



# Resource Allocation

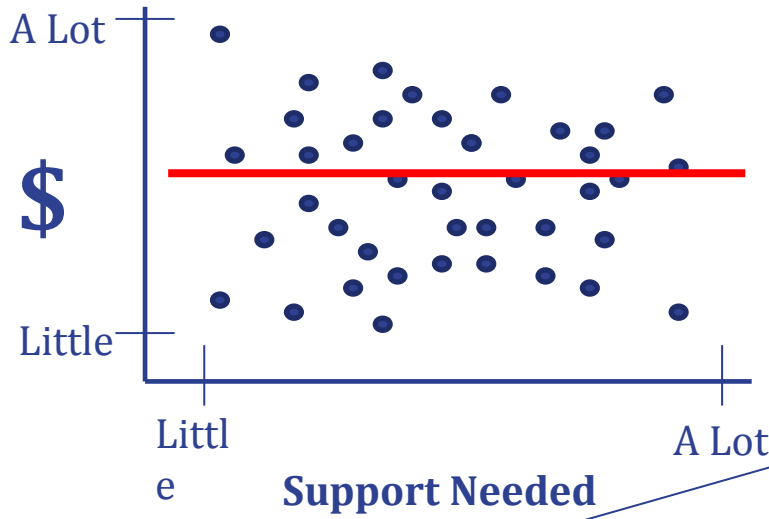
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# Session Law 2011-264



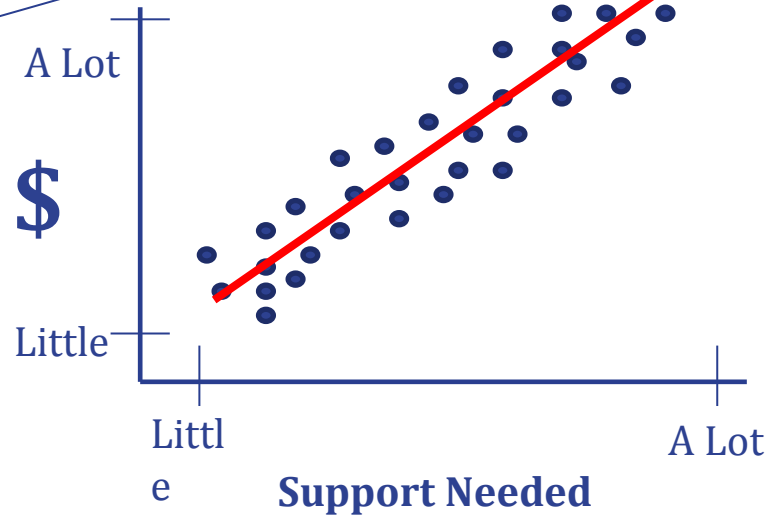
Directed DHHS to use managed care strategies, including care coordination and utilization management, to reduce the trend of escalating costs in the State Medicaid program while ensuring medically necessary care and deploy a system for the allocation of resources based on the reliable assessment of intensity of need. The Department shall design these strategies to efficiently direct consumers to appropriate services and to ensure that consumers receive no more and no less than the amount of services determined to be medically necessary and at the appropriate funding level.

- Resource Allocation is a way that policy makers can make disciplined fiscal choices that are fair, make the best use of available money, but also are consistent with driving system principles.
- Resources are allocated to people based on their assessed level of need, so that each person receives what they need -- no more and no less.
- The resulting model is a “best fit” solution so care must also be taken to accommodate individuals with extraordinary needs.

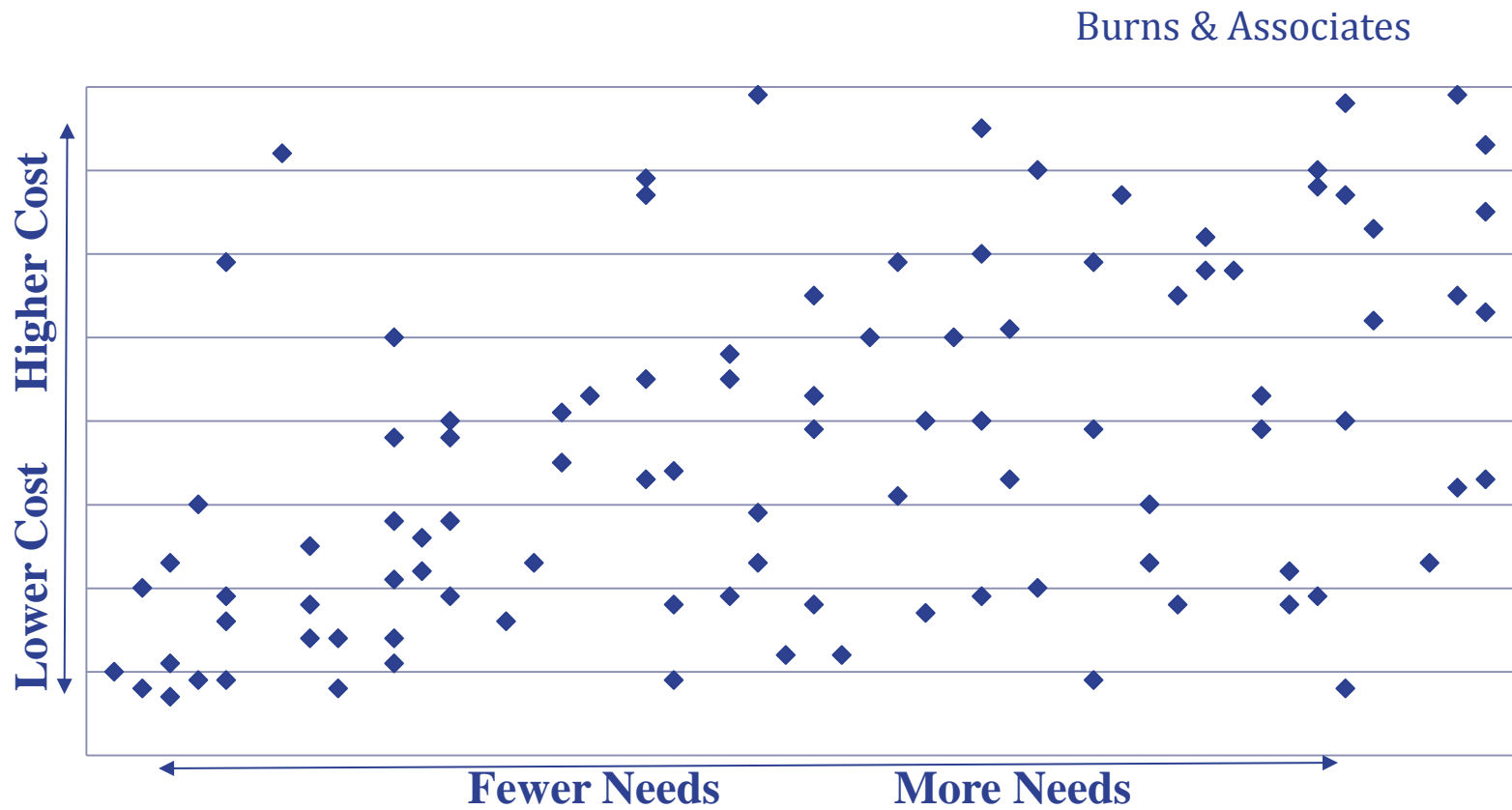


**We want to move from a low correlation like THIS...**

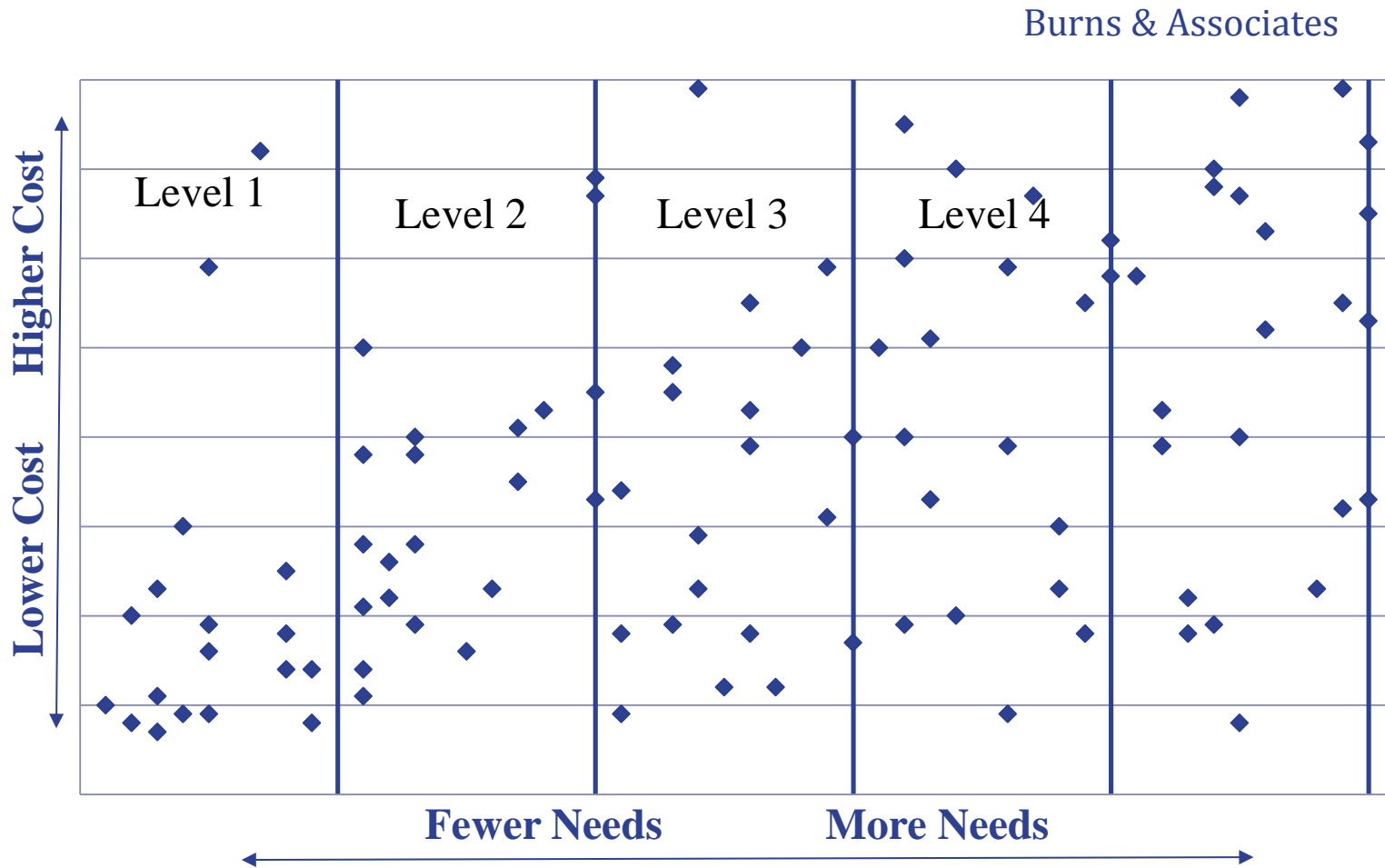
**...to a high correlation like THIS**



Only a modest relationship between needs and supports with significant variability among individuals with similar needs (each diamond represents an individual)

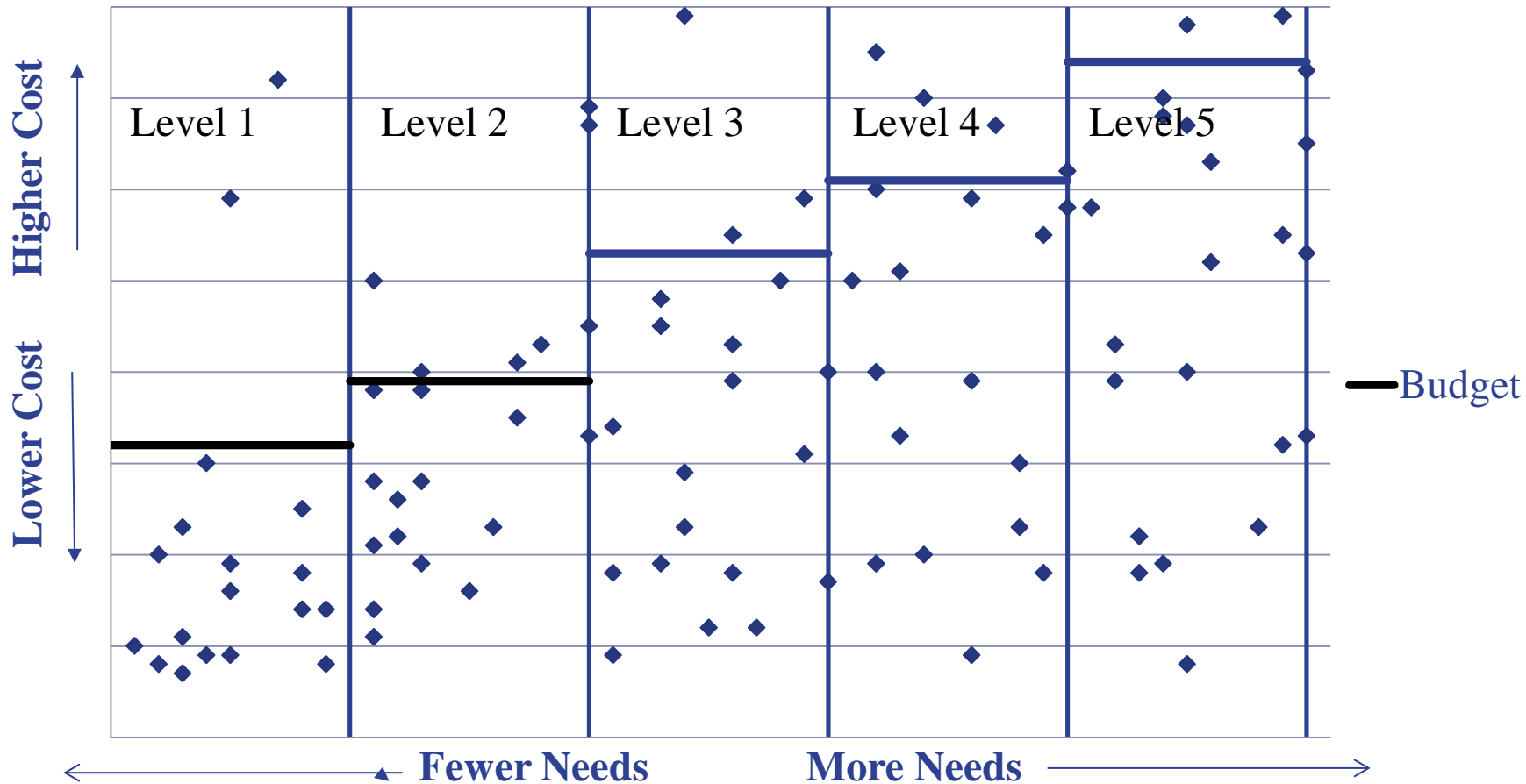


First, levels are established to group individuals with similar needs



Those above the budget for their Level are reduced (and may be stepped down over time); those below may or may not increase based on their decisions

Burns & Associates



# Supports Intensity Scale



The Supports Intensity Scale (SIS) is an assessment tool to measure the supports an individual needs to live a meaningful life in the community. It is used to inform supports planning and also resource allocation.

People are asked questions about their specific level of need for support in these areas:

- Home activities
- Community activities
- Health and safety
- Medical and behavioral challenges

For information on SIS reliability, validity & use by states go to:  
<http://www.siswebsite.org/>



# Supplemental Questions



4 SIS supplemental questions identify those with the highest level of medical and/or behavioral support needs.

- Training for Interviewers on the Supplemental Questions
- A process for verifying affirmative responses to the questions

# Resource Allocation



- 7 Levels of Support A through G
- Individuals in level C includes some behavioral challenges
- Individuals in level F have significant medical needs
- Individuals in level G have significant behavioral challenges

# Stakeholder Engagement



- Consumer, advocate and provider input through listening sessions which were held across the state from 9/3/14 through 10/27/14 -individuals with I/DD and their families, providers, MCO staff, and advocacy groups.
- IDD State Stakeholder Group met on a regular basis from August 2014 through October 2015. Included service recipients, family members, State and local CFACs, providers, provider associations and advocacy organizations.

# Innovations Waiver: Amendment



## Increase flexibility of services

- Community Supports and Living - a new service which blends personal care and habilitation
- Supported Living - a new service for individuals who choose to rent or own their own home and receive services for up to 24 hours/day
- Day Supports - hourly unit
- Residential Supports - updated cost assumptions
- Respite – making available to individuals residing in alternative family living situations (AFLs)

# Innovations Waiver Amendment



Relatives who are providing more than 56 hours per week of service to a waiver beneficiary may continue to provide services at their current hours as long as there are :

- no health and safety concerns,
- the services continue to be medically necessary, and
- the beneficiary still wishes for them to provide the service.

New requests will be limited to 56 hours per week

# Implementation



- Implementation contingent upon CMS approval.
- Tentative date of April 1, 2016.
- Two year phase in of individual budgets.



# Nuts and Bolts

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# Terminology “Individual Budget Tool”



- The **Individual Budget Tool** is the model that is based on living arrangement, age, and assessment of need (SIS)
- **Living Arrangement** breaks the population into (1) individuals receiving Residential / Supported Living and (2) Individuals not in Residential or Supported Living.
- **Age** breaks the population into (1) individuals  $<22$  and (2) individuals  $\geq 22$
- The **Individual Budget Tool** is made up of four **Categories**



# Terminology “Individual Budget Tool”



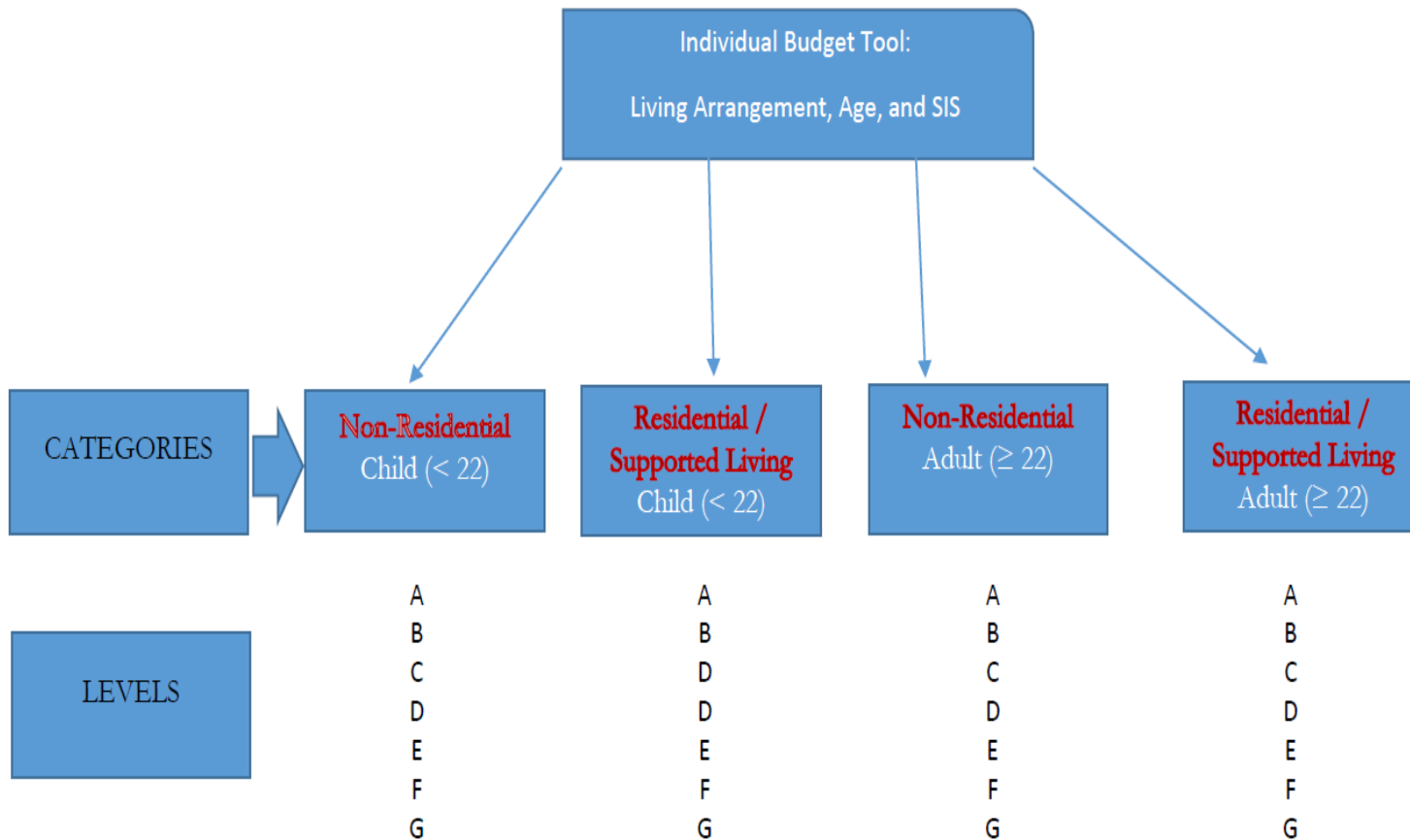
- **The Four Categories** are:
  1. **Non-Residential Child** (under 22 years old and living in a private home)
  2. **Residential / Supported Living Child** (under 22 years old and living in a group home, an Alternative Family Living (“AFL”) setting or a Supported Living setting.)
  3. **Non-Residential Adult** (age 22 and over and living in a private home)
  4. **Residential / Supported Living Adult** (age 22 and over and living in a group home, an AFL, or Supported Living Setting)
- **Each of the Four Categories** has **Seven Levels**
- **The Seven Levels** are clinical descriptions representative of groupings of individuals who have similar support needs and have budgets attached

# Terminology “Individual Budget Tool”



- Each of the **Four Categories** has **Seven Levels**
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# Terminology



# Terminology, Cont.



- **A Permanent Change** is a change in support needs expected to last longer than six (6) months.
  - Examples of a Permanent Change are changes in living arrangement and changes from the child to adult category
  - This process will be coordinated with HSRI
- **A Temporary Change** is an unexpected need that is expected to resolve in six (6) months or less.
- **Intensive Review** is a type of review when a person's needs cannot be met with her/his current service array.
  1. Behavioral needs
  2. Medical needs
  3. Post-Secondary Services Approved Curriculum (these are specialized programs designed to build independence and increase community participation that require funding beyond the assigned Support Needs Matrix category)
  4. Enhanced Rate

# Terminology, Cont.



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# How are Levels Assigned?



- The **Human Services Research Institute (HSRI)** will assign the Individual Budgets using the **Individual Budget Tool**
- How will this happen?
  - The MCOs conduct the Supports Intensity Scale (SIS)
  - The MCOs upload the SIS data to SIS Online
  - HSRI accesses SIS Online and applies an algorithm in an IT System using age, SIS Score, Supplemental Questions, and Residential Setting
    - This generates an initial level and individual budget
  - The MCO accesses the Individual Budgets / Levels and generates the Individual Budget Letter.

# New Services



- **Community Living and Supports**
- **Supported Living**
- **Community Navigator**

# Community Living and Supports



## Community Living and Supports:

- **New Blended Service**
- **Combines current Personal Care, In-home Skill Building and In-home Intensive services**
- **This more comprehensive category will allow for habilitation, supervision and support, and will be more flexible**



# Community Living and Supports



## Community Living and Supports:

### ➤ SCOPE/INTENT

- To support successful living with family and/or other natural supports in a private home
- To support the person in community activities with family and/or friends

## ➤ COVERABLE ACTIVITIES/TASKS

- Support in learning new skills and/or improvement of existing skills
- Provide for supervision and assistance for the member to complete activities to his/her level of independence
- Incidental technical assistance to unpaid supports who live in the home of the member as requested/suggested by the planning team

## ➤ COVERABLE ACTIVITIES/TASKS

- Meet exceptional, short-term situations where the member requires more than 12 hours per day of services
- Provides technical assistance to unpaid supports who live in the home of the member to assist the member to maintain the skills they have learned

# Community Living & Supports



## ➤ LIMITS

- Subject to Limits on Sets of Services
- Typically 12 hours per day maximum – may receive 16 hours per day with prior approval for 90 to 180 day periods dependent upon circumstances

## ➤ PLANNING GUIDANCE

- Supports budget

# Supported Living



- New Service
- Daily service for individuals who live in a their own home without licensure– up to 3 people
- The house or apartment is not be owned or rented by the provider
- May include a Live-in Caregiver
- Includes a Special Needs adjustment

# Supported Living



## ➤ SCOPE/INTENT

- ✓ To support successful community living in unlicensed residences owned or leased by the member

## ➤ COVERED ACTIVITIES/TASKS

- Provides a flexible partnership that enables the member to live in his/her own home with support from an agency that provides individualized assistance in a home that is under the control and responsibility of the member
- Provides direct assistance as needed with activities of daily living, household chores essential to the health and safety of the member, budget management, attending appointments, and interpersonal and social skills building to enable the member to live in a home in the community

## ➤ COVERED ACTIVITIES/TASKS

- Provider must develop an individualized staffing plan and schedule based on the member's preference and on the assessment and ISP process, including risk assessment
- The ISP must ensure staffing is adequate to protect the health and safety of the member and to carry out all activities required to meet the outcomes and goals identified in the ISP
- The plan must address staff coverage for back-up and relief staff
  - 24 hour per day availability includes back-up, relief staff, and primary crisis response

## ➤ COVERED ACTIVITIES/TASKS

- Provides for training activities, supervision, and assistance may be provided to allow the person to participate in home life or community activities
- Includes assistance with monitoring health status and physical condition, and assistance with transferring, ambulation and use of special mobility devices
- Provides for 24 hour per day availability at an individualized level of supports determined during the assessment process and clearly outlined in the ISP



## ➤ COVERED ACTIVITIES/TASKS

- Members may be able to have unsupervised periods of time based on the assessment process. In these situations a specific plan for addressing health and safety needs must be included in the ISP and the provider must have staffing available in the case of emergency or crisis
- Requirements for the member's safety in the absence of a staff person shall be addressed and may include use of tele-care options
- When assessed to be appropriate ATES elements may be utilized in lieu of direct care staff

## ➤ COVERED ACTIVITIES/TASKS

- Supported Living levels are determined by clinical and supports assessments which includes, but is not limited to, the Supports Intensity Scale®, the “clinical description,” and person centered planning
  - Level 1
  - Level 2
  - Level 3
  - Special needs adjustments

# Community Navigator:



- New Service (Formerly Community Guide)
- Annual Informational Session on Self Direction and Self Determination
- Promotes Self Determinations
- Promotes Self-Direction
- Develops Community Connections

## ➤ SCOPE/INTENT

- To promote self-determination
- To support beneficiary in making life choices, planning for the future, and identifying opportunities for community integration
- To facilitate less reliance on paid supports
- To provide advocacy

## ➤ COVERABLE ACTIVITIES/TASKS

- Encouraging exploration of possibilities related to life goals, defining what those are and the steps that they need to take in order to have those met
- Supporting the member to make decisions that are important to them
- Promote choice making to support the member's strengths and interests

## ➤ COVERABLE ACTIVITIES/TASKS

- Provide education on decision making, risk taking and natural consequences
- Provide education which guides the member in problem solving, decision making and navigating multiple state systems
- Promote advocacy and collaborating with other individuals and organization on behalf of the individual

## ➤ COVERABLE ACTIVITIES/TASKS

- Supporting the person in preparing, participating in and implementing plans of any type including IEPs, ISPs or other service plans outside NC Innovations.
- Support the person in the person-centered planning process (i.e. development of ELP, MAPs, Circles, etc.

## ➤ **COVERABLE ACTIVITIES/TASKS**

- Assistance with guardianship, restoration of rights, supplemental security income issues, disability determination issues, Department of Social Services issues, financial/legal planning
- Support in identifying community resources that offer opportunities for the member expand social relationships and build connections
- Assistance with locating and accessing non-Medicaid community supports and resources that are related to achieving the individual's life goals



## ➤ COVERABLE ACTIVITIES/TASKS

- Assistance with locating and furnishing residences for the member to rent or own
- Provide education about appropriate accommodation needs
- Supports the individual in negotiating roommate agreements
- Assistance with development of life related emergency plans



# Definitions with Changes

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- **Clarification that Community Networking can link an individual to a volunteer setting if the individual requires paid supports to participate once connected with the activity**
- **Added payment for memberships when the individual will be participating in an integrated class**

# Community Transition



- **Community Transition has a limit of \$5000.00 per Waiver period**
- **Allows for individuals to access Community Transition when stepping down from AFLs, PRTFs, and family homes when moving to a home of their own**

- **Allows for the prevention of Crisis through Crisis Consultation**
- **Crisis Consultation includes:**
  - **Facilitation of up to Monthly Team Meetings.**
  - **Training and education for Natural Supports and direct supports staff.**
  - **Develop and implement strategies.**

# Day Supports



- **Primarily a Group service**
- **Emphasizes inclusion and independence**
- **Individuals 16 or older or new to the service will receive education on other types of meaningful day activities.**
- **Day Supports can start or end in the community**

# Residential Supports



- **Residential Supports levels are determined by the Individual Budgeting Table Category**
- **Staff who provide Residential Supports should not provide other waiver services to the beneficiary**
- **Respite may be used to provide relief to individuals who reside in Licensed and Unlicensed AFLs.**

- **Provider Agencies - Agencies with Choice follow State Nursing Board Regulations**
- **Nursing Respite Provider - State Nursing Board Regulations must be followed**



# Respite continued:



- **Respite can be used in AFL but not on same day as Residential Supports**
- **Allows for the person receiving services to have relief at his/ her choice**

# Specialized Consultative Services



- This service may be used for evaluations for adults when the State Plan limits have been exceeded

# Supported Employment



- **Improved access to Supported Employment service by removing three-year experience requirement**
- **Provides technical support to potential employers regarding Federal ADA accommodations and requirements**
- **Added Long Term Follow-up**

# Assistive Technology



- **Removed exhaustive lists**
- **Added broad categories**
- **Allows for the repair of equipment**
- **Allows for connectivity and smart home technology.**
- **Cost Limit: \$ 50,000 over the life of the waiver (Home Modifications and Assistive Tech.)**

# Home Modifications



- Removed exhaustive list
- **Cost Limit: \$ 50,000 over the life of the waiver (Home Modifications and Assistive Tech.)**

# Vehicle Modifications



- **Allows for lifting and lowering devices.**