USING THE SIS TO ASSESS INDIVIDUAL NEEDS AND TO DEVELOP PERSON-CENTERED FUNDING MODELS:

NATIONAL TRENDS, CROSS STATE RESULTS AND CASE STUDIES

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Today’s Topics...

- The national context and trends affecting service delivery
- Focus on developing more equitable and individually tailored resource allocation models
  - The strategic planning process we use
  - The Supports Intensity Scale (SIS) and how it is being used
  - Case studies and analysis from various states
- Your questions
1. The National Context and Trends

**Budget Stress**

- Iraq and Afghanistan wars continue
- Gas prices rise
- Unemployment rate moves to 6%
- Economy falters
- States face revenue shortfalls
### 30 States Report Budget Gaps
#### SIZE OF FY2009 BUDGET GAPS

<table>
<thead>
<tr>
<th>State</th>
<th>Amount</th>
<th>% FY08 General Fund</th>
<th>State</th>
<th>Amount</th>
<th>% FY08 General Fund</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>$784 million</td>
<td>9.20%</td>
<td>Michigan¹</td>
<td>$472 million</td>
<td>4.90%</td>
</tr>
<tr>
<td>Arizona</td>
<td>$1.9 billion</td>
<td>17.80%</td>
<td>Minnesota</td>
<td>$935 million</td>
<td>5.50%</td>
</tr>
<tr>
<td>Arkansas</td>
<td>$107 million</td>
<td>2.50%</td>
<td>Mississippi</td>
<td>$90 million</td>
<td>1.80%</td>
</tr>
<tr>
<td>California¹²</td>
<td>$22.2 billion</td>
<td>21.30%</td>
<td>Nevada</td>
<td>$898 million</td>
<td>13.50%</td>
</tr>
<tr>
<td>Connecticut</td>
<td>$150 million</td>
<td>0.90%</td>
<td>New Hampshire</td>
<td>$200 million</td>
<td>6.40%</td>
</tr>
<tr>
<td>Delaware</td>
<td>$217 million</td>
<td>6.40%</td>
<td>New Jersey</td>
<td>$2.5 - $3.5 billion</td>
<td>7.6 - 10.6%</td>
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<tr>
<td>DC</td>
<td>$96 million</td>
<td>1.50%</td>
<td>New York</td>
<td>$4.9 billion</td>
<td>9.10%</td>
</tr>
<tr>
<td>Florida</td>
<td>$3.4 billion</td>
<td>11.00%</td>
<td>Ohio</td>
<td>$733 million - $1.3 billion</td>
<td>2.7 - 4.7%</td>
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<tr>
<td>Georgia</td>
<td>$245 million</td>
<td>1.20%</td>
<td>Oklahoma</td>
<td>$114 million</td>
<td>1.60%</td>
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<tr>
<td>Illinois</td>
<td>$1.8 billion</td>
<td>6.6%</td>
<td>Rhode Island</td>
<td>$430 million</td>
<td>12.60%</td>
</tr>
<tr>
<td>Iowa</td>
<td>$350 million</td>
<td>6.00%</td>
<td>South Carolina</td>
<td>$250 million</td>
<td>3.70%</td>
</tr>
<tr>
<td>Kentucky</td>
<td>$266 million</td>
<td>2.90%</td>
<td>Tennessee</td>
<td>$468 million - $585 million</td>
<td>4.2 - 5.2%</td>
</tr>
<tr>
<td>Maine</td>
<td>$124 million</td>
<td>4.00%</td>
<td>Vermont</td>
<td>$59 million</td>
<td>5.10%</td>
</tr>
<tr>
<td>Maryland</td>
<td>$808 million</td>
<td>5.50%</td>
<td>Virginia</td>
<td>$1.2 billion</td>
<td>6.90%</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>$1.2 billion</td>
<td>4.20%</td>
<td>Wisconsin</td>
<td>$652 million</td>
<td>4.80%</td>
</tr>
</tbody>
</table>

Three other states — Missouri, Texas, and Washington — project budget gaps in FY2010

**Total Shortfall**

$47.6 – $49.2 billion

McNichol & Lav, Center on Budget and Policy Priorities, August 2008
The Early Impacts Include Cuts To...

- **Public health programs:** At least 13 states have or are considering cuts affecting children’s or families’ eligibility for health insurance or to reduce their access to health care.

- **Programs for elders and people with disabilities:** At least 7 states are cutting medical, rehabilitative, home care, or other services, or significantly increasing their cost.

- **K-12 education:** At least 11 states are cutting or proposing to cut K-12 and early education; several of them are also reducing access to child care and early education.

- **Colleges and universities:** At least 16 states have implemented or proposed cuts to public colleges and universities.

- **State workforce:** At least 15 states have proposed or implemented reductions to their state workforce.

McNichol & Lav, Center on Budget and Policy Priorities, August 2008
Service Demand Is Going Up!

- Demand for publicly-funded developmental disabilities services is growing nationwide
- It is increasing at a rate greater than population growth alone
- This increase in service demand is driven by:
  - People living longer ... or surviving trauma
  - Aging baby boomers
- Turnover among individuals receiving services is reduced so that there is less capacity to absorb new demand
- There is a growing number of individuals who live in households with primary caregivers who are themselves aging

6
### Waiting for Residential Services

<table>
<thead>
<tr>
<th>People Waiting</th>
<th>Residential Services Recipients</th>
<th>% of Growth Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>88,349</td>
<td>437,707</td>
<td>20%</td>
</tr>
</tbody>
</table>

People with ID/DD on a waiting List for, but not receiving, residential services on June 30, 2007

States Face a Big Problem...

Increasing Service Demand

Wait List

Resources

Gary Smith, HSRI
Reliance on Legacy Systems…
It’s A Living Museum …
Can this be efficient?

1956... 1962... 1972 ... 1976...1983... 1987.. 1992... 1997.. 2000... 2003…2008
Heading for a crash!

- Weighty Legacy Services & Structures
- Rising Unmet Demand
- Workforce Shortages
- Fragmentation
- Quality Problems
- Antiquated Technologies

Budget Shortfalls
What To Do???

We can’t stay on this spot

We need to rethink what we do – affirm our values but resolutely search for “value”
We Must Make Our Service Systems More Efficient

- Reform our person-centered system architecture
- Disinvest from low value/high cost services
  - **Utilize Medicaid Efficiently!**
- New business models... Open markets
- “Non-traditional” providers/direct purchase of supports
An Overall Look at Things

People with Developmental Disabilities
(1% of the population)

About 4% more per year

DEMAND
We’ve Already Taken Some First Steps

- Fewer that 40,000 in institutions; 10 states with no institutions
- Residential options are getting smaller
- ICF-MR/DDs are “out”; Waiver services are “in”
- States are investing in “in-home supports” through supports waivers
- **States are looking at how to allocate resources to individuals**
People with Developmental Disabilities Receiving Medicaid Long-Term Services

ICF/MR  HCBS  % HCBS

1994 2000 2006

Prouy, Smith and Lakin Residential Services and Trends
States With Comprehensive and Supports Waivers
Enrollment Trends 2000-2006

<table>
<thead>
<tr>
<th>Year</th>
<th>Total People</th>
<th>% Supports</th>
<th>Supports Waiver</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>102,791</td>
<td>5.7%</td>
<td>5,837</td>
</tr>
<tr>
<td>2001</td>
<td>115,841</td>
<td>7.8%</td>
<td>8,991</td>
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<tr>
<td>2002</td>
<td>126,737</td>
<td>9.8%</td>
<td>12,455</td>
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<tr>
<td>2003</td>
<td>131,573</td>
<td>13.1%</td>
<td>17,198</td>
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<tr>
<td>2004</td>
<td>138,945</td>
<td>15.0%</td>
<td>20,842</td>
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<tr>
<td>2005</td>
<td>148,807</td>
<td>22.5%</td>
<td>33,452</td>
</tr>
<tr>
<td>2006</td>
<td>166,673</td>
<td>27.6%</td>
<td>46,008</td>
</tr>
</tbody>
</table>

- Comprehensive
- Supports

Total People:
- 102,791 (2000)
- 115,841 (2001)
- 126,737 (2002)
- 148,807 (2005)
- 166,673 (2006)

% Supports:
- 5.7% (2000)
- 7.8% (2001)
- 9.8% (2002)
- 15.0% (2004)
- 22.5% (2005)
- 27.6% (2006)

Supports Waiver:
- 5,837 (2000)
- 8,991 (2001)
- 12,455 (2002)
- 17,198 (2003)
- 20,842 (2004)
- 33,452 (2005)
- 46,008 (2006)
HCBS Waivers
Working Together

<table>
<thead>
<tr>
<th>Comprehensive Waiver or other state service options</th>
<th>Most Expensive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supports Waiver Services including capped allocations and defined service array</td>
<td></td>
</tr>
<tr>
<td>Base level of state funded service options that do not include Medicaid</td>
<td>Least Expensive</td>
</tr>
</tbody>
</table>
Working To Get Personal Allocations Right

- Do we really know what it costs to serve a person?
- Why are some people allocated more that others, even though they have similar needs?
- Is the way we allocate funds fair? Is it based on support needs?
- Is this efficient?
- Several states are working to assess needs systematically and allocate accordingly

Person-Centered Budget Allocations

Adjusted Service Reimbursement Rates
Focus on Developing Resource Allocation Models

**SIX Assumptions:**

1. Individual people have needs.
2. Individuals with greater needs should have access to more resources.
3. No two people have the same needs, supports and priorities.
4. Individuals and their teams know best.
5. People should choose providers.
6. It is possible to make it happen.
Overview of the Strategic Planning Process
Developing Individual Budgets In Relation to Service Payment Rates

1. Prepare
   - Set Policy Goals
   - Engage Stakeholders
   - Choose Assessment Measure

2. Collect Data
   - Collect Information on Individuals
   - Compile the Collected Information

3. Set Levels & IBAs
   - Assign Individuals to Assessment Levels
   - Set Individual Budget Allocations in Relation to Rates

4. Implement
   - Review Findings in Relation to Policy Goals
   - Consider Implementation Issues
   - Plan for Implementation
   - Implement New Practices
Some of the states HSRI is working with...
HCBS waiver reimbursement is not rocket science. It is a lot harder.

Gary Smith
"Let's just start cutting and see what happens."
The ETERNAL QUESTION:

How do we deliver what we **have** to the people who **need** it most?

Robert T. Clabby, II Oregon
“It’s impossible to individualize service until you’ve individualized the funding.”

Russ Pittsley
Step 1. Prepare

Potential Policy Goals

- Fairness, equitability, explicability
- Matching resources and individual needs
- Ability to handle exceptional care
- In a time of limited resources - focus on those with greatest need
- Inject self-directed approaches
- Increase efficiency to address increasing demand
Step 1. Prepare

Stakeholder Involvement

A stakeholder group should be formed:

- To help advise the process
- To assure that people know what the process is finding and what decisions are being made.

The stakeholder group should meet regularly and be composed of self-advocates, parents, providers, and others.
Step 1. Prepare

Choose an Assessment Tool

- Assessment tools provide information about support needs
- States use various tools to tie funding to support needs
- Each tool has its pros and cons
Step 2. Collect & Compile Information

Data Data Data

- A good database is invaluable...
- Many factors explain variance
- All the predictors work together as a team
- The techniques are often powerful enough to be able to overcome minor error and work well
- Allocations and plans are based on the “FOUR Ps”... Personal, portable, prioritized, predictable
Step 3. Setting Individual Budget Allocations and Adjusting Rates
Step 3. Setting Individual Budget Allocations/Adjusting Rates

Several steps in the process

- Determine what variables correlate highest with expenditures;

- Given analysis of support needs and the support they receive ...
  - Individuals are assigned to an “Assessment Level”
  - OR -
  - Individuals are given their own unique “Individual Budget Allocation;”

- A “best fit model” is built to align individuals and their needs with budget allocations;

- These findings are reconciled with the rates associated with payments to service providers.
Step 3. Setting Individual Budget Allocations/Adjusting Rates

Levels

- SIS Results
- Levels & Assignments
- Budget Allocations Per Level

IBAs

- SIS Results
- Individual Budgets

Alignment

- Proposed New Rate Structure
- Cost Reviews Per Person and Service
Step 3. Setting Individual Budget Allocations/Adjusting Rates

Questions to be answered...

Retrospective versus prospective budgeting?

- Most states have moved to the prospective method where the team and individual knows their individual budget prior to the individual service plan development.
- Some form individual budgets after the individual service plan is developed.
Step 3. Setting Individual Budget Allocations/Adjusting Rates

The HSRI approach to setting Individual Budget Allocations

- Spread people out based on their support needs and resource consumption patterns.
- Each person will have his or her own unique personal budget or level.
- In observing the spread their should be:
  - Face validity
  - A logical progression from least to most needs
- Account for all those assessed.
Step 3. Setting Individual Budget Allocations/Adjusting Rates

The HSRI approach to assigning individuals to habilitation levels:

- Identify people with similar characteristics.
- Group these individuals based on resource consumption patterns.
- Develop levels in ways to:
  - Establish face validity
  - Have a logical progression from least to most needs
- Check the progression in the number of people per category... ideally the most people populate the levels indicating less need.
- Account for all those assessed
- Establish separation between levels (hours and/or costs)

We are looking for a “Best Fit Solution”
Step 3. Setting Individual Budget Allocations/Adjusting Rates

Questions to be answered...

**Prospective/Retrospective Budgeting**

- **Prospective Budgeting**
  - Total dollar amount of benefit determined
  - PCP completed

- **Retrospective Budgeting**
  - Total dollar amount of benefit determined
  - PCP Completed

- **Participant Enters System**
- **Assessment completed using PCP principles**
- **Amount of Budget that is self-directed**
- **Services & support goals in PCP**
Step 3. Setting Individual Budget Allocations/Adjusting Rates

Questions to be answered...

What does CMS require of individual budgets?

- States must describe the method for calculating individual budgets based on reliable costs or services utilization.

By 2007 ten states have recently engaged in waiver cost studies to determine cost-based reimbursement for waivers (i.e., IL, WY, OR, FL, MA, OH, FL, MT, WA).

(Reinhard, Crisp, Bemis, and Huhtala, 2005)
Step 3. Setting Individual Budget Allocations/Adjusting Rates

Questions to be answered...

What does CMS require of individual budgets?

- Cost and utilization data form the vital underpinnings of good individual budget development.
- Consistent methodology for all involved participants, and should review and monitor the individual budgets regularly.
Step 3. Setting Individual Budget Allocations/Adjusting Rates

Questions to be answered...

What does CMS require if individual budgets?

- From the perspective of consumers and advocates, a viable methodology should:
  - be open to public inspection,
  - allow the participant to move money around, and
  - define a process for making adjustments in the individual budgets and for informing participants of amount authorized or changes to those authorizations.

- From the perspective of the state, the methodology should:
  - permit the state to evaluate over and under expenditures
  - project system-wide expenditures through the fiscal year.
  - provide prompt mechanisms to adjust funding in response to individual situations.
Step 3. Setting Individual Budget Allocations/Adjusting Rates

Questions to be answered...

What liability does the state face if it cannot fund the individual budgets?

- In the United States the range of funding of DD services varies greatly.
- States generally change the individual budgets to meet their legislatively approved budget.
- Rates for services, though benchmarked for national costs, may be a percentage of the national cost. For example, last year Colorado was paying about 75% of costs in a rate study completed by Navigant Consulting.
Step 3. Setting Individual Budget Allocations/Adjusting Rates

Questions to be answered...

Do these individual budget allocations or individual budget levels ever need adjustment?

- Any reimbursement method requires some way to adjust to changing circumstances and sometimes unfortunate new challenges presented by the individuals we serve.

- Some of the best, highly tuned individual budget systems allow adjustments for exceptional cost and care for 7% of the population served.
Step 3. Setting Individual Budget Allocations/Adjusting Rates

Questions to be answered...

Is there a more objective and rational way to support the service needs of the individuals we serve in communities?

- What is the best way (in a technical sense) to make it work?
Step 4. Implementation

Before a new model is implemented...
Several steps must be completed...

- The findings and proposed models must be considered in relation to initial policy goals.
- Impacts on individuals, providers and the system must be considered.
- An “exceptions protocol” must be developed.
- Potential dislocation in the system must be considered.
- Needs for improved infrastructure must be considered.
- A detailed implementation plan must be compiled, and then enacted.
Early models have simple rules but revolutionary concepts
Solar system for the classroom

London teaching aide from 1850’s
Rittenhouse Orrery’s mechanical model of the solar system built in 1771
HSRI is designing the financial architecture for state DD/ID comprehensive waiver service systems.
The Supports Intensity Scale (SIS) and how it is being used

What is the SIS?

- Developed and released by AAMR in 2004
- Originally designed to support person-centered planning, not funding
- Only adult version available – child version is under development
- Currently 14 states and 14 countries using SIS
- Perceived as strength-based
- Must be purchased/licensed from AAIDD
Supports Intensity Scale

- Administration: Interview the person and others who know the person. Requires solid interviewing skills
- Measures general support needs of an individual producing a number of scores
- Includes basic support need areas like:
  - A. Home Living Activities,
  - B. Community Living Activities, and
  - E. Health and Safety Activities
  - SIS ABE – refers to the sum of the scores for these 3 areas that have been found useful in helping resource allocation
- Identifies Medical and Behavior problems which are also significant cost predictors
SIS and Funding Models

- Georgia - using the SIS to develop individual budget allocations for 10,022 people in October 2008 for their new support and comprehensive waivers
- Washington: Linking SIS and other information to levels of payments and amounts of support services
- Louisiana: using a SIS-informed funding system with 2,025 new NOW waiver applicants beginning in October 2008
- Rhode Island, North Carolina, and Utah are exploring SIS applications
- Oregon and Colorado are using SIS to inform the development of funding reimbursement models
- Florida is exploring use of a local state tool, the QSI, to determine support needs and establish levels of funding for 38,000 people in a new four tiered-waivers system designed to contain expanding cost
Why do states pick the Supports Intensity Scale?

- National norms – buying the bell shaped curve
- Writing waiver service plans with individuals, families, and providers
- Captures support needs hence some of the natural supports used by individuals
- Considers both behavioral and medical challenges
- Has potential for helping to shape waiver individual budgets and/or reimbursement levels
“Buying the Bell Shaped Curve”
## State SIS Comprehensive Adult Waiver Results

<table>
<thead>
<tr>
<th>State</th>
<th>People</th>
<th>Total Support Needs Index Score (Range 38-143)</th>
<th>Medical Support Needs (Range 0-32)</th>
<th>Behavioral Support Needs (Range 0-26)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIS Norms</td>
<td>1,306</td>
<td>100.00</td>
<td>2.47</td>
<td>4.99</td>
</tr>
<tr>
<td>OR</td>
<td>401</td>
<td>101.00</td>
<td>3.27</td>
<td>4.98</td>
</tr>
<tr>
<td>NE</td>
<td>288</td>
<td>100.42</td>
<td>3.23</td>
<td>4.81</td>
</tr>
<tr>
<td>CO</td>
<td>3,631</td>
<td>99.88</td>
<td>2.83</td>
<td>6.13</td>
</tr>
<tr>
<td>VA</td>
<td>521</td>
<td>101.74</td>
<td>2.43</td>
<td>4.77</td>
</tr>
<tr>
<td>GA</td>
<td>5,140</td>
<td>98.18</td>
<td>1.95</td>
<td>3.80</td>
</tr>
</tbody>
</table>
Comprehensive HCBS Waiver
SIS Results – Similar Shapes

Colorado  Oregon  Georgia  Virginia

SIS Support Needs Index Scores
### State SIS Support Adult Support Waiver* Results

<table>
<thead>
<tr>
<th>State</th>
<th>People</th>
<th>Total Support Needs Index Score (Range 38-143)</th>
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<td>1,306</td>
<td>100.00</td>
<td>2.47</td>
<td>4.99</td>
</tr>
<tr>
<td>CO SLS</td>
<td>462</td>
<td>90.43</td>
<td>2.19</td>
<td>2.73</td>
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<tr>
<td>GA NOW</td>
<td>4,882</td>
<td>90.86</td>
<td>1.27</td>
<td>1.77</td>
</tr>
<tr>
<td>LA NOW</td>
<td>443</td>
<td>92.67</td>
<td>1.92</td>
<td>1.90</td>
</tr>
</tbody>
</table>

HCBS Waiver Support Waivers
SIS Results – Similar Shapes

Colorado SLS

Georgia NOW

Louisiana NOW

SIS Support Needs Index Scores
2008 Model of the Solar System

Now 8 planets, 166 moons, and 3 dwarf planets
Such models lead to the possibility of a bigger picture
If I am only for myself, who is for me?

And if I am only for myself, what am I?

And if not now, when?

Rabbi Hillel

Georgia
Colorado
Oregon
Virginia
Louisiana

Case Studies -- Working with States
Georgia SIStem  October 2008

- Uses SIS results to provide individual budgets for 10,027 individuals on the state’s new comprehensive and support waivers.

- This individual budget model explains over 75% of the variance and is phased in over 5 years to reduce impacts.
Colorado and Oregon

Colorado Level Model

Fits Individual SIS results from Oregon
In Colorado

Support Needs In
Six Levels structured by 4 main groups of Section 1 ABE Results

Community Safety Risk
Two Levels

6 Levels and 42 subgroups of Support Needs with Medical and Behavioral Risk
For CO 6 Levels of Funding Were Used

- 6 levels of funding were identified to better match individual support needs with funding based on:
  - 4 groups of SIS general adaptive scores
  - 42 subgroups of SIS Medical, SIS Behavioral and SIS adaptive scores (ABE) and a community safety risk factor

- In the community, as the levels increase from 1 to 6 the overall support needs of the individuals increase as do dollars
We Used the Solution in CO to support OR

CO’s 6 Levels Offered a Better Fit Solution

- We thought that a SIS configuration used in Colorado may offer a better fit solution.
- Work involving the CO Comprehensive Waiver was completed using “full population SIS results” (n=3,631)
- The SIS configuration applied there uses six levels composed of 42 detailed subgroups.
- We tested for differences between the OR sample and CO full population. We found that the two are comparable.
- Applying it to the Oregon sample provides opportunity for “fine tuning” assignments to levels
## Six Assessment Levels

<table>
<thead>
<tr>
<th>Levels Adult Residential</th>
<th>People in Sample</th>
<th>Type of Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>70</td>
<td>Milder Support Needs</td>
</tr>
<tr>
<td>2</td>
<td>49</td>
<td>Moderate Support Needs</td>
</tr>
<tr>
<td>3</td>
<td>51</td>
<td>Severe Support Needs (SN)</td>
</tr>
<tr>
<td>4</td>
<td>30</td>
<td>Severe SN with Moderate Behavior &amp; Medical</td>
</tr>
<tr>
<td>5</td>
<td>63</td>
<td>Severe SN with More Serious Behavior &amp; Moderate Medical with Community Safety 30%</td>
</tr>
<tr>
<td>6</td>
<td>56</td>
<td>Severe SN Extraordinary Medical and Behavioral with Community Safety 50%</td>
</tr>
</tbody>
</table>
## 6 Levels for “DD50” Adult Residential Services

<table>
<thead>
<tr>
<th>Levels</th>
<th>ABE</th>
<th>Medical Problems</th>
<th>Behavioral Problems</th>
<th>Risk</th>
<th>DD50 Staff Direct Hours</th>
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<tbody>
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<td>1</td>
<td>2</td>
<td>0</td>
<td>6</td>
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<td>34</td>
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<td>0</td>
<td>10</td>
</tr>
<tr>
<td>5</td>
<td>34</td>
<td>5</td>
<td>6</td>
<td>30%</td>
<td>12</td>
</tr>
<tr>
<td>6</td>
<td>35</td>
<td>7</td>
<td>9</td>
<td>50%</td>
<td>12</td>
</tr>
</tbody>
</table>
6 Levels Offers a Better Fit Solution because of...

- Adding another level improves managing of the “spread” in the sample pertaining to the relationship between assessed needs and dollars or service hours.
- Separation between levels in dollars and service hours is improved.
- Exceptional care and cost cases are better accounted for.
- Overall, it allows for improved assignment to levels for individuals, and improved ability to assign budget allocations.
Exceptional Care & Cost Red Flags

Oregon Predictors of Exceptional Care and cost Membership include:

- 2 Questions from the SIS pertaining to physical disability (on Feeding Assistance / Tube Feeding and Skin Care)

- 2 Questions from the ReBAR Supplemental Questions pertaining to behavior (on Type of Behavioral Support and Safety)

These questions can be used to help identify individuals with exceptional needs and costs.
Virginia and Louisiana

Virginia System
Model Level
Prototype

Fits Individual SIS
results from
Louisiana
6 Levels of Funding First Used in Virginia

6 levels of funding were identified to better match individual support needs with funding based on:

- 6 levels of SIS Medical, SIS Behavioral and SIS adaptive scores (ABE)
- In the community, as the levels increase from 1 to 6 the overall support needs of the individuals increase as do dollars
The 6 Levels

Level 1: Individuals with below-average support needs

Level 2: Individuals with average support needs

Level 3: Individuals with above-average support needs

Level 4: Individuals with low-average to slightly above average support needs but high behavioral needs

Level 5: Individuals with extraordinary medical support needs

Level 6: Individuals with extraordinary behavioral support needs
VA Going Forward

- Complete SIS administration for all individuals on the waivers by 2012
- Assuring consistency of SIS administration
- Constructing a community safety risk factor for supplemental questions
- Supplementing questions in the SIS by adding natural support measures
- Handling individuals with extraordinary needs
- Use existing night time supervision hours
Focus on Louisiana

Objectives

- Using standardized assessment, develop guidelines for authorization of NOW waiver IFS and ACS services
- IFS – Individual and Family Support – kind of a catch all to include attendant care and habilitation
- ACS – Attendant Care Services – which is really a payment to the provider agency to manage the clients IFS services.
- Develop a model to allow implementation of guidelines in a standardized way
## The 6 LA Levels similar to VA

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
<td>Individuals with below-average support needs (LA may split into two levels)</td>
</tr>
<tr>
<td>Level 2</td>
<td>Individuals with average support needs</td>
</tr>
<tr>
<td>Level 3</td>
<td>Individuals with above-average support needs</td>
</tr>
<tr>
<td>Level 4</td>
<td>Individuals with low-average to slightly above average support needs but high behavioral needs</td>
</tr>
<tr>
<td>Level 5</td>
<td>Individuals with extraordinary medical support needs</td>
</tr>
<tr>
<td>Level 6</td>
<td>Individuals with extraordinary behavioral support needs</td>
</tr>
</tbody>
</table>
LA Objectives - Draft Model

2 models:
- Living with family
- Independent living

<table>
<thead>
<tr>
<th>Living Arrangement X</th>
<th>Base Rate (Units/$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIS Level</td>
<td>+ Units/$</td>
</tr>
<tr>
<td>Age</td>
<td>+ Units/$</td>
</tr>
<tr>
<td>Natural Supports</td>
<td>+ Units/$</td>
</tr>
<tr>
<td>Day Activities</td>
<td>- Units/$</td>
</tr>
<tr>
<td>Recommended IFS/ACS</td>
<td>Units/$</td>
</tr>
</tbody>
</table>
LA Objectives - Draft Model

Produces a guideline amount to set the basis for planning

- Not all of the recommended amount has to be used
- If more units/$ are required, additional authorization can be sought for individuals with special circumstances
LA Objectives - Process

- Administer SIS assessment to sample population
- Review portion of SIS sample
- Model Development for People Waiting for Waiver
- Model Implementation for People Waiting for Waiver
- Future Model Development, Review, and Implementation with full NOW waiver population SIS results and studies of clinical review and financial impact
LA Data Results: Analysis of Living & SIS Level

Living Independently By SIS Level

- Level 1a
- Level 1b
- Level 2
- Level 3
- Level 4
- Level 5
- Level 6

Mean Expenditures:

- $0 to $20,000
- $20,000 to $40,000
- $40,000 to $60,000
- $60,000 to $80,000
- $80,000 to $100,000
- $100,000 to $120,000
- $120,000 to $140,000

Living With Family By SIS Level

- Level 1a
- Level 1b
- Level 2
- Level 3
- Level 4
- Level 5
- Level 6

Mean Expenditure:

- $0 to $20,000
- $20,000 to $40,000
- $40,000 to $60,000
- $60,000 to $80,000
- $80,000 to $100,000
- $100,000 to $120,000
- $120,000 to $140,000
LA Case Reviews

- 127 cases being reviewed
- Items reviewed
  - Overall Case
  - Amount of Natural Supports
  - Existing and possible revised authorizations for
    - IFS – Individual and Family Support – includes attendant care and habilitation
    - ACS – Attendant Care Services – payment to the provider agency to manage the clients IFS services
    - Day Programs
Overview of the Strategic Planning Process
Developing Individual Budgets In Relation to Service Payment Rates

1. Prepare
   - Set Policy Goals
   - Engage Stakeholders
   - Choose Assessment Measure

2. Collect Data
   - Collect Information on Individuals
   - Compile the Collected Information

3. Set Levels & IBAs
   - Assign Individuals to Assessment Levels
   - Set Individual Budget Allocations in Relation to Rates

4. Implement
   - Review Findings in Relation to Policy Goals
   - Consider Implementation Issues
   - Plan for Implementation
   - Implement New Practices

Any Questions?
A service system for [people with disabilities] and others in need of support will have to be a system in constant change. It has to be continuously developed, if the 'customers' are not to be left behind and to become hostages of an outdated way of doing things."

Alfred Dam (undated)
Denmark