

# Individualized Supported Living

Moving forward toward more  
flexible supports for people  
March, 2013

# Presenters

- ▶ Jhan Hurn, Community Support Services
- ▶ Steve Harter, Alternative Opportunities
- ▶ Marcus Whitlock, Lafayette County DD Services
- ▶ Jeff Grosvenor, Division of DD
- ▶ Robin Rust, Division of DD
- ▶ Chip Long, Division of DD

# ISL Budget Historical Overview

- ▶ 1980s: Most residential supports provided in the community are in congregate settings, many serving 16 or more residents.
- ▶ 1990: Providers and the Division develop and implement Individualized Supported Living
- ▶ ISL Goals:
  - Allow people to choose housing apart from services
  - Allow people to have fewer house-mates, original ISL model limited to 3 people sharing a home.

# ISL Budget Historical Overview

- ▶ 1990: The original ISL budget guideline was developed.
- ▶ Next two decades: Modifications and revisions were made, but no substantive changes were made.
- ▶ 2010: Waiver was amended to allow up to four individuals to share a home and receive ISL supports

# Comprehensive Waiver Renewal

- ▶ August, 2010: Public forums in St. Louis and Kansas City to obtain input on Comprehensive Waiver renewal.
- ▶ Three discussions in each location:
  - Providers
  - Self-advocates
  - Family members and advocates
- ▶ Discussions were facilitated by Robin Cooper, National Association of State Directors of DD Services

# Comprehensive Waiver Renewal

- ▶ Recommendations from Stakeholders for ISL supports included
  - Some of Missouri's ISL arrangements are not significantly different from 3–4 bed group homes.
  - Budgets based solidly on a shift–staff model, a relic from institutional/group home models.
  - Strategies to separate supports from housing should be employed.
  - Federal policy does not require QDDP in ISL supports.
  - Providers find it difficult to document supports given the wide variability of line items on the budget.

# Comprehensive Waiver Renewal

- ▶ Fall, 2010: Workgroup developed new ILS service definition. Participants:
  - DD Council: Susan Pritchard Green and Delores Sparks
  - Parents: Luann Reese, Jackie Swinnie, and Karen Allen
  - MACDDS: Max Lytle, Lynn Smith, Mary Sullivan–Thomas
  - MARF: Barbara Griggs, Sharon Higney, Jocelyn Jones, Rebecca Case, Wendy Sullivan, Wendy Witcig
  - MO HealthNet: Theresa Valdes
  - Division of DD staff

# Comprehensive Waiver renewal

- ▶ December, 2010: Stakeholder meetings to discuss proposed waiver definitions and performance measures
- ▶ Discussion facilitated by Valerie Bradley, Human Services Research Institute and Robin Cooper, National Association of Directors of DD Services
- ▶ December 2010– January, 2011: Draft waivers and draft service definitions posted on DD website for public comment

# ISL Budget Guidelines Project

- ▶ March, 2011: Waiver re-application submitted to CMS
- ▶ While waiver was pending CMS review, a workgroup formed. Charge: Update ISL budget guidelines to be consistent with proposed new service definition.
- ▶ Workgroup participants:
  - MACDDS: Ann Graff, Mary Sullivan-Thomas, Lynn Smith
  - MARF: Barbara Griggs, Jocelyn Jones
  - Family members: Luann Reese, Tish Thomas
  - DD Council: Susan Pritchard Green
  - Division staff: Robin Rust, Ron Berg, Wanda Russell

# Why Change ISL?

- ▶ Although guidelines through the years have attempted to standardize ISL budgets, there is still significant variance in way budgets are developed and managed from region to region.
- ▶ Adjusting ISL budgets is administratively burdensome to both providers and Regional Offices.
- ▶ Some of the ISL line items are difficult to document and audit.

# Why Change ISL, cont.

- ▶ In some situations, ISL resemble small group homes.
- ▶ Because ISL staffing is most often a shift model, it is difficult for providers to tailor ISL budgets to individual needs.
- ▶ In some situations, housing and services are so closely linked that when an individual wants to change providers they must move from the house.

# ISL Budget Guideline Project

- ▶ May, 2011: Workgroup members representing MARF and MACDDS shared proposed new guidelines with their associations.
- ▶ June – July, 2011: Draft revised ISL Guidelines posted on DD website for stakeholder input.
- ▶ Fall, 2011: Discussions with MO HealthNet and Missouri Medicaid Audit and Compliance Unit about piloting the proposed ISL budget revisions on a small scale

# ISL Workgroup Desired Outcomes

- ▶ Update guidelines to match the new service definition in the waiver.
- ▶ Establish clear guidelines that will be consistently followed in all regions.
- ▶ Develop a budget process that will not be burdensome for providers to document and is clearly “auditable” by MMAC.
- ▶ Develop guidelines that work for equally well for providers, participants, and Regional Offices.

# ISL Budget Guideline Project

- ▶ Three providers volunteered to participate in pilot:
  - Alternative Opportunities, Lafayette County DD Services, and Community Support Services
- ▶ Conditions of Pilot:
  - Revised budget should primarily include DSP costs, which is the most easily documented component of the service and clearly most auditable.
  - Modifications to the budget had to be cost-neutral.
  - Providers required to keep two sets of logs, one according to current guidelines and the second according to the revised guidelines.
  - Providers agreed to review by MMAC following the pilot.

# ISL Budget Guidelines Project

- ▶ Spring– fall 2012: Revised ISL budget pilot implemented in Lafayette County, southwest MO, and limited locations in southeast Missouri
- ▶ December, 2012: MMAC reviewed results of pilots, submitted recommendations to Division
- ▶ Division revised budget guidelines with MMAC recommendations

# ISL Budget Guidelines Project

- ▶ Key recommendations from MMAC
  - Removing the Community RN from the budget and authorizing it under Professional Assessment and Monitoring will better address consumer specific needs.
  - Removing staff mileage from the ISL budget and authorizing the services under Transportation will allow a provider to bill actual mileage if staff vehicles are used or a per diem/per month if agency vehicles are used.
  - Eliminating the CS and CIST and including professional management costs in the direct support rate will not require providers to log these services.
  - Professional management functions will be validated through documentation of manager's oversight, monitoring, supervision and training of staff.

# ISL Budget Guidelines Project

- ▶ Key recommendations from MMAC
  - Budget should include only direct support staff hours
  - DSP cost will be recalculated to add administrative costs, professional management, and back-up supports
  - Individuals requiring additional one-on-one hours of Community Specialist may have those services authorized under the Community Specialist waiver service, subject to URC review and recommendation and approval of Regional Director

# ISL Budget Guideline Project

- ▶ Additional recommendations from the division:
  - A standard variance of 5% increase or decrease in DSP hours will not require a budget adjustment, unless the variance continues consistently up or down by 5% for a continuous 3 months period.
  - Variances less than 5% and fluctuating up and down by 5% from month to month do not require budget adjustments.
  - There should be no differential in the cost of awake staff or night-time sleep staff. A single DSP rate will be calculated based on a provider's historical budget data.

# ISL Budget Guideline Proposed Roll Out Plan

- ▶ Spring, 2013: Discussions with MACDDS and MARF
- ▶ Summer, 2013: Begin rolling out pilot one Region at a time, with a goal to complete by end of SFY 2015 (June 2015)
- ▶ Advantages:
  - All DSP rates will be recalculated by DD Central Office, based on current provider data. Work load to perform this task will be manageable if by one Region, one provider at a time
  - As revisions roll out across the state, minor modifications may be necessary based on experience and feedback from providers and MMAC
  - 2 year-out period will assure workload may be managed appropriately by DD central Office, Regional Offices, providers, and MMAC alike

# Conclusion and Discussion

- ▶ Next steps:
  - Update guidelines and budget with lessons learned, recommendations, and decisions based on the pilot.
  - MARF and MACDDS review and input on revised draft guidelines, budget.
  - Schedule roll out by location.
- ▶ Questions?