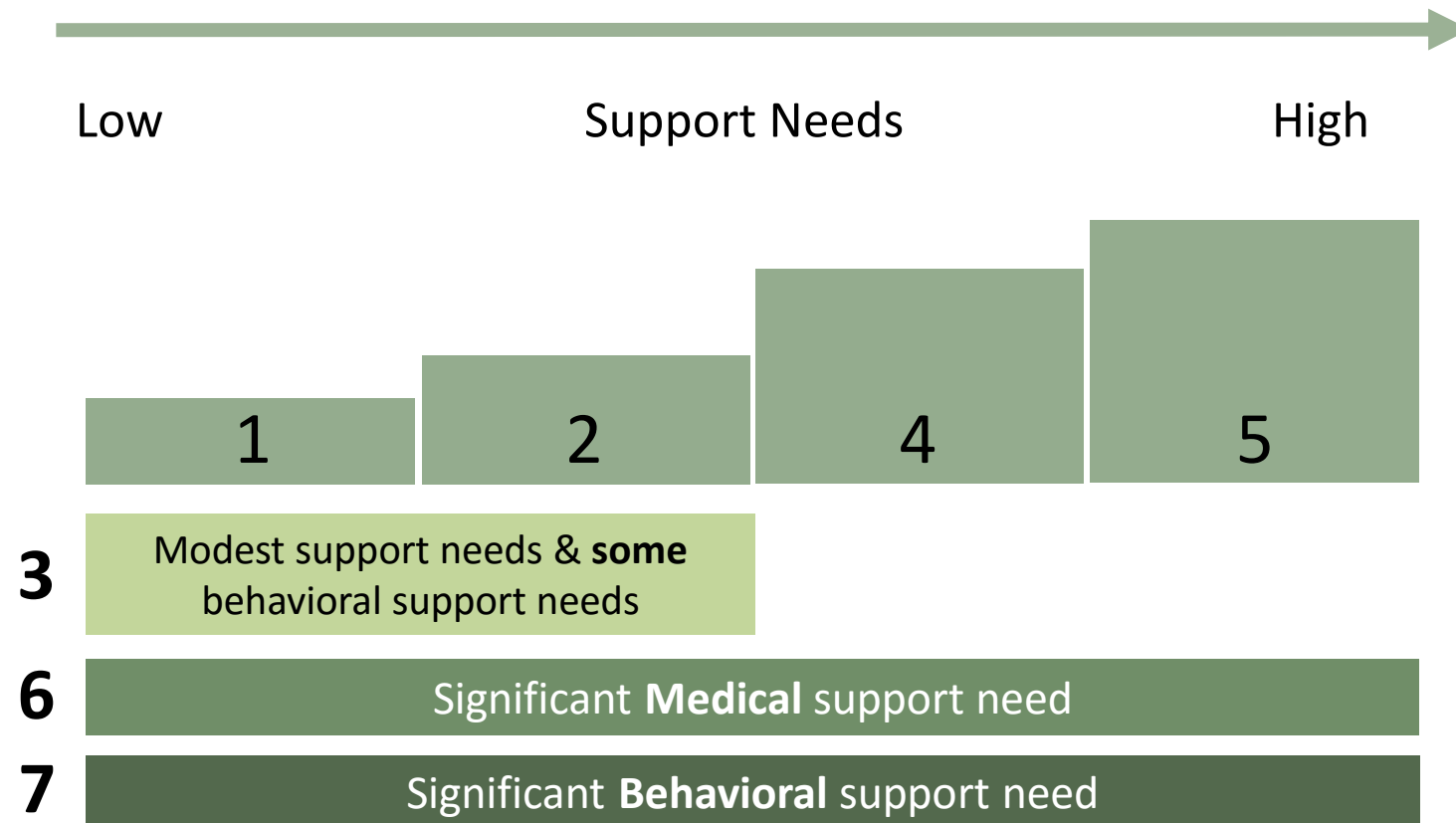
HSRI often adds supplemental questions, pertaining to **extraordinary medical** and **extraordinary behavioral support needs**, to assessment tools to help identify service recipients who have the highest level of support need in these areas.

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

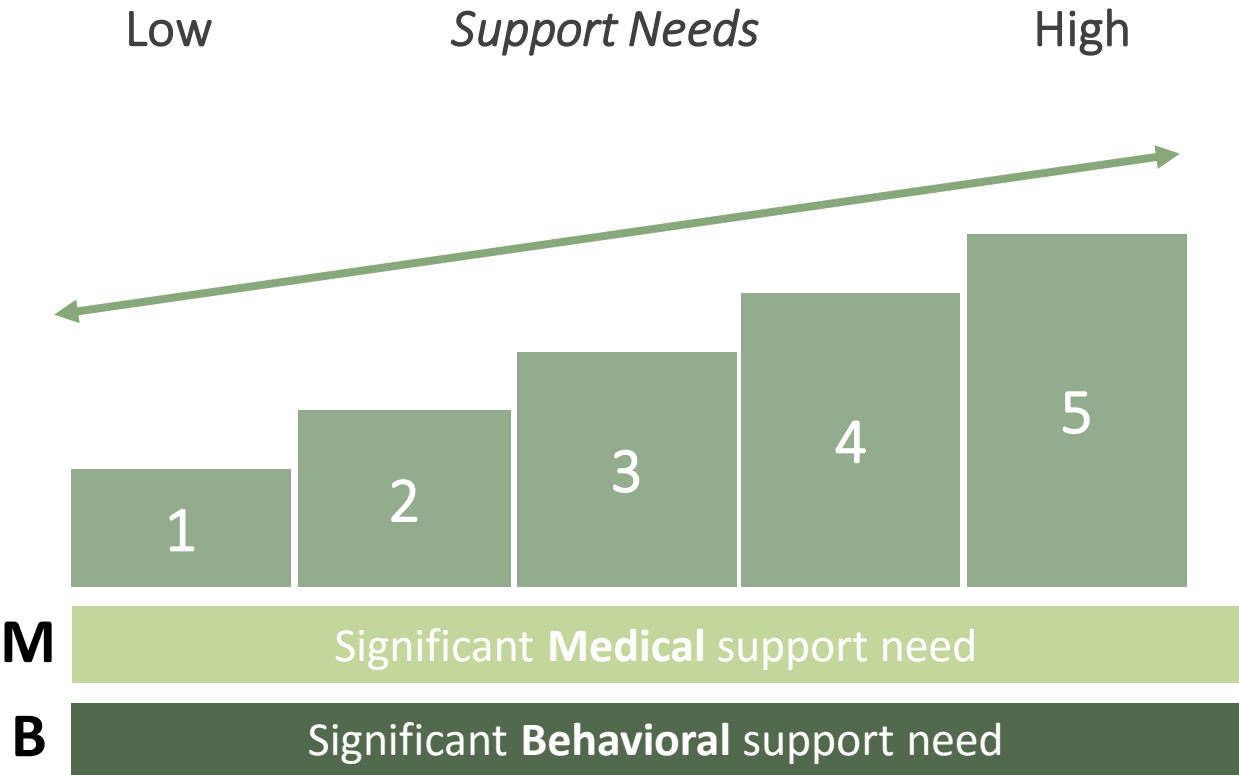
Verification is a process where state staff or other experts in the field review responses to the supplemental questions and actual case records to confirm that a service recipient has the amount and type of extraordinary support need envisioned for inclusion in specialized support levels.



A Seven Support Level Framework



A Five Support Level Framework



Focus on service array

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.

Residential	Home with Family	Day Supports	Capacity Building
Host Home	Family Caregiver	Center-Based	Community Guide
Residential Group Homes	Education and Training	Employment	
Shared Living	Parenting Support (for parents with IDD)	Center-Based	
Supported Living	Respite	Habilitation Services	
	-Center-based	Employment	Peer Support
	-In Community	-Discovery	Peer Support
	-Home Based	-Support	Network Organizing
	In home Support	-Follow along	
		Community	
		Integration/Volunteer	

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

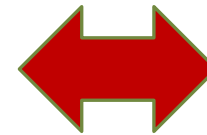
Relevant considerations (“120 questions”)

Provider stakeholder meetings

Proposed rates, impact analyses, and revisions

Proposed rates and public comment

+ Revisions and policy makers publish rates



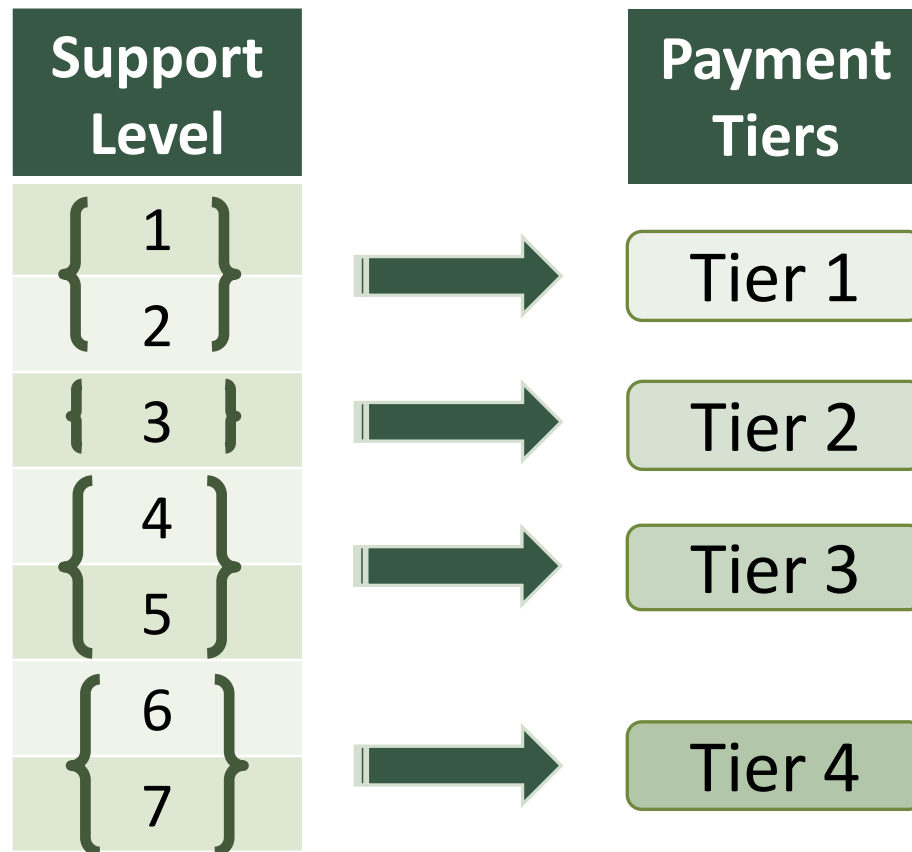
Typical Points of Contention

- 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

Fair -- Ample -- Consistent with Policy Goals

Tiered Rates for Residential Settings

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



Tiered rates are most often applied to fund paid community residences, like group homes, and some day services

Examples of tiered schedules

Day Services – center based		
Tier 1	hourly	\$10.00
Tier 2	hourly	\$13.25
Tier 3	hourly	\$15.50
Tier 4	hourly	\$20.00

Day Services – community based		
Tier 1	hourly	\$16.00
Tier 2	hourly	\$18.25
Tier 3	hourly	\$21.50
Tier 4	hourly	\$25.00

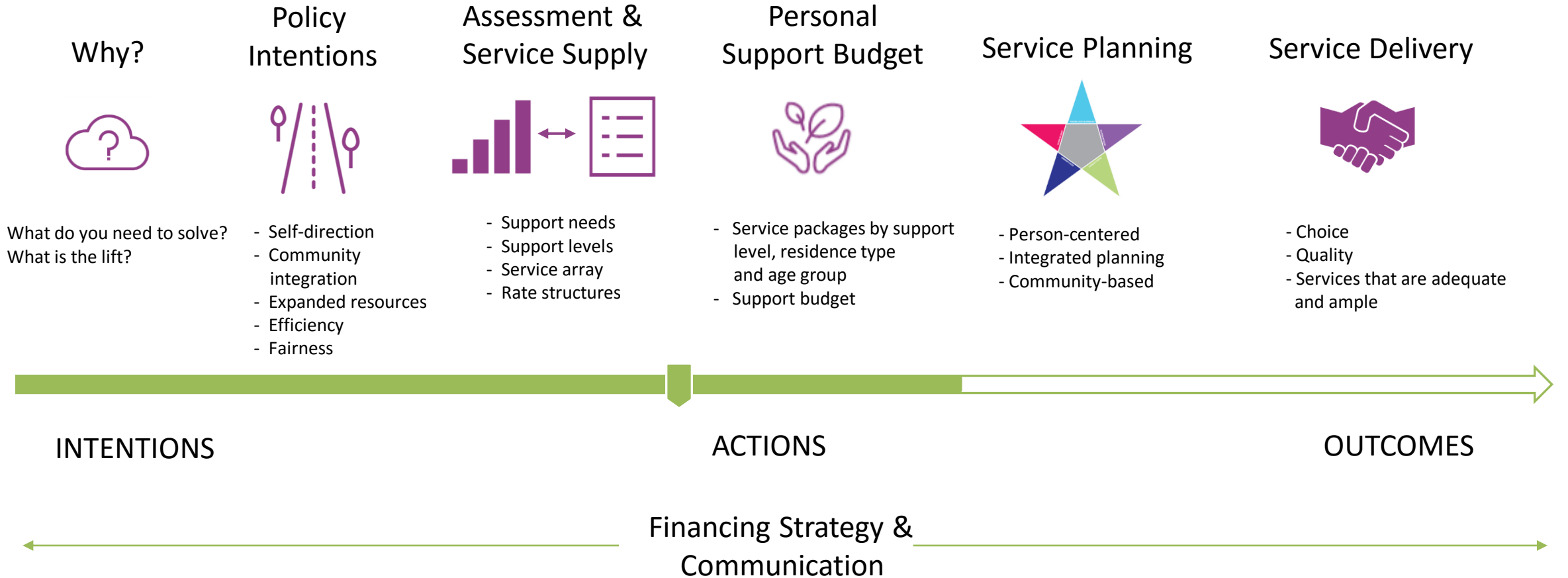
Supported Living		
Tier 1	Daily	\$160.00
Tier 2	Daily	\$208.25
Tier 3	Daily	\$242.71
Tier 4	Daily	\$342.56

Host Home		
Tier 1	Daily	\$141.00
Tier 2	Daily	\$183.61
Tier 3	Daily	\$243.98
Tier 4	Daily	\$301.23

Examples Only
These are NOT REAL

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.



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.

Service Packages



Support Level	Family Home	Own Home	Group Home	Host Home
1	x	x	x	x
2	x	x	x	x
3	x	x	x	x
4	x	x	x	x
5	x	x	x	x
6	x	x	x	x
7	x	x	x	x

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.

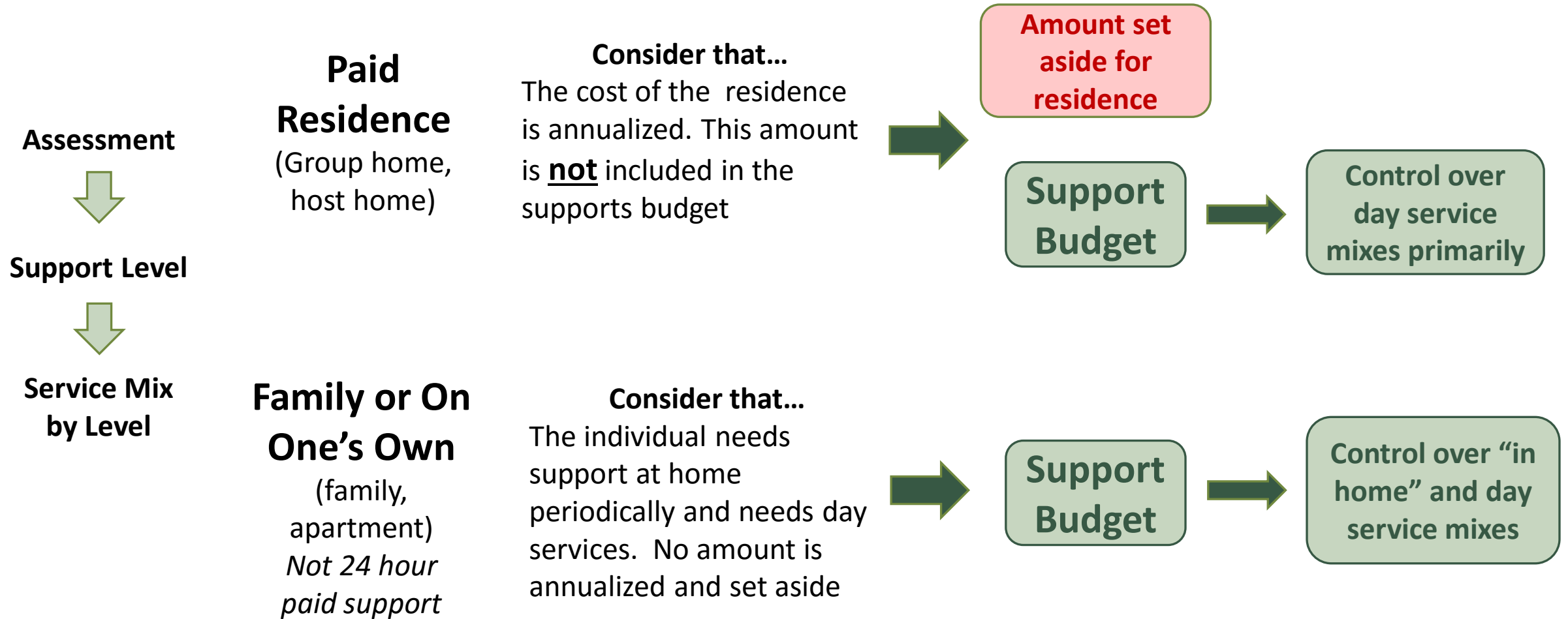
Developing service packages or mixes

- **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!



Example Living w/ Family Service Package

Living with Family

Services		Levels						
		1	2	3	4	5	6	7
Residential	In-Home Residential (Hrs/day)	1	3	3	4	4	6	6
Personal Care	Personal Care (Hrs/wk)	14	14	28	28	28	40	40
Total (Hrs/Day)		3	5	7	8	8	11.71	11.71
Day Services	Total Day Support (Hrs/Wk)	12	18	20	20	20	5	5
	Group Day (In Center)	10	15	10	10	10	0	0
	Community Access (1:1)	0	0	2	2	5	5	5
	Community Engagement	2	5	8	8	5	0	0
	Hours Working/Wk (With or without paid support)	15	12	10	10	10	5	5
	Total Employment Support (Hrs/Wk)	7	10	10	10	10	5	5
	Individual Supported Employment	2	1	0.5	0.5	0.5	0	0
	Group Supported Employment	5 at 1:2-4	5 at 1:2-4	5 at 1:2	5 at 1:2	5 at 1:2	5 at 1:2	5 at 1:2
Supported Employment Wraparound	0	4	4.5	4.5	4.5	0	0	
Total (Hrs/Wk)		19	28	30	30	30	10	10

Example Group Home Service Package

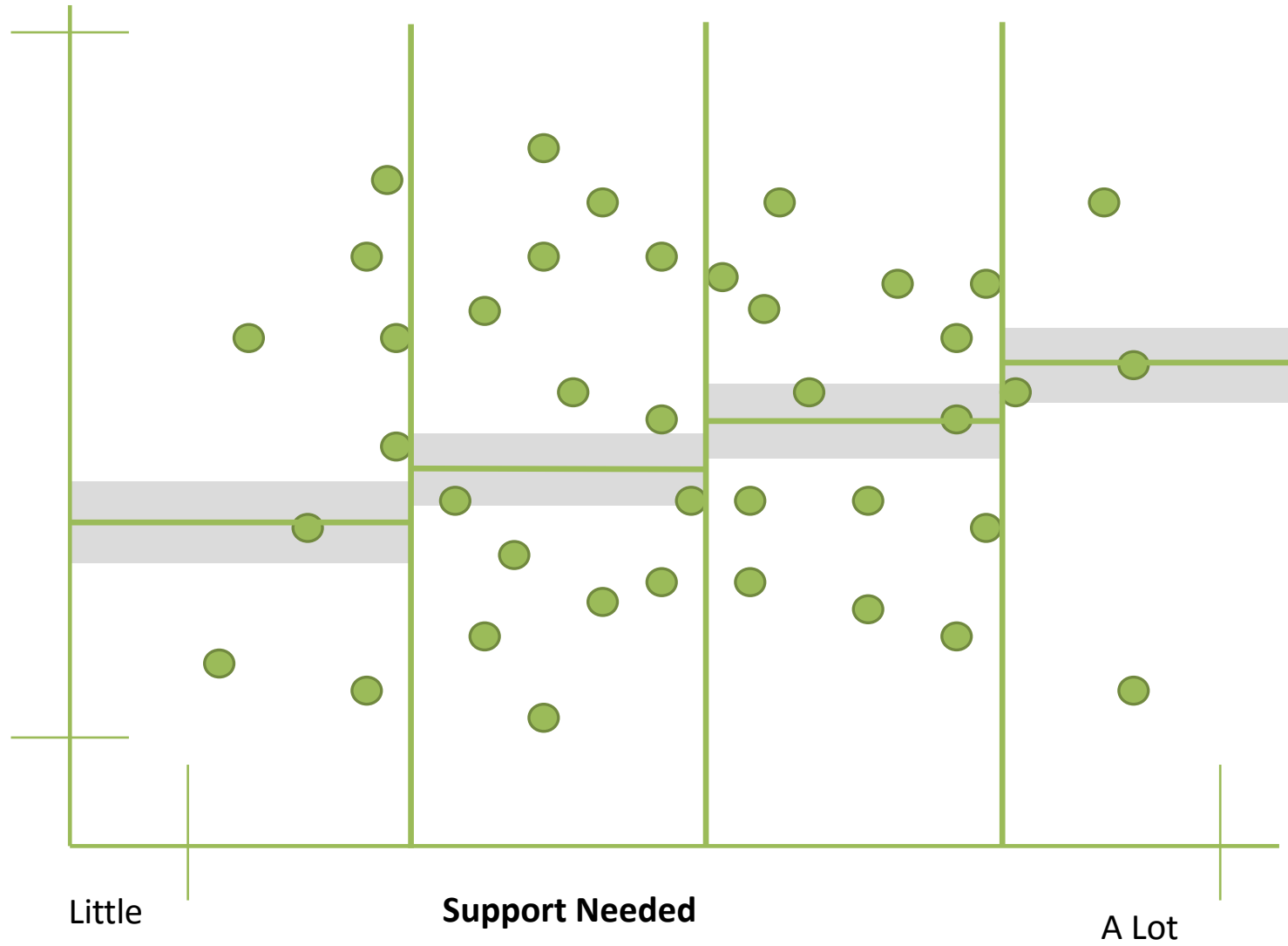
Group Home

Services		Levels						
		1	2	3	4	5	6	7
Residential	Group Home (Congregate Residential)	365	365	365	365	365	365	365
Personal Care	Personal Care (Hrs/wk)	0	0	0	0	0	0	0
Total								
Day Services	Total Day Support (Hrs/Wk)	12	18	20	20	20	25	25
	Group Day (In Center)	10	15	10	10	10	15	15
	Community Access (1:1)	0	0	2	2	5	5	5
	Community Engagement	2	3	8	8	5	5	5
	Hours Working/Wk (With or without paid support)	15	12	10	10	10	5	5
	Total Employment Support (Hrs/Wk)	7	10	10	10	10	5	5
	Individual Supported Employment	2	1	0.5	0.5	0.5	0.5	0.5
	Group Supported Employment	5 at 1:2-4	5 at 1:2-4	5 at 1:2	5 at 1:2	5 at 1:2	0	0
	Supported Employment Wraparound	0	4	4.5	4.5	4.5	4.5	4.5
Total (Hrs/Wk)		19	28	30	30	30	30	30

A Lot

\$

Little



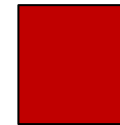
What about exceptions?

Everyone is unique!

The supports budgeting process may account for most people.

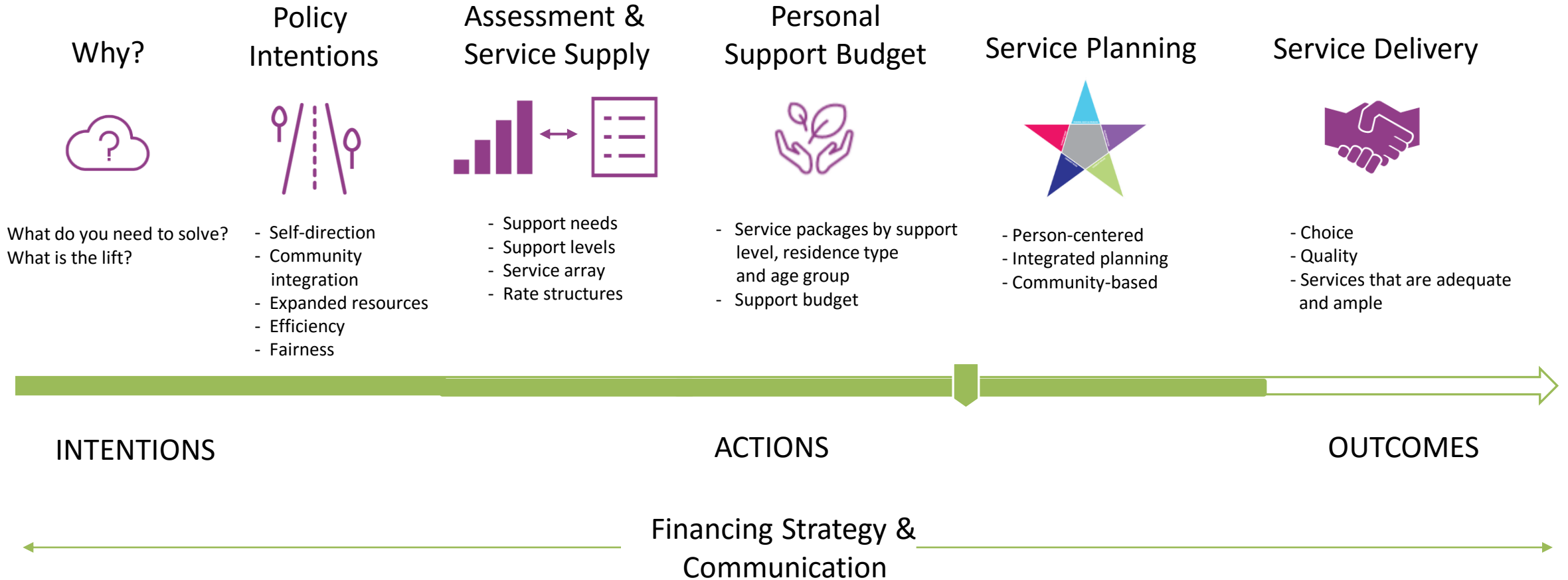
Yet some people will have exceptional needs and must be considered one by one.

An *Exceptions Process* is designed to assure that these individuals have their needs met.



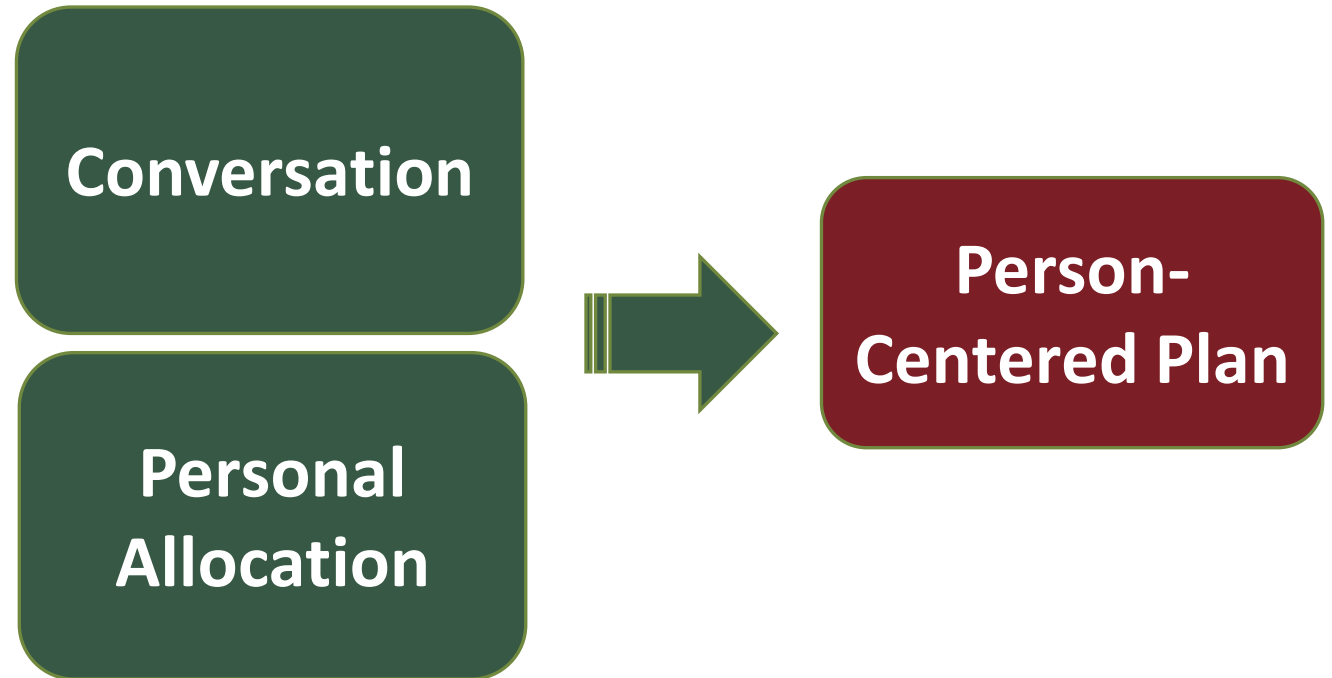
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Person-Centered Planning

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.

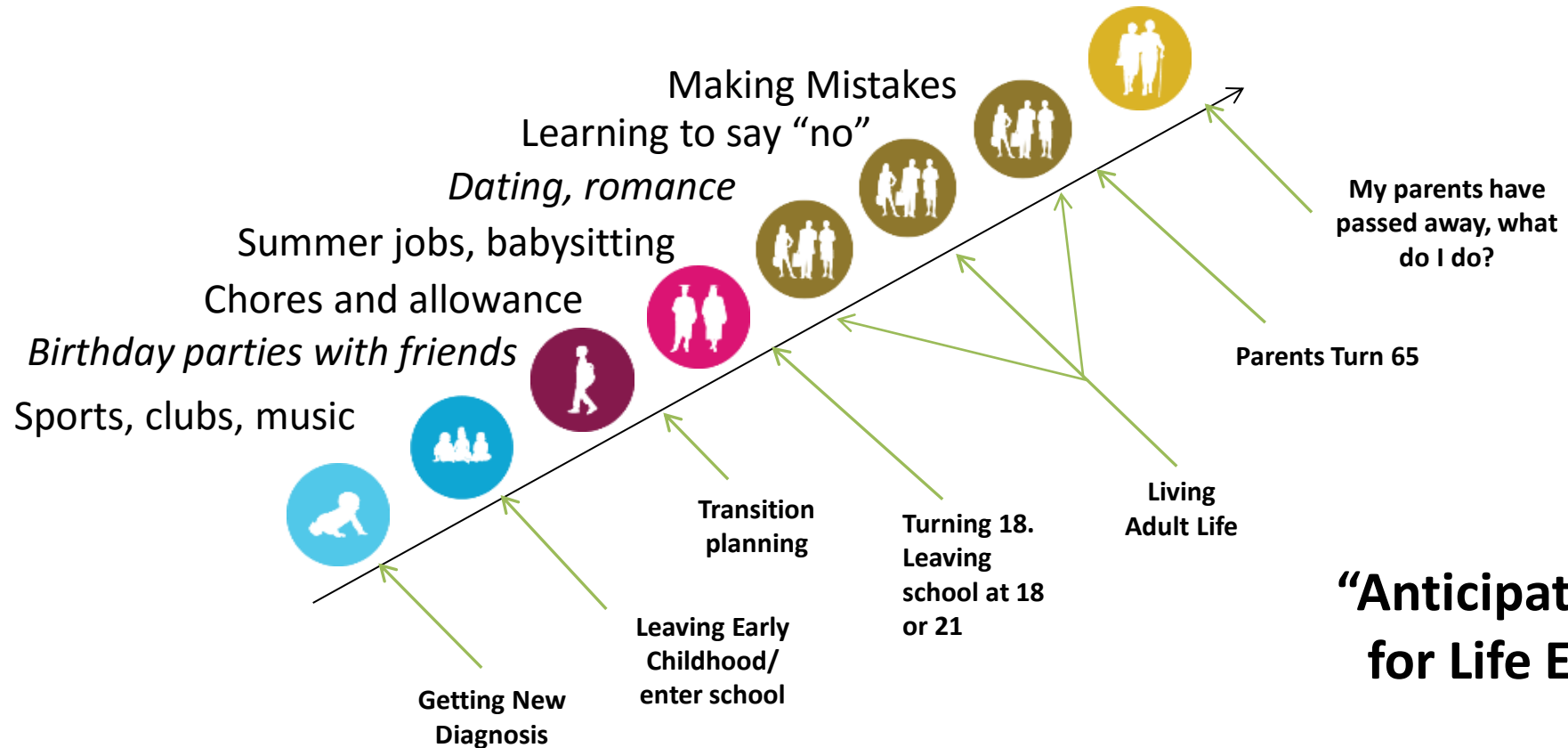
Individuals work with their circle of support to decide on the other types of support that they require to achieve their

All paid and non-paid supports work in harmony to help the person achieve their defined goals.



Source: <http://supportstofamilies.org/>

Focusing on Life Experiences and Life Transitions









“Anticipatory Guidance for Life Experiences”



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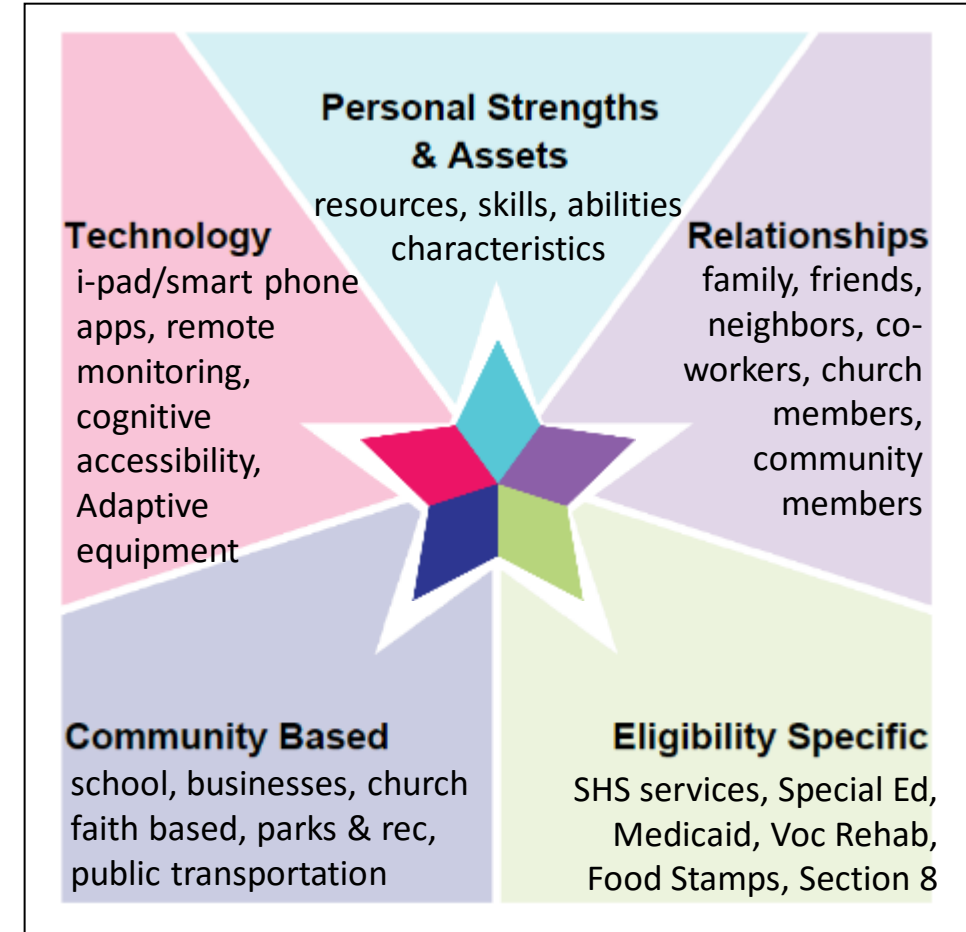
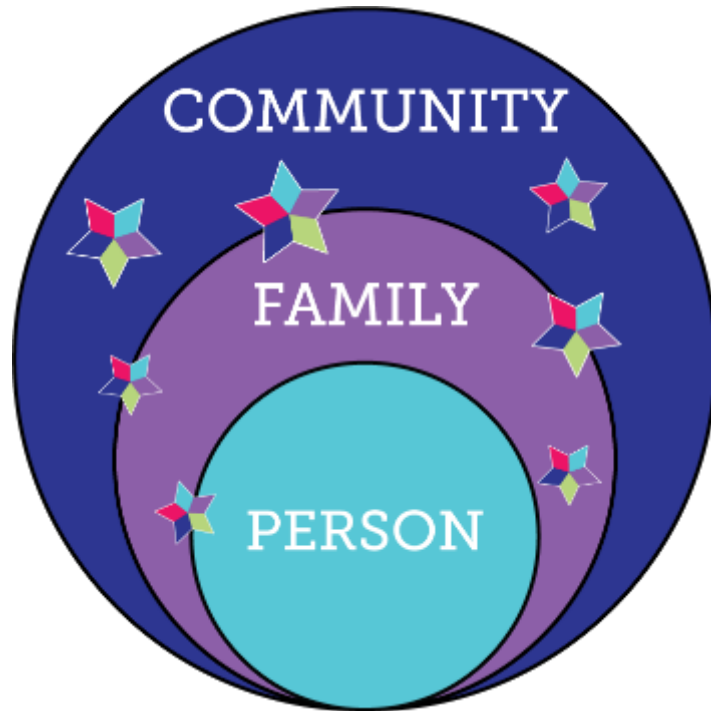


To address a person's identified needs, many types of supports could be used.

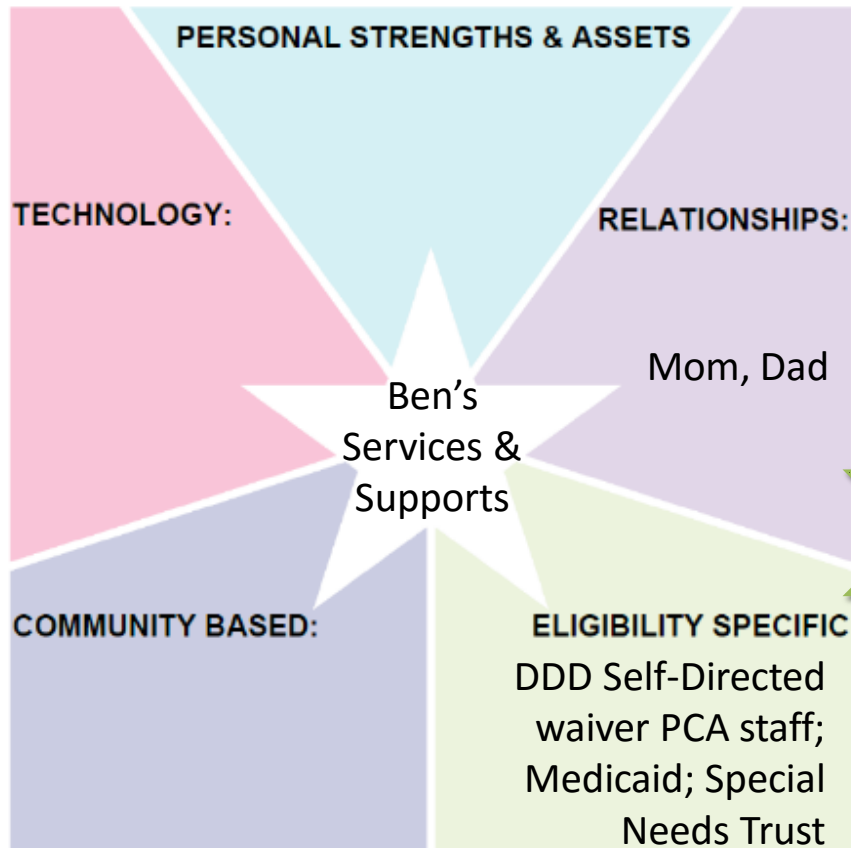
-  *Personal strengths & assets* – When a person is on their own without assistance from others.
-  *Relationship-based supports*– Provided by family or friends who are not being paid to provide support
-  *Community-based support* – Provided by community serving organizations or businesses, or other 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



Ben's Services and Supports



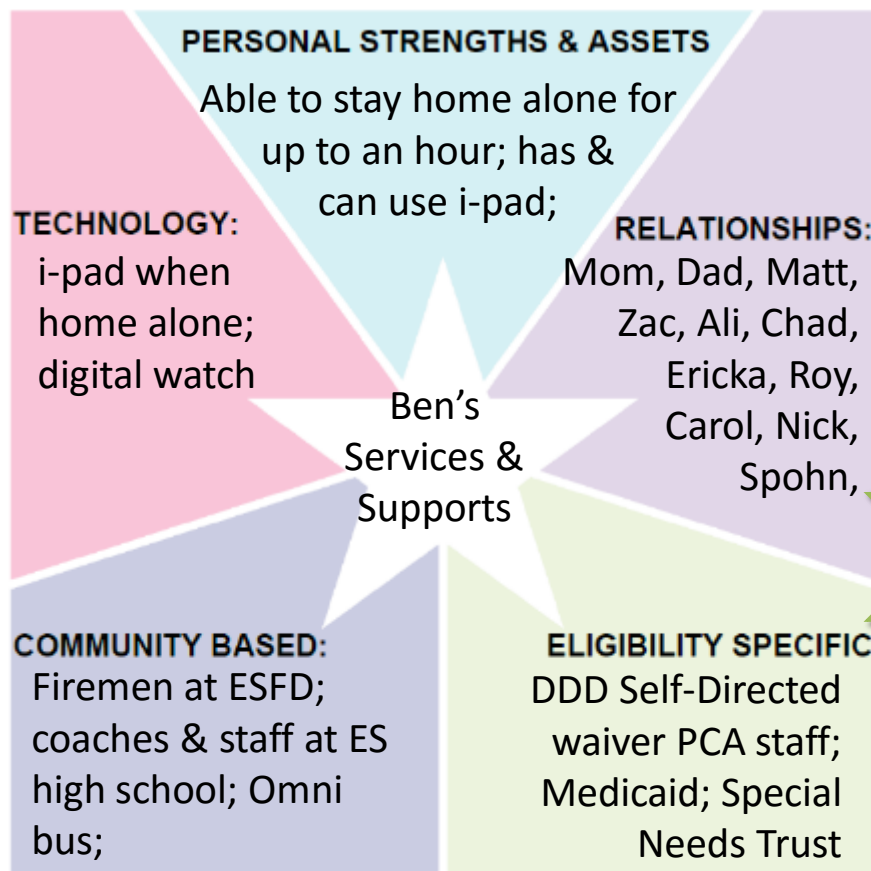
Long Term Service and Support Needs

Time	Mon	Tues	Wed	Thurs	Fri	Sat	Sun					
6:30 AM	Parents get Ben out of bed, assist with breakfast, shower, getting dressed and ready for his day											
6:36-7 AM												
7:30-8 AM												
8:30-9 AM												
8:30-9 AM	Waiver Self-Directed PCA					Parents are weekend support						
9:30-10 AM												
10:30-11 AM												
11:30-12 PM												
12:30-1 PM												
1:30-2 PM												
2:30-3 PM												
3:30-4 PM												
4:30-5 PM												
5:30-6 PM												
6:30-7 PM								Mom and Dad provide all support, including meals, transportation and support for activities, etc.				
6:36-7 PM												
7:30-8 PM												
8:30-9 PM												
9:30-10 PM												
10 PM-6 AM												

Template by Missouri Family to Family @ UMKC IHD, UCEDD December 2011



Ben's Services and Supports



Long Term Service and Support Needs

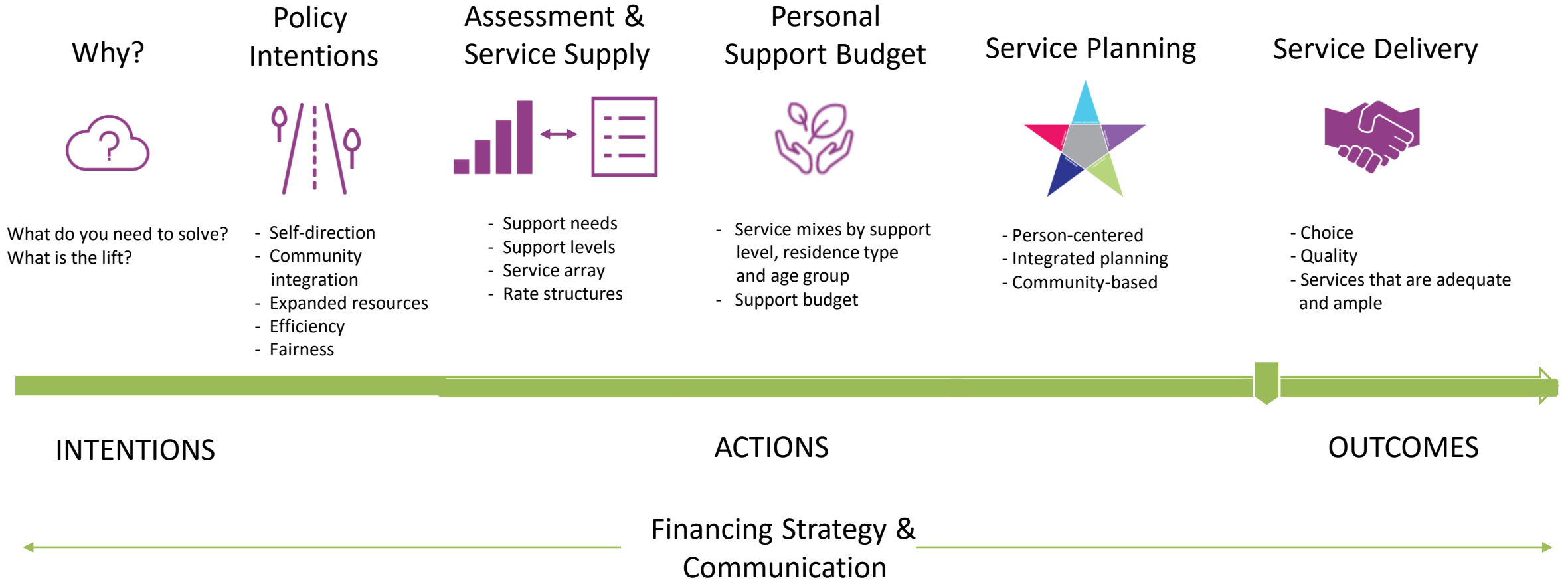
Time	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
6-6:30 AM	Parents get Ben out of bed, assist with breakfast, shower, getting dressed and ready for his day						
6:30-7 AM	Parents support Ben						
7-7:30 AM	Parents support Ben						
7:30-8 AM	Parents support Ben						
8-8:30 AM	Waiver Self-Directed PCA	Volunteers Fire Dept Supported as needed by firemen	Waiver Self-Directed PCA	Volunteers Fire Dept Supported as needed by firemen	Waiver Self-Directed PCA		
8:30-9 AM							
9-9:30 AM	Waiver Self-Directed PCA	Volunteers Fire Dept Supported as needed by firemen	Waiver Self-Directed PCA	Volunteers Fire Dept Supported as needed by firemen	Waiver Self-Directed PCA		
9:30-10 AM							
10-10:30 AM	Waiver Self-Directed PCA	Volunteers Fire Dept Supported as needed by firemen	Waiver Self-Directed PCA	Volunteers Fire Dept Supported as needed by firemen	Waiver Self-Directed PCA		St. Ann's w/ mom
10:30-11 AM							
11-11:30 AM	Waiver Self-Directed PCA	Volunteers Fire Dept Supported as needed by firemen	Waiver Self-Directed PCA	Volunteers Fire Dept Supported as needed by firemen	Waiver Self-Directed PCA		Home alone while Mom walks
11:30-12 PM							
12-12:30 PM	Waiver Self-Directed PCA	Volunteers Fire Dept Supported as needed by firemen	Waiver Self-Directed PCA	Volunteers Fire Dept Supported as needed by firemen	Waiver Self-Directed PCA		Home alone while Mom walks
12:30-1 PM							
1-1:30 PM	Waiver Self-Directed PCA	Volunteers Fire Dept Supported as needed by firemen	Waiver Self-Directed PCA	Volunteers Fire Dept Supported as needed by firemen	Waiver Self-Directed PCA		Home alone while Mom walks
1:30-2 PM							
2-2:30 PM	Volunteer at high school, supported by coaches and friends						
2:30-3 PM	Volunteer at high school, supported by coaches and friends						
3-3:30 PM	Volunteer at high school, supported by coaches and friends						
3:30-4 PM	Volunteer at high school, supported by coaches and friends						
4-4:30 PM	Volunteer at high school, supported by coaches and friends						
4:30-5 PM	Volunteer at high school, supported by coaches and friends						
5-5:30 PM	Volunteer at high school, supported by coaches and friends						
5:30-6 PM	Mom and/or Dad prepare meal and assist as needed						
6-6:30 PM	Mom and/or Dad prepare meal and assist as needed						
6:30-7 PM	Home alone while Mom walks						
7-7:30 PM	WWE With Matt	Home alone while Mom walks			Dinner w/ Roy & Carol & family		
7:30-8 PM		Home alone while Mom walks					
8-8:30 PM	WWE With Matt	Home alone while Mom walks			Dinner w/ Roy & Carol & family		
8:30-9 PM		Home alone while Mom walks					
9-9:30 PM	WWE With Matt	Home alone while Mom walks			Dinner w/ Roy & Carol & family		Nick's Birthday Party with Matt and friends
9:30-10 PM		Home alone while Mom walks					
10 PM-6 AM	Mom and Dad are overnight staff						

Template by Missouri Family to Family @ UMKC-IHD, UCEDD January 2015



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Virginia Department of
Behavioral Health &
Developmental Services



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.

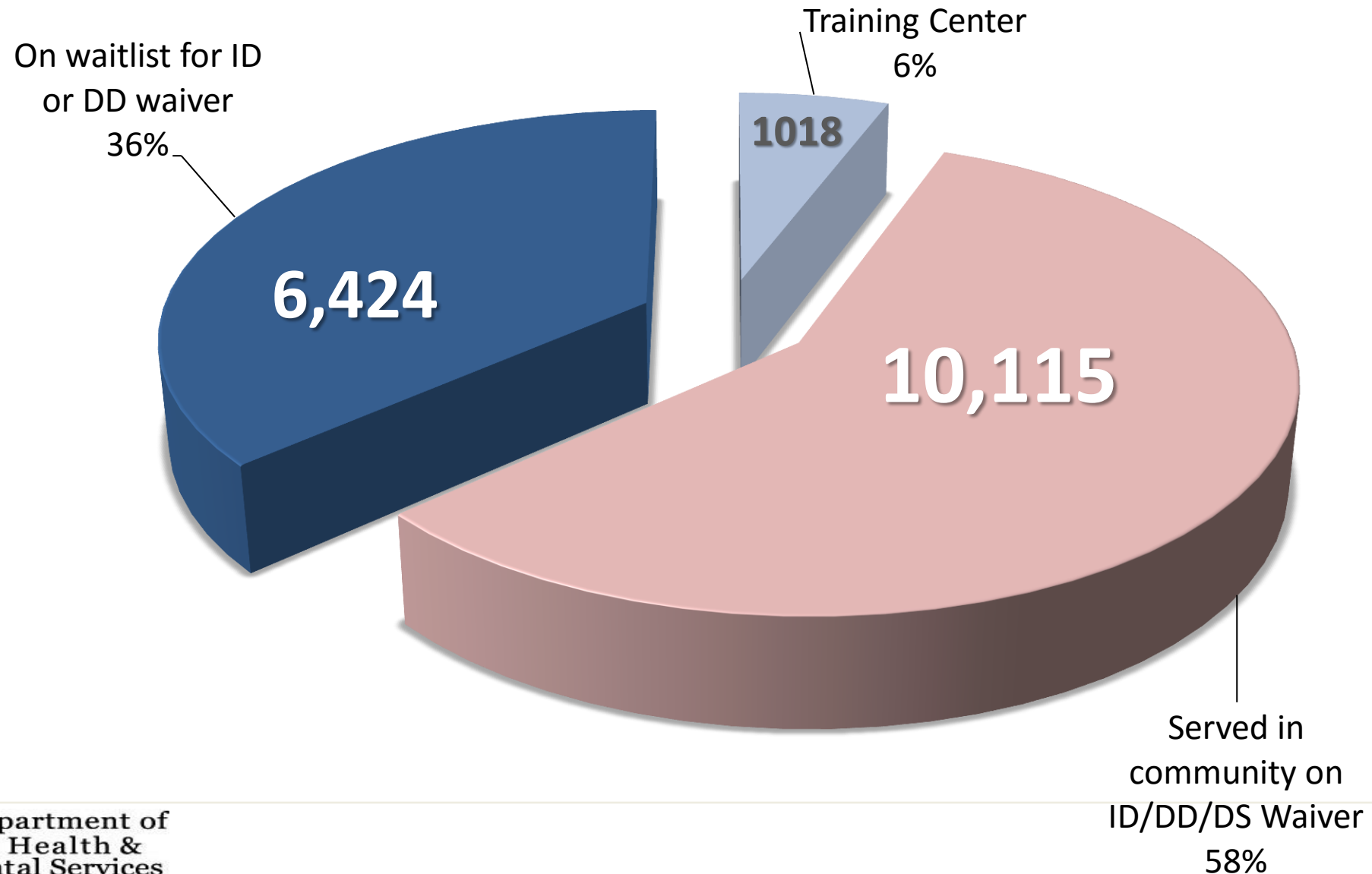


Family & Individual Supports Waiver
For individuals living with their families, friends, or in their own homes

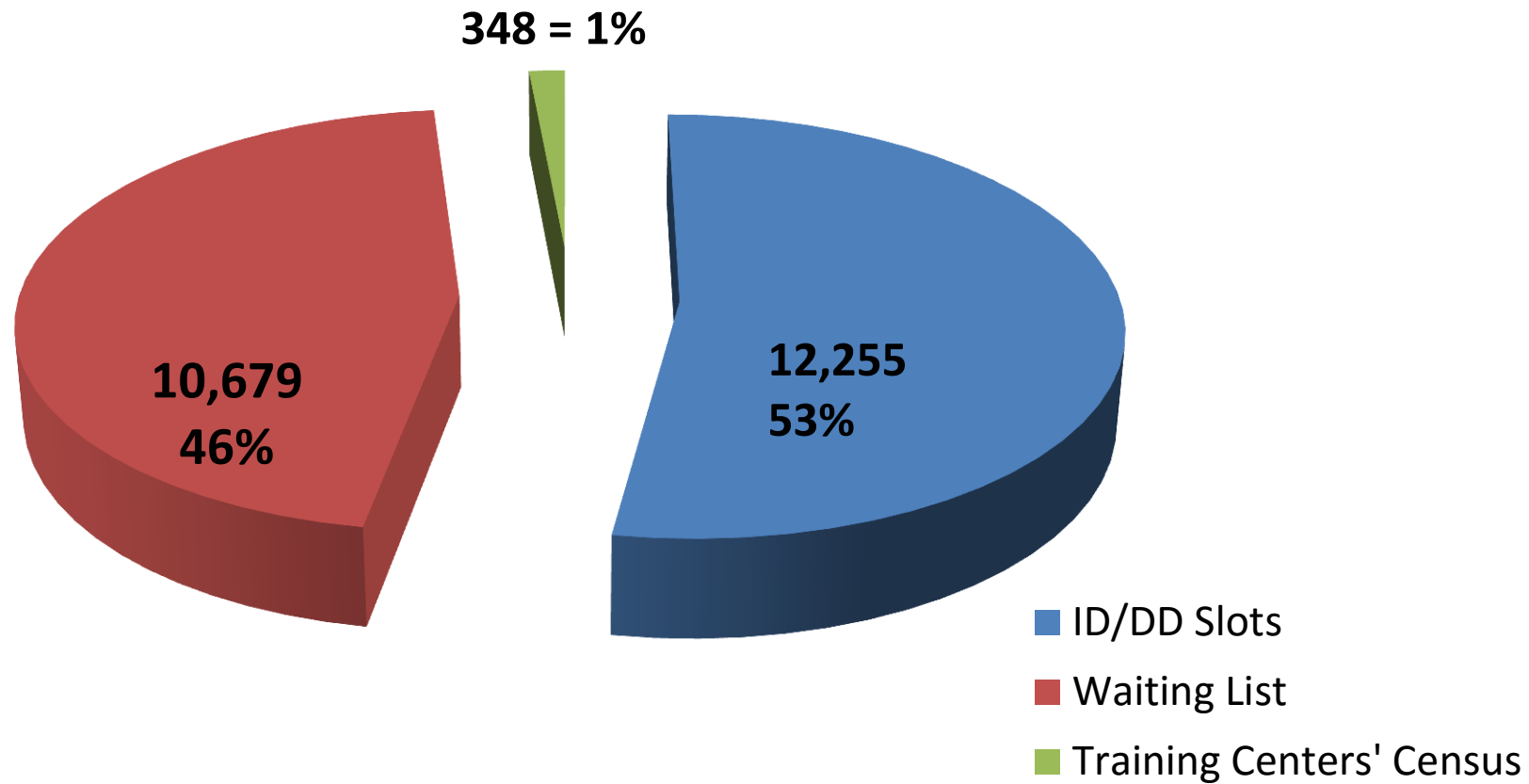


Community Living Waiver
24/7 services and supports for individuals with complex medical and/or behavioral support needs through licensed services.

Virginia's Developmental Disability System – Early 2012



Virginia's Developmental Disability System – Current



A rustic wooden fence made of logs and branches, set in a lush green forest. The fence runs across the middle of the frame, with trees and foliage in the background.

HCBS Settings Requirements

Inadequate waiver services rates

Increasing HCBS waiver waiting lists

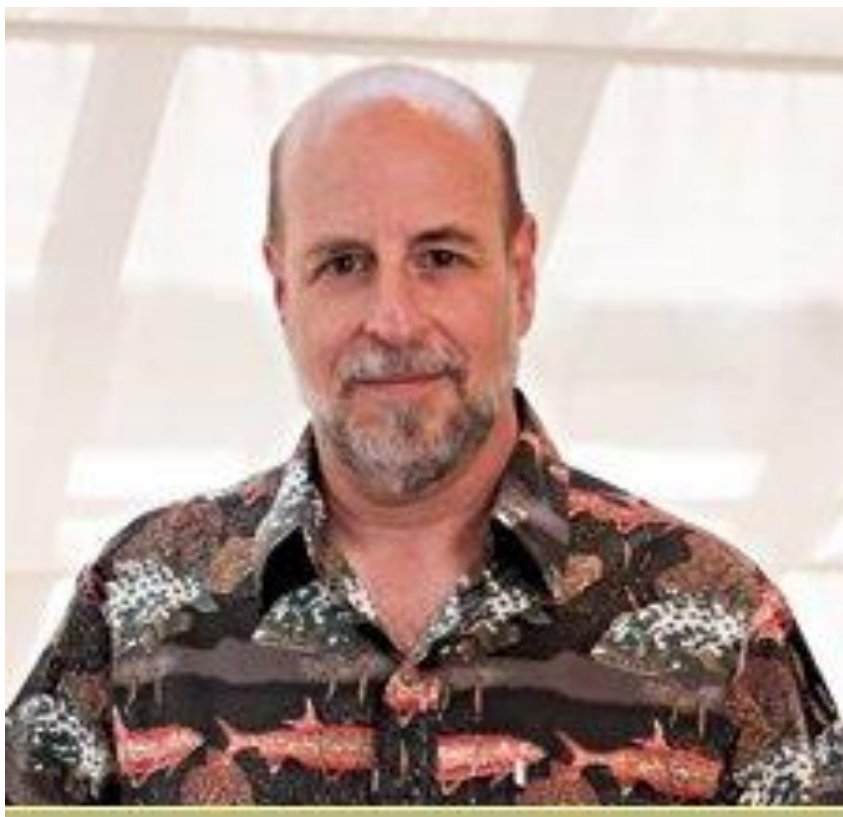
Desire to close 4 of 5 “Training Centers”

45

Budgetary Concerns

Settlement Agreement with the US Department of Justice

Enter HSRI & Burns and Associates

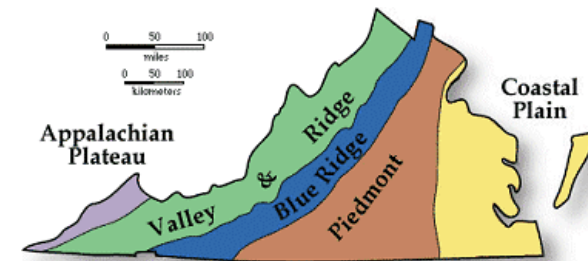
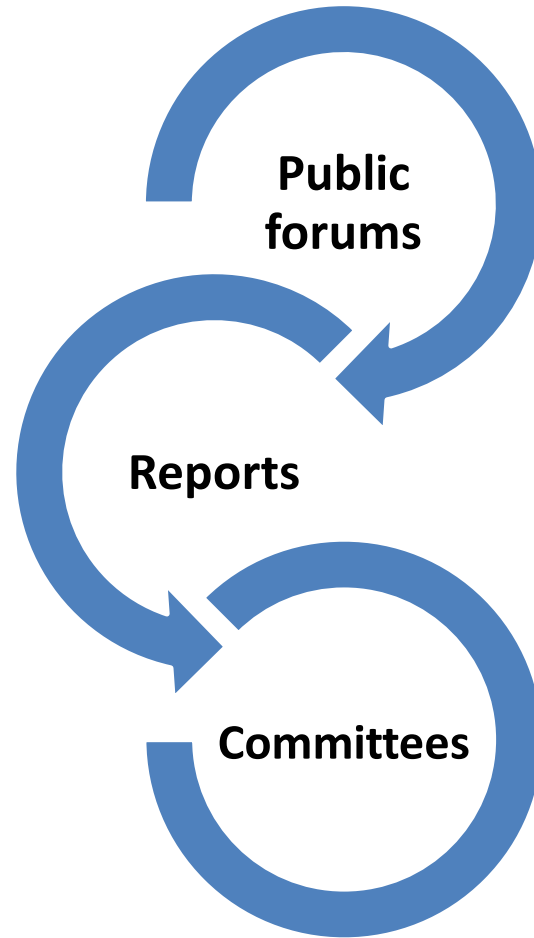


My Life, My Community System Redesign



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

Initial Work

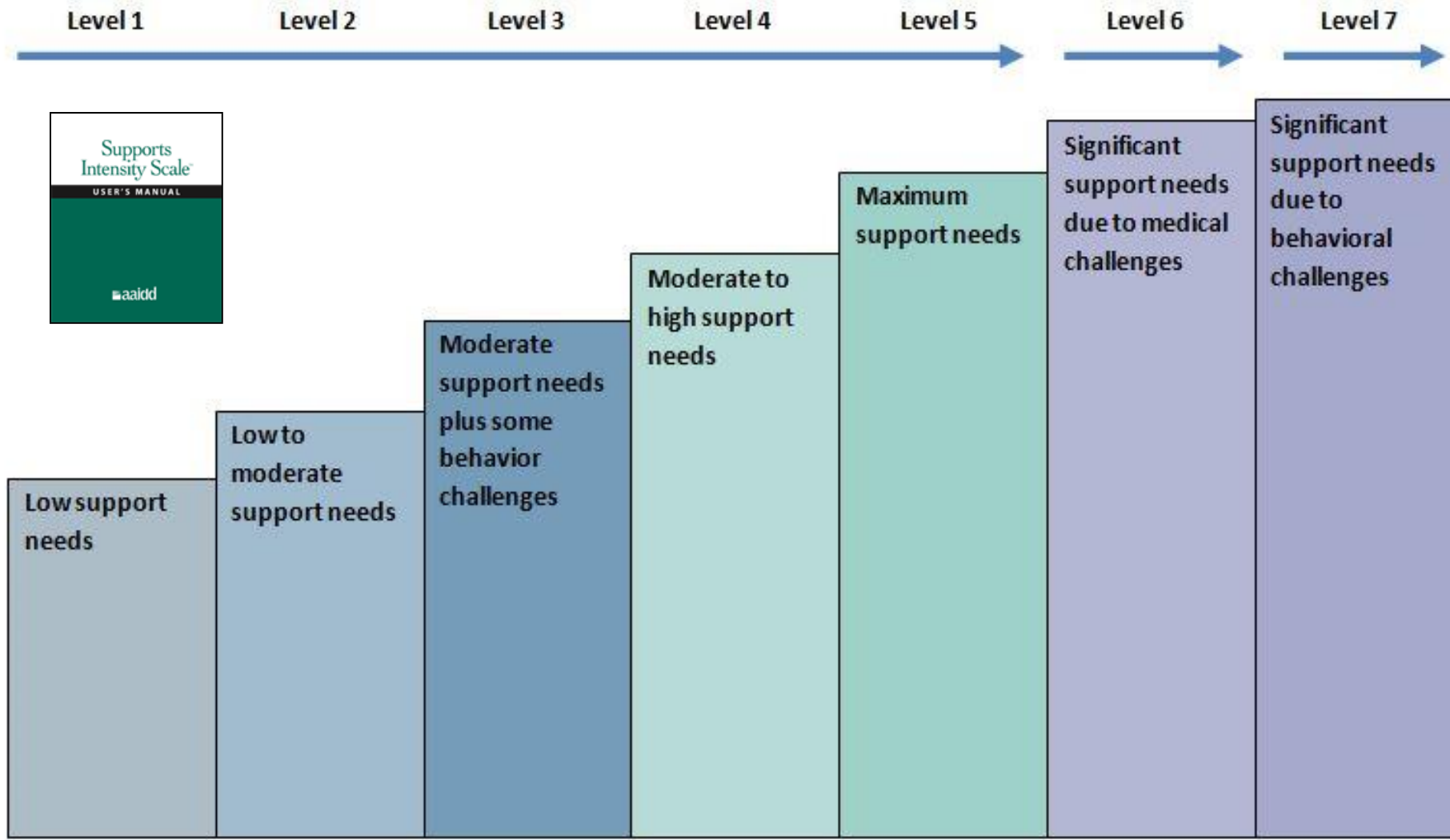


Committees

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



Seven Supports Levels



Reimbursement Tiers

Tier 4

Significant Behavioral Support Needs

1.5% = 173 individuals

Significant Medical Support Needs

6.9% = 794

Maximum Support Needs

5.3% = 610 individuals

Tier 3

High Support Needs

38.7% = 4452 Individuals

Moderate Support Needs + Some Behavioral Support Needs

2.4% = 276 individuals

Tier 2

Moderate Support Needs

37.9% = 4360 individuals

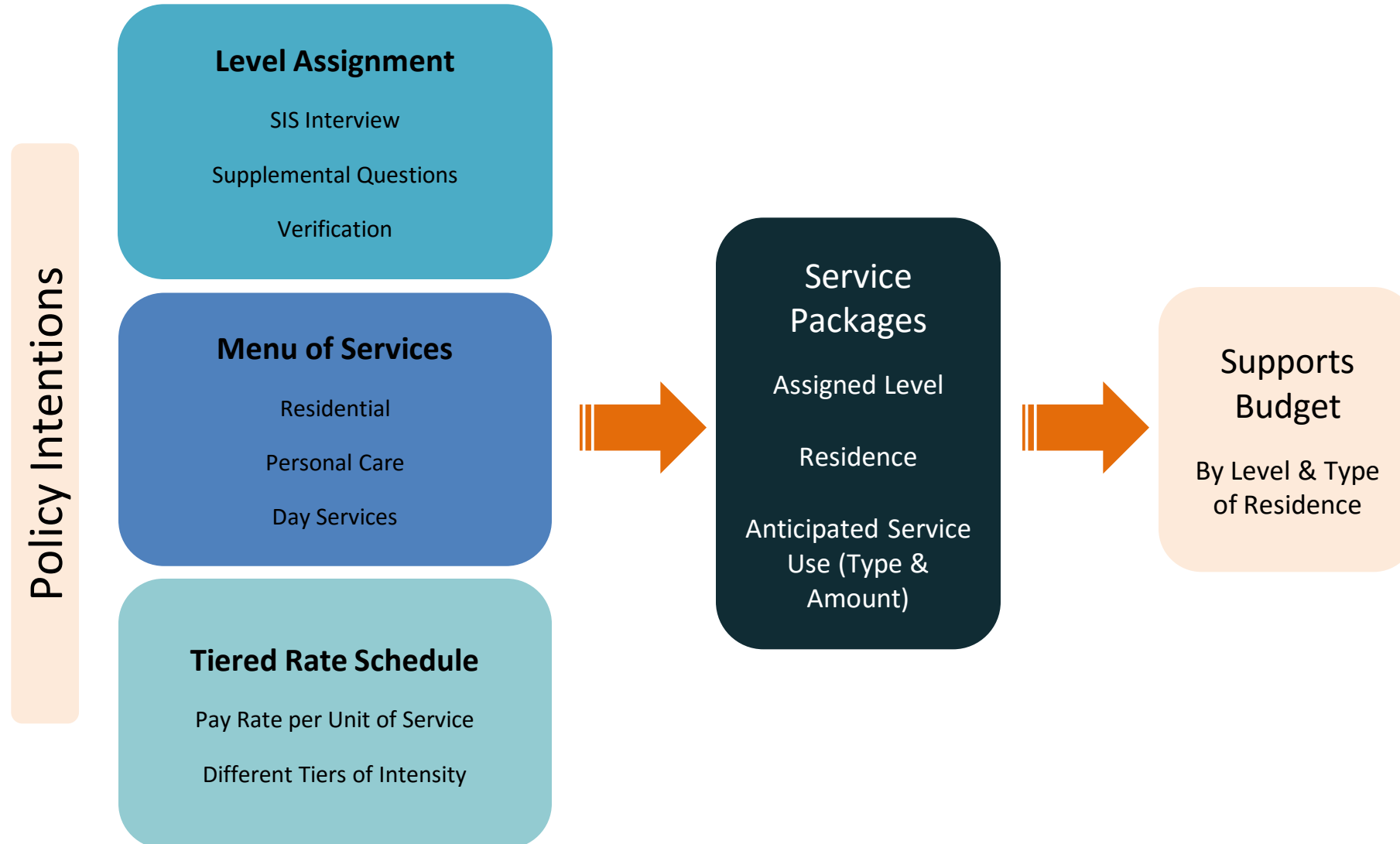
Tier 1

Mild Support Needs

7.3% = 840 individuals



Service Packages and Supports Budgets

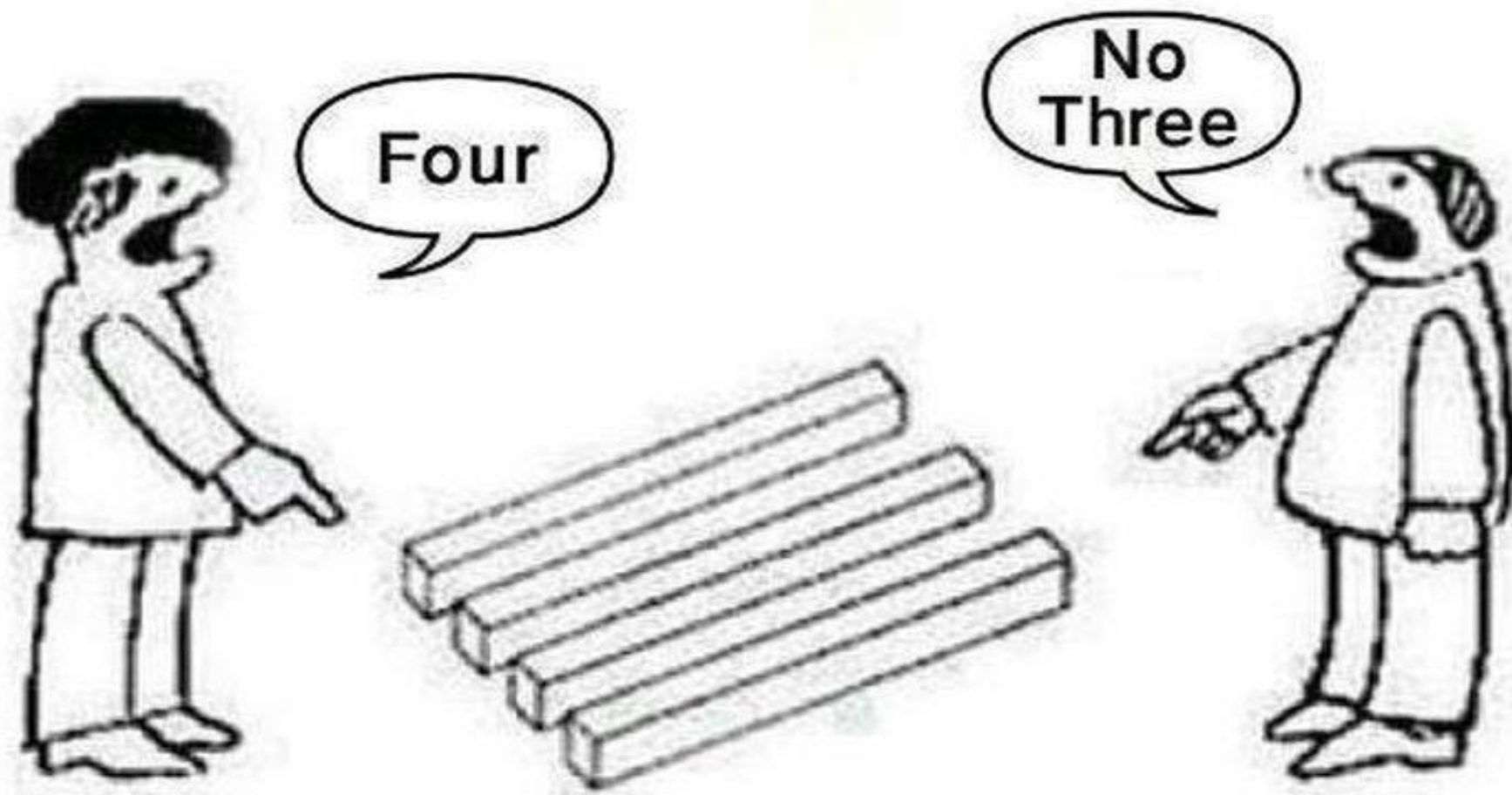




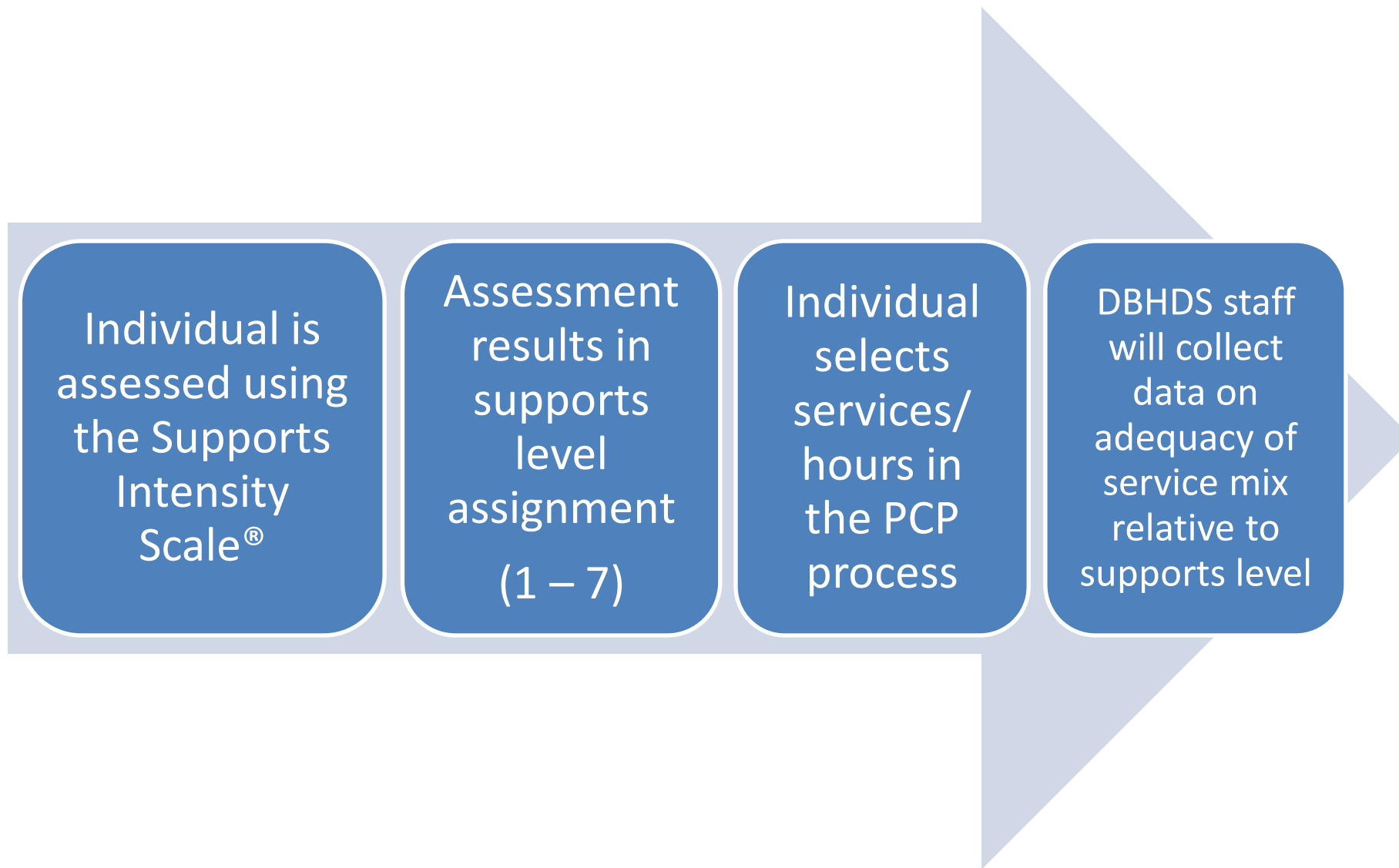
**“Supports
Budgets? You
never said
anything
about that!”**

Lesson Learned

It is really confusing!!!



Taking a Step Back



Lesson Learned



**KEEP
CALM
AND
KEEP MOVING
FORWARD**

My Life, My Community

*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.mylifemycommunityvirginia.org

Personal Support Budgets in Mississippi

*Supporting a
Better
Tomorrow...Today*



The year was 2011...

(what we had)

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



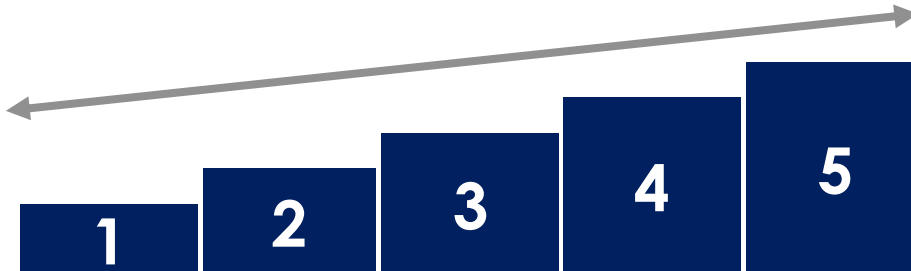
Training on Person Centered Planning for Support Coordinators and Providers



Final Rule



Defining the Support Levels



Support Levels

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

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

Service	Level 1	Level 2	Level 3	Level 4	Level 5
<i>Home and Community Supports</i>	30 hrs/mo	30 hrs/mo	45 hrs/mo	55 hrs/mo	55 hrs/mo
<i>In-Home Respite</i>	30 hrs/mo	30 hrs/mo	45 hrs/mo	55 hrs/mo	55 hrs/mo
<i>Community Respite</i>	40 hrs/mo	40 hrs/mo	40 hrs/mo	40 hrs/mo	40 hrs/mo
<i>Total Hours per Month</i>	100 hrs/mo	100 hrs/mo	130 hrs/mo	150 hrs/mo	150 hrs/mo

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

Service	Level 1	Level 2	Level 3	Level 4	Level 5
<i>Home and Community Supports</i>	30 hrs/mo	30 hrs/mo	45 hrs/mo	55 hrs/mo	55 hrs/mo
<i>In-Home Respite</i>	30 hrs/mo	30 hrs/mo	45 hrs/mo	55 hrs/mo	55 hrs/mo
<i>Total HCS and Respite per Month</i>	60 hrs/mo	60 hrs/mo	90 hrs/mo	110 hrs/mo	110 hrs/mo
<i>Supported Employment</i>	10 hrs/wk	10 hrs/wk	10 hrs/wk	5 hrs/wk	5 hrs/wk
<i>Day Services</i>	20 hrs/wk	20 hrs/wk	20 hrs/wk	25 hrs/wk	25 hrs/wk
<i>Total Day Hours per Week</i>	30 hrs/wk	30 hrs/wk	30 hrs/wk	30 hrs/wk	30 hrs/wk

Adults Receiving Supported Living

Service	Level 1	Level 2	Level 3	Level 4	Level 5
<i>Home and Community Supports</i>	60 hrs/mo	80 hrs/mo	100 hrs/mo	Supported Living Service Package not available to Adults in Level 4 or 5	
Total HCS Respite per Month	60 hrs/mo	80 hrs/mo	100 hrs/mo		
<i>Supported Employment</i>	10 hrs/wk	10 hrs/wk	10 hrs/wk	Service Recipients in these levels can instead access Shared Supported Living or other Residential Options	
<i>Day Services</i>	20 hrs/wk	20 hrs/wk	20 hrs/wk		
Total Day Hours per Week	30 hrs/wk	30 hrs/wk	30 hrs/wk		

Adults Receiving Residential Services (Supervised Living, Shared Supported Living, or Host Home)

Service	Level 1	Level 2	Level 3	Level 4	Level 5
<i>Supported Employment</i>	10 hrs/wk	10 hrs/wk	10 hrs/wk	5 hrs/wk	5 hrs/wk
<i>Day Services</i>	20 hrs/wk	20 hrs/wk	20 hrs/wk	25 hrs/wk	25 hrs/wk
<i>Total Hours per Month</i>	30 hrs/wk	30 hrs/wk	30 hrs/wk	30 hrs/wk	30 hrs/wk

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)

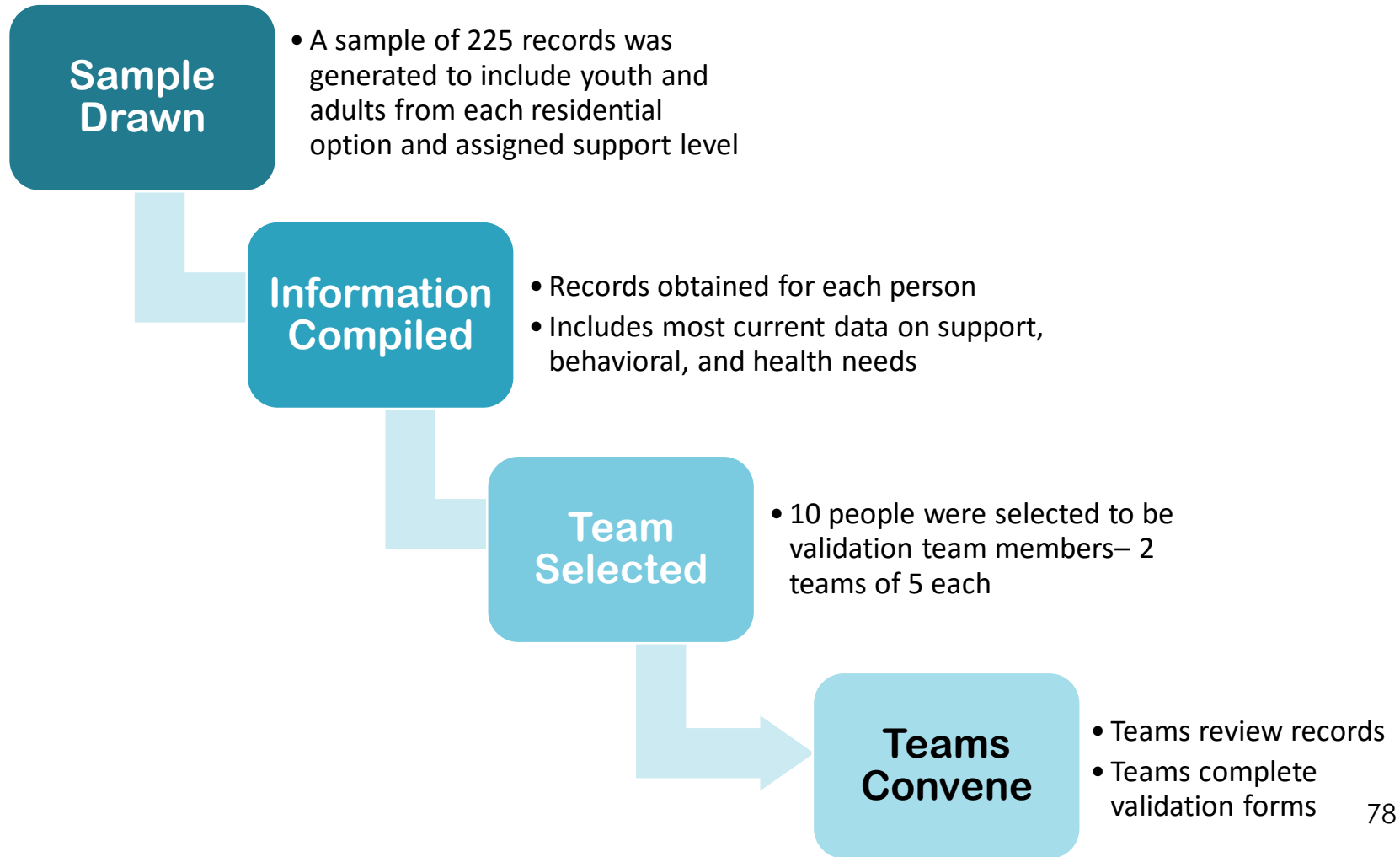
Waiver Amendment submitted to CMS

Exceptions process developed

DMH Operational Standards finalized with new service definitions

Validation Study with HSRI

Service Package Validation Process



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



