

2015 Annual Report of the Collaborative Work Group on Services for Adults with Developmental Disabilities

- Findings and Opportunities Regarding the Self-Direction Option in Idaho
- CWG Recommendations for 2016
- Future Developments

February 3, 2016



2015 Annual Report of the Collaborative Work Group on Services for Adults with Developmental Disabilities

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Executive Summary

Within this Annual Report 2015, the Collaborative Work Group (CWG) presents its findings and recommendations regarding Idaho's Adult Developmental Disability Service System. This is the group's second such Annual Report. The CWG includes representatives from a diverse number of associations and organizations who have come together to constructively influence the development of the adult DD service system. Representatives bring the perspectives of people with developmental disabilities, service providers, advocates, agencies and policymakers.

Recommendations

State Legislature: Home and Community-Based Services Rules

CWG asks the 2016 Idaho State Legislature to approve the Home and Community-Based Services rules changes proposed by the Department of Health and Welfare Division of Medicaid (Medicaid). CWG notes the new rules are consistent with the values and direction the CWG has been working over the last several years, and encourages the state legislature to adopt the rule changes as proposed. On October 28, 2015, CWG delivered its specific recommendations respective to the proposed rules to the Medicaid, which urged increased emphasis on person-centered planning, including process quality and accountability and securing meaningful outcomes for participants. Medicaid incorporated those suggestions. Rules implementation will involve a collaborative effort between Medicaid and the CWG.

Idaho Department of Health and Welfare: Resource Allocation

In May 2015, the CWG generated and delivered a proposal to the Division of Medicaid that any needs assessment process selected for Idaho is strengths-based, specifically drives the allocation process (building budgets based on actual needs rather than other factors), and assumes employment is a priority for adults with developmental disabilities. That recommendation rests with Department administration for decision-making. **CWG recommends the Department adopt its recommendation for Resource Allocation**; CWG offers to work actively with the Division of Medicaid to assist with its implementation.

Idaho State Legislature and Idaho Department of Health and Welfare: National Core Indicator Data

Last year and again in 2015, **the CWG recommends the State of Idaho participate in the National Core Indicators Project** (NCI - <http://www.nationalcoreindicators.org>). The National Core Indicators are standard measures used across states to assess the outcomes of services provided to individuals and families. Indicators address key areas of concern including employment, rights, service planning, community inclusion, choice, and health and safety. NCI resources can, on a consistent and intentional basis, provide Idaho the kind of information CWG and ICDD seek to secure to learn about how to leverage Idaho's Self Direction Program, effectively implement HCBS rules, produce meaningful performance measures, and prove whether Idaho is, or is not, securing the best outcomes for participants.

Helping adults with developmental disabilities live meaningfully inclusive and productive lives: RESPECT

Introduction

Developmental Disabilities – Idaho’s Definition

Section 66-402(5) Idaho Code defines a developmental disability as

A chronic disability of a person that appears before 22 years of age and is

- Attributable to impairment such as mental retardation, cerebral palsy, epilepsy, autism or other condition found to be closely related to or similar to one of these impairments that requires similar treatment or services, or is attributable to dyslexia resulting from such impairments.

The condition:

- Results in substantial functional limitations in three or more of the following areas of life activity: self-care, receptive and expressive language, learning, mobility self-direction, capacity for independent living, or economic self-sufficiency;
- Reflects the needs for a combination and sequence of special interdisciplinary or generic care, treatment or other services, which are of life-long or extended duration and individually planned and coordinated.

Collaborative Work Group on Adult Developmental Disabilities Services

The Collaborative Work Group (CWG) on Adult Developmental Disability (DD) Services includes representatives from a diverse number of associations and organizations who have come together to constructively influence the development of the adult DD service system. Representatives bring the perspectives of people with developmental disabilities, service providers, advocates, agencies and policymakers.

CWG seeks to influence the entire system, the core being Medicaid-paid services. CWG also

seeks to influence the development of other important community and natural supports, paid and unpaid, such as employment, housing, and transportation – supports essential to helping adults with developmental disabilities live meaningfully inclusive and productive lives.

Convened by the Idaho Council on Developmental Disabilities (ICDD) in November 2011, the group aspires to achieve the following vision:

By 2020, adults with developmental disabilities living in Idaho enjoy the same opportunities, freedoms and rights as their neighbors. They have access to sustainable service systems that provide quality, individualized supports to meet their lifelong and changing needs, interests and choices.

Always, the CWG work and recommendations are grounded in the following values:

- Respect
- Safety
- Choice
- Quality
- Community Inclusion

This is the CWG’s second Annual Report (Report). This Report presents

- CWG findings respective to Idaho’s "My Voice My Choice" (MVMC) Self-Direction waiver option and opportunities it poses to continue to provide services consistent with CWG values;
- CWG recommendations for legislation to be presented to the 2016 Idaho State Legislature respective to proposed Federal Home Based Community Services Rules;
- A summary of future work for the CWG.

More information about the CWG can be found on the ICDD website at www.icdd.idaho.gov.

CWG Members	Delegate	Alternate
ACCESS Idaho	Trinity Nicholson**	Lisa Cahill
Care Providers Network of Idaho (CFHs)	Eva Blecha	Becky Solders
Center on Disabilities and Human Development, UI	Julie Fodor	Richelle Tierney**
Council on Developmental Disabilities	Christine Pisani **	Tracy Warren
Certified Family Homes	Nora Jehn	None
DisAbility Rights Idaho	Jim Baugh**	Dina Brewer
Division of Family & Community Services (crisis)	Blake Brumfield	Cameron Gilliland
Division of Medicaid	Art Evans**	Stephanie Perry
Idaho Association of Community Providers:		
- Case Management	Joanne Anderson	Shaun Bills
- Developmental Disability Agencies	Maureen Stokes**	None
- Residential Supported Living	Bill Benkula**	Shelly Brubaker
Idaho Health Associations/ICFs-ID	Tom Moss	Kris Ellis
Legislature	Rep. Sue Chew	None
Legislature	Sen. Lee Heider	None
Living Independence Network Corporation	Roger Howard	None
Office of the Governor	Tammy Perkins	None
Self Advocate Leadership Network	Noll Garcia	Kristyn Herbert
Vocational Rehabilitation	Jane Donnellan	None

***Indicates Steering Committee Member*

Addressing key areas of concern including: SAFETY

Findings and Opportunities Regarding Self-Direction in Idaho

Medicaid and Self-Direction

Medicaid is a federal program providing a 70/30 Federal to State match funding for medical and health related services for people with low income in the United States. The Bureau of Developmental Disabilities Services (BDDS) within the Idaho Department of Health and Welfare (DHW) Division of Medicaid manages the Medicaid-paid services for adults with developmental disabilities.

Currently, approximately 3000 adults receive Medicaid waiver services in Idaho, served by approximately 100 Medicaid Providers.

The goal of the Adult Developmental Disabilities Program in Idaho “is to assist adults

with developmental disabilities in getting the right care at the right place at the right cost with the right outcomes.”

Medicaid also provides each state the opportunity, through a Medicaid Waiver (Medicaid Home and Community-Based Services §1915(c) of the Social Security Act), to provide an array of services that assist Medicaid beneficiaries to live independently, seek job skills, participate in their own community, and have the freedom to manage their own lives in the least restrictive environment.

Idaho’s Division of Medicaid’s MVMC Self-Direction waiver option offers participants the ability to direct their own services and

supports. Currently (December 2015) this option serves 702 adults.

To support the CWG activities, the ICDD conducted a number of surveys and studies to

inform its understanding of the self-direction option. Table 1 provides a summary of survey efforts undertaken by the Council that are summarized as appropriate in the following pages.

Survey Effort	Purpose	Participants	Survey Style	Survey Dates	#
1 Medicaid recipients interviewed by provider agency personnel	To determine how Medicaid waiver recipients spend their dates, what they want to do and what barriers prevent desired activities	Traditional and Self-Direction Program participants	In person interview by provider	10/13 – 12/13	162
2 Pre-Survey Medicaid recipients/families interviewed by phone (no data analysis)	To determine how Medicaid waiver recipients spend their days, what they want to do and what barriers prevented desired activities	Traditional and Self-Direction Program participants	Phone survey of persons who responded to Council advertisements to volunteer for the study	08/14 – 11/14	60
3 Individual Provider online survey concerning Self-Direction	Determine if providers knew they could provide Self-Direction, and why they did not provide service when aware	Traditional DD recipients (2 TSC providers were also Support Brokers)	Online, Survey Monkey	07/14-09/14	48
4 Randomly selected names from all DD Waiver Medicaid recipients	To determine how Medicaid waiver recipients spend their days, what they want to do and what barriers prevent desired activities	Traditional and Self-Direction Program participants	Cold call phone survey. Two-four attempts made at different times.	02/15 – 01/16	214
5 HCBS Rule Based Study	Evaluate current compliance to new HCBS rules to establish a baseline	Traditional and Self-Direction Program participants	In-person interviews after initial letter and phone call	09/15 – TBD	TBD

Table 1. Inventory of Surveys

Findings and Opportunities

In comparing Idaho’s MVMC program to other states, the CWG determined Idaho’s program:

- Makes possible a high level of participant choice, control and flexibility within the Medicaid system;
- Can be creatively adapted to a participant’s needs and preferences;

- Can be used to access services from traditional providers in a way that preserves choice and flexibility.

Summarily, CWG found this waiver option to be among the most diverse and flexible in the nation.

In two of its first three survey efforts (Surveys #1, #2 and #3), one conducted by providers of participants and one directed at providers, CWG found misunderstanding and challenges related to using MVMC and to using it to its capacity, as indicated in the following table.

Table 2. Perceived challenges and opportunities related to using the Self-Direction option

	Challenges	Opportunities
Participants	<ul style="list-style-type: none"> ▪ Availability of community support workers to meet their needs/back-up supports ▪ Workers compensation ▪ Lacked quality assurance 	<ul style="list-style-type: none"> ▪ Higher degree of choice ▪ Ability to go to agency as well as hire from community members ▪ Ability to negotiate costs
Providers	<ul style="list-style-type: none"> ▪ Approximately 20% of provider agencies are unaware they can provide services to people on self-direction ▪ Concern the budget will not address the need ▪ Coding billing ▪ Feeling that rules and reimbursement rates of the two programs not equal ▪ Use of their employees complicates the Fiscal Employees Agent (FEA) process ▪ A specific person needs to be identified on the service plans – agencies need more flexibility ▪ Negotiation of rates ▪ Lacked quality assurance 	<ul style="list-style-type: none"> ▪ Customize services to meet participant needs ▪ Inform regarding opportunities ▪ Less paperwork ▪ Fewer Medicaid rules

To supplement the provider interviews of participants, the Council conducted a telephone survey to make more specific inquiries around the experience of using the self-direction option (Survey #4).

The University of Idaho Center of Disabilities and Human Development has analyzed the results of that survey and produced a January 2016 report entitled: The Idaho Adult Developmental Disabilities Traditional and Self-Direction Waiver Phone Survey Results. The results of the survey will soon be made available on the ICDD website at www.icdd.idaho.gov.

Table 3 provides a summary list of themes generated by the supplemental telephone survey and indicated by the level of use of the program.

CWG learned from this survey that all individuals with developmental disabilities age 18 to 22 who received family-directed services as children continued on self-directed services as they transitioned to adult services. While some individuals spent part of their budget on agency-provided (traditional) services, none who previously received family-directed services opted for traditional DD services.

The survey also showed that using the self-direction option does not necessarily mean the individual is involved in their community. For some, the lack of involvement was related to behavior, health or personal preference. Some lived in an isolated location. Others received a small budget. For others, lack of involvement appeared to relate to Community Support Worker expectations or other time commitments.

Much of this feedback came from providers rather than individuals, so the lessons learned are often filtered, accurately or otherwise, through that lens.

Some individuals on self-direction identified themselves as having a paid or volunteer job.

CWG learned that in those cases, the individual's Community Support Worker often acted in the role of job coach. It appears, however, that many of these activities would not be covered under Vocational Rehabilitation or other traditional job programs.

Individual choices regarding self direction	Participant rationale for his/her choice
Individuals or families who switched to self-direction	<ul style="list-style-type: none"> ▪ Some type of bad experience with agency centered services or group homes, such as abuse, inability of staff to handle behavior issues, frequent staff or housing changes ▪ A desire to have more community based experiences or volunteer/work experiences ▪ Having community experiences always in "groups" of people with disabilities ▪ Having to participate in activities that hold no interest to their son or daughter ▪ A lack of available and/or conveniently located agency services in rural/frontier areas ▪ The need to structure services that fit a unique setting or circumstance (the family farm, a long-term relationship between two people with developmental disabilities, certain health or behavior issues) ▪ The ability of the individual, parents or others to screen and train staff
Individuals who switched from self-direction back to traditional services	<ul style="list-style-type: none"> ▪ The lack of availability of back-up staff ▪ The age or health of the person who had previously helped the individual to direct their services.
Individuals who considered the self-direction option but chose traditional instead	<ul style="list-style-type: none"> ▪ The individual enjoyed the people and activities at their Developmental Disability Agency (DDA) ▪ The lack of back-up staff ▪ Self-Direction lacks regulations and monitoring ▪ Parents/guardians did not want the responsibility of hiring and supervising staff, filling out paperwork, having to cover for staff who suddenly quit or got sick ▪ Parents felt that staff at DDA's were trained and addressed their adult child's needs
Parents/guardians and individuals who were most satisfied with self-direction	<ul style="list-style-type: none"> ▪ Families or individuals had a network of natural supports ▪ Family or friends could provide back-up services to the individual if needed (parents often reported that they did not need back-up staff as they could step in or had relatives/friends they could call) ▪ The individual was not dependent on assistance with activities of daily living or health related issues ▪ The individual and/or family could tolerate a somewhat flexible schedule

Table 3. Rationale for choices regarding self-direction

Implications for Future Work

Survey results generated the following important findings:

- A large majority of parents/guardians/Certified Family Home providers and Supported Living staff were reluctant to let us speak to the individual with a disability, both those on the self-direction and traditional programs. This was true even when the individual did not have a guardian. ICDD staff did not insist and talked instead to the parent or provider.
- Most parents and Certified Family Home providers volunteered that the person we wanted to speak with had mental or physical limitations that kept them from talking on the phone. ICDD staff sometimes knew this was not necessarily so, as staff knew a few individuals personally.
- Supported living staff sometimes refused to confirm or deny a person even lived at the residence, citing HIPPA rules. Usually they would share their agency's name and number if we insisted;
- Even when confirming we had the right number, a majority of supported living staff refused to let us speak to individuals without a supervisor's permission – even when the individual did not have a guardian.

Survey results inform CWG and Medicaid opportunities to clarify the Self-Direction option, and underscore the significance of the new federal and proposed state Home and Community Based Services (HCBS) rules.

This knowledge informs the CWG efforts and recommendations for a qualitative and quantifiable baseline on which Idaho's progress in adopting and implementing HCBS rules can be effectively measured against participant outcomes, more fully described in the following section of this report.

Providing participants the ability to direct their own services and supports: CHOICE

CWG Recommendations for 2016

Adopt Home and Community-Based Services Rules

In January 2014, the Centers for Medicare & Medicaid Services (CMS) passed new rules for Home and Community-Based Services (HCBS), which provide opportunities for waiver participants to receive Medicaid services in home and community-based settings. The rules, effective March 2014, place new requirements on states respective to how the Medicaid home and community based services program is operated. States have five years to fully implement the new requirements.

Medicaid has prepared the Statewide Transition Plan and submitted it to CMS for approval.

To meet the requirements, the Division of Medicaid presented proposed rule changes in January 2016 to the Idaho the Idaho State Legislature. CWG is pleased to note the new rules are consistent with the values and direction the CWG has been working over the last four (4) years, and encourages the state legislature to adopt the rule changes as proposed.

CWG delivered its recommendation respective to the proposed rules to the Division of Medicaid on October 28, 2015. The recommendation urged increased emphasis on person-centered planning and the quality and accountability of that process and the results it

generates for participants. A copy of the recommendation is included as Attachment A.

Rules implementation will feature a collaborative effort between Medicaid and the CWG.

To ensure adults with a range of developmental disabilities have a real voice in the implementation of the CMS HCBS rules, ICDD and the University of Idaho Center on Disability and Human Development (CDHD) worked collaboratively with the Division of Medicaid to create a face-to-face statewide study reflective of the range of participants served through DD waiver. The study intends to establish a baseline of what the service system looks like now through the eyes of adults with developmental disabilities when asked about integration, choice, control, person centered-planning, employment, and privacy through HCBS services. The baseline of this initial study will be provided to the Division of Medicaid for use in evaluating service provider compliance within the first year of implementation of the HCBS rules. The study is significant because of the intentional work to interview participants at all support levels to assure that each participant has the opportunity to provide their input.

The study began in September of this past year and will conclude by June of 2016, just before the implementation of the rules on July 1, 2016. All participants in the initial study will be interviewed a second time in 2019 to learn of their perception about how the rules impacted their ability to have more choice, control, privacy, community integration, and participation in their planning meetings.

Address Resource Allocation

Last year the CWG reported that an opportunity exists to improve the assessment and resource allocation process. While discussion and study regarding assessment tools and processes are still underway, the CWG generated and delivered, in May 2015, a

proposal to the Division of Medicaid that any needs assessment process selected for Idaho is strengths-based, specifically drives the allocation process (building budgets based on actual needs rather than other factors), and assumes employment is a priority for adults with developmental disabilities. A copy of the recommendation is included as Attachment B.

With the recommendation, the CWG recognized inherent challenges the approach posed to the Division of Medicaid. CWG presented preliminary process options to help address the Division's needs to prevent abuse, project future years numbers of users and costs, and ensure allocated budgets do not exceed available funding.

CWG worked with Division staff on articulating its recommendation to Department leadership, and look forward to coordinating with the staff when the final decision is made, and supporting implementation details.

Secure Idaho-specific Data to Inform Decision-Making

In the absence of data needed to inform effectiveness, ICDD utilized approximately one-quarter of its annual project budget for data collection this year, including the phone survey and the statewide face-to-face study summarized earlier. The Council's investment of resources for this small state agency has amounted to \$29,144 spent with 2,237 staff hours invested to date. It is anticipated that the study underway will cost an additional \$24,000 and 240 hours over the next six months, totaling 2,477 staff hours and \$53,144 in Council funds.

Even with that, the depth of the data represents only a small sample of adults with developmental disabilities in Idaho. CWG and the Council continue to seek information that is increasingly robust and meaningful.

Last year, the CWG recommended the State of Idaho participate in the National Core Indicators Project (NCI -

<http://www.nationalcoreindicators.org>). NCI can provide the qualitative and quantitative type of data that will guide Idaho's decision-making to secure the best outcomes for participants.

The Core Indicators are standard measures used across states to assess the outcomes of services provided to individuals and families. Indicators address key areas of concern including employment, rights, service planning, community inclusion, choice, and health and safety. Idaho is one of six states in the nation who do not use the database to inform its works with people with developmental disabilities. NCI resources can, on a consistent and intentional basis, provide Idaho the kind of information CWG and ICDD seek to help ensure effective implementation of HCBS rules, produce meaningful performance measures, leverage Idaho's Self-Direction

Program, and prove whether Idaho is, or is not, securing the best outcomes for participants.

CWG recognizes participation comes at a cost to the state, but CWG maintains that participation will enable Idaho to prove and improve its performance. The move will provide accurate qualitative and quantitative data to inform decision-making by entities like the Council. Others responsible for supporting people with developmental disabilities will find the information invaluable as well. This investment will also provide the Council increased opportunities to focus on addressing other elements of the system where an existing tool does not exist—specifically providing the resources for participant advocacy as required by the HCBS rules and in perfect concert with the Council's mission.

Securing and knowing you secure the best outcomes for participants: QUALITY

Future Developments

Quality Assurance

Through a prioritization process between the CWG and the Council, Quality Assurance has been selected as the topic for study and recommendations for 2016.

In order to increase the opportunity for quality outcomes for participants, the CWG will study and, by May 31, 2016, generate recommendations on Quality Assurance with an emphasis on Person Centered Planning (PCP) as it pertains to any stakeholder or participant in the HCBS system.

Preliminarily, CWG identifies an opportunity to increase the right outcomes for participants by

assessing best practice implementation of the PCP process and providing an intentional focus on training.

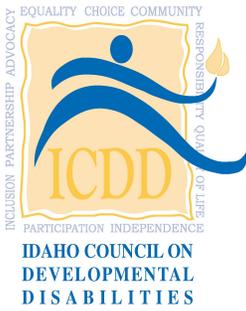
Idaho Employment First

CWG continues to support the efforts of the Idaho Employment First Consortium to enhance the Idaho service system to ensure employment outcomes for Idahoans with developmental disabilities. A copy of the Consortium's Recommendations for Medicaid Employment Services is included as Attachment C as an informational item.

Enjoying the same opportunities, freedoms and rights as our neighbors: COMMUNITY INCLUSION

ATTACHMENT A: CWG Recommendations on HCBS Rules

October 28, 2015



HCBS
Division of Medicaid
PO Box 83720
Boise, ID 83720-0009

Dear Mr. Evans:

The Collaborative Work Group (CWG) on Adult Developmental Disability (DD) Services includes representatives from a diverse number of associations and organizations who have come together to constructively influence the development of Idaho's adult DD service system. Representatives bring the perspectives of people with developmental disabilities, service providers, advocates, agencies and policymakers. The group aspires to achieve the following vision:

By 2020, adults with developmental disabilities living in Idaho enjoy the same opportunities, freedoms and rights as their neighbors. They have access to sustainable service systems that provide quality, individualized supports to meet their lifelong and changing needs, interests and choices.

Always, the CWG work and recommendations are grounded in the following values:

- Respect
- Safety
- Choice
- Quality
- Community Inclusion

More information about the CWG, can be found on this link to the [ICDD website](#).

The CWG appreciates this opportunity to provide comments on the proposed Home and Community Based Services (HCBS) rules the Department is preparing for consideration by the 2016 State Legislature. The CWG offers the following general comments for the Department's consideration. More specific comments are included as an attachment.

1. The proposed HCBS rules respond to rules promulgated by CMS in March 2014. Idaho's proposed rules demonstrate Idaho's commitment to implement those rules. Furthermore, Idaho's proposed rules are in line with the Vision and Values the CWG adopted in 2011. While some specific comments follow, CWG supports adoption of the HCBS rules.

2. Person-Centered Planning is a service and process fundamental to providing the respect, value and choice each individual deserves. Specific attention to how those requirements are described—and how those requirements are implemented—is and will continue to be of importance to the CWG and key to the best outcomes for participants.

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C. L. "Butch" Otter
Governor

Debra Parsons
Chair

Christine Pisani
Executive Director

For this reason, these comments are presented in this letter in addition to the attachment.

- Specifically, the definition of Person-Centered Planning could be interpreted in a narrow way only requiring documentation that the team “focused” on the needs and preferences of the participant. CWG seeks to have the planning process result in specific outcomes derived from the participant, who is driving the process, and the resulting plan actually helps achieve their own goals. While the actual detail in Sections 312, 315 & 316 provide this type of direction, the definition could be misinterpreted respective to intent.
 - The definition of Person-Centered planning is different in 16.03.10.721 SERVICE COORDINATION: DEFINITIONS where it says only “expressed needs” must be considered in developing the plan. CWG recommends using the CMS definition of person-centered planning, which is more expansive and reflective of the CWG Vision and Values.
 - CWG recommends there be a defined process to follow if a member of the planning process does not agree with the results during and following the planning process.
 - A more specific definition/distinction between a “plan monitor” and how that differs from the Department’s “case manager” would be helpful, with an eye for minimizing layers of review and maintaining as much control as possible with the participant.
3. Respective to achieving the most meaningful person centered planning process, an intentional emphasis on provider education is recommended. This training should include: 1) how to conduct quality person centered planning, and 2) how to assist adults with intellectual and developmental disabilities to learn the leadership skills necessary to lead their planning meetings in an authentic way.

Thank you for your consideration of these general comments, as well as of the specific comments attached. Should you have any questions of the CWG, please let me know or come to the next full meeting of the group.

Sincerely,



Christine Pisani, Executive Director
Idaho Council on Developmental Disabilities
Collaborative Work Group on Adult Developmental Disabilities Services

RE: DRAFT DOCKET NO. 16-0310-1501

PERSON CENTERED PLANNING

Person-Centered Planning is a service and process fundamental to providing the respect, value and choice each individual deserves. Specific attention to how those requirements are described—and how those requirements are implemented—is and will continue to be of importance to the CWG and key to the best outcomes for participants. For this reason, these comments are presented in this letter in addition to the attachment.

- Specifically, the definition of Person-Centered Planning could be interpreted in a narrow way only requiring documentation that the team “focused” on the needs and preferences of the participant. CWG seeks to have the planning process result in specific outcomes derived from the participant, who is driving the process, and the resulting plan actually helps achieve their own goals. While the actual detail in Sections 312, 315 & 316 provide this type of direction, the definition could be misinterpreted respective to intent.
- The definition of Person-Centered planning is different in 16.03.10.721 SERVICE COORDINATION: DEFINITIONS where it says only “expressed needs” must be considered in developing the plan. CWG recommends using the CMS definition of person-centered planning, which is more expansive and reflective of the CWG Vision and Values.
- CWG recommends there be a defined process to follow if a member of the planning process does not agree with the results during and following the planning process.
- A more specific definition/distinction between a “plan monitor” and how that differs from the Department’s “case manager” would be helpful, with an eye for minimizing layers of review and maintaining as much control as possible with the participant.

Respective to achieving the most meaningful person centered planning process, an intentional emphasis on provider education is recommended. This training should include: 1) how to conduct quality person centered planning, and 2) how to assist adults with intellectual and developmental disabilities to learn the leadership skills necessary to lead their planning meetings in an authentic way.

Page 14 Section 312

The increased emphasis on “opportunities to seek employment and work in competitive integrated settings” is appropriate and aligns with Idaho’s Employment First initiative. Even though the introductory paragraph to Section 312 HOME AND COMMUNITY BASED SETTINGS REQUIREMENTS clarifies the intent, as “participants have the same opportunities for integration . . . as individuals who do not require supports”, the language in 312.01.b seems to indicate disability specific settings may remain the norm for Developmental Therapy and Adult Day health, indicating most services will be delivered in disability specific settings, which is contrary to what appears to be the intent of HCBS and certainly of the

CWG. To change the emphasis, we propose a revision to 312.01.b to read “are selected by the participant or legal guardian from among non-disability and disability specific settings, are based on the participants....”

Page 16 Section 315

03. In Plain Language and Accessible. Describe what is meant by plain language: “Plain language writing emphasizes the use of the clearest words possible to describe actions, objects and people. That often means choosing a two-syllable word over a three-syllable one, elimination of jargon, acronyms, and sometimes, several clearer words instead of one complicated word”.

Page 17 Section 316

05. Individually Identified Goals and Desired Outcomes. Provide evidence of a demonstrated effort to identify participant goals and desired outcomes in the development of the person centered plan.

10. Plan Signatures. Provide clarity to all parties involved about what “signing” the plan indicates.

Page 26 Section 513

02. Plan Development. Define the term “facilitator”.

Page 28 Section 513

08. Informed Consent. Consider including the following language: “The plan should include evidence of pre-planning conducted with the participant to assist them with the leadership of their person centered planning meeting.”

Page 53: Section 729

There is no specific initial or ongoing training requirement for those providing Service-Coordination, which would ensure an understanding of viable Person-Centered planning processes. CWG recommends initial and ongoing uniform training for Person-Centered Plan Developers are required based on agreed-upon philosophical orientation.

RE: DRAFT DOCKET NO. 16-0313-1501

Only 16.03.10 SECTIONS 315 and 316 are required to be utilized by the Support Broker in the facilitation of the Person-Centered Planning process. The most important concepts to be included in Person-Centered Planning are found in 16.03.10 SECTION 312 HOME AND COMMUNITY BASED SETTINGS REQUIREMENTS. CWG recommends references to this section to strengthen the intent of the Person-Centered Planning process.

ATTACHMENT B: CWG Assessment and Resource Allocation Recommendations

COLLABORATIVE WORKING GROUP FOR ADULT DEVELOPMENTAL DISABILITIES ASSESSMENT AND RESOURCE ALLOCATION: RECOMMENDATION MAY 14, 2015

The Collaborative Working Group (CWG) for Adult Developmental Disabilities met on May 14, 2015 in Boise, Idaho and generated the following proposal for the state's consideration respective to selecting an Assessment and Resource Allocation process for Idaho adults with development disabilities. CWG has been reviewing other states' systems and a variety of assessment tools, including the SIB-R, SIS and InterRAI, over the past several years. This spring their work dovetailed with that of a DHW-convened project team who also reviewed tools and generated four different options for consideration by DHW administration.

More information about the CWG, its membership, principles, processes, and its recommendations can be found in its Annual Report at the following link:

<http://icdd.idaho.gov/pdf/Idaho%20CWG%20Report%20to%202015%20Legislature.pdf>

The discussion CWG pursued is specific to an assessment process that produces an allocated budget to meet individual needs. This recommendation specifically does not address an assessment process that determines DD program eligibility.

RECOMMENDATION

Fundamentally, the CWG proposes that *any needs assessment process* selected for Idaho is strengths based, specifically drives the allocation process—building budgets based on actual needs rather than other factors—and assumes employment is a priority for adults with developmental disabilities.

Any assessment and resource allocation process selected by the state should feature the following characteristics:

1. The process must be transparent, easily understood, and 'welcoming' to the adults undertaking them;
2. The process specifically utilizes a person-centered planning approach as defined by CMS, recognizing each individual is unique in their needs and ensuring each plan is specifically responsive to individual conditions;
3. The process will be comprehensive in its definition of needs across all life areas, including but not limited to the individual's situation respective to:
 - Health and Medical needs
 - Mental/Behavioral Health needs
 - Independent living skills
 - Safety
 - Employment
 - Community Integration
4. Based on the individual needs generated through a person-centered approach, the process will identify the hours of support required to meet those needs and the qualifications of the personnel required to provide them;
5. With this deliverable, the allocation process will generate a budget that is fair and equitable, appropriately meeting the individual's current needs and specifically featuring the flexibility to respond to changing needs.

Ultimately, the process should serve as a pathway to help people integrate in their respective communities.

This proposal recognizes all involved parties must implement the person-center-planning process with integrity, and parties must include the active engagement of the participant and his/her best advocate. All must work toward effectively meeting needs—and not trying to merely pull down the most money or support those needs as inexpensively as possible. The approach will likely require additional training for those involved.

ADDRESSING CHALLENGES

CWG recognizes this approach is commonly called a “retrospective planning” approach – where planning occurs based on the individual’s current reality and not necessarily what came before. CWG recognizes the approach causes some specific challenges for the Division of Medicaid, and seeks to help the Division address the following responsibilities:

- How to safeguard against exploitation and abuse
- Project the future year’s number of users and cost of services to CMS
- Project the future year’s number of users and cost of services to the state Legislature
- Ensure the state does not get itself in a situation where the allocated budgets exceed available funding.

CWG proposes a number of strategies to help address said challenges, some of which are process and others content oriented. A subcommittee of the CWG will meet with Division of Medicaid personnel in the very near future to follow-up on some of these recommendations. Meanwhile, CWG submits the following suggestions for the state’s consideration.

Process Proposal:

Having developed an accurate Person Centered Plan, CWG proposes the following process elements:

1. Have an independent assessor review the support plan and its justification. It is anticipated the vast majority of the plans would fall in an expected range.
2. In the event of disputes and plans falling outside the expected range, DHW care managers will review and resolve
3. DHW care managers will approve, or not, the plans
4. A review and appeal process can be utilized in the event of further dispute

The approach brings control to the process and does, in fact, utilize a ‘soft cap’ for implementation.

Other Process Suggestions:

- The support plan will articulate a justification for the hours and qualifications identified
- To reduce a potential inclination to inflame a budget, the plan can be outcome oriented by blocks of hours

Suggestions for Addressing Reporting Requirements:

1. Look at how supported employment was implemented to assist with avoiding exploitation of funding
2. Implement a pilot project in up to 2 regions to assess planning and budget implementation usage (R3 and Frontier)

3. Quantify the percentage of adults who are maxing out their KW budgets – this would help give a budget starting point; also look at the percentage and resources remaining from those who are not utilizing their entire budgets
4. Assess cost of people in supported employment vs. those not working
5. Ensure people have their needs met instead of utilizing all available services

CWG appreciates the Department's consideration of this proposal, and commits to continuing to work collaboratively with the Department to address challenges associated with its implementation.

CWG Recommendation

Retrospective Budget using Person Centered Planning

Through person centered planning, the participant and their team determine the individual participant needs and identify the hours and level of support required to meet those needs. The resource allocation process should:

- be transparent, easily understood, and welcoming
- be comprehensive in its definition of needs
- generate a budget that is fair and equitable
- feature flexibility to respond to changing needs

Criteria for Scoring - Project & Program Objectives	
1. Reduces complexity of the resource allocation process.	YES Services and level of support are determined by the person centered planning team.
2. Allocation method can be clearly communicated . Understandable communication can be developed to inform DD participants about their annual benefit allocation and any changes from their previous year.	YES Eligibility notices would only communicate DD and/or ICF/ID level of care eligibility and the need to create a service plan that will assist in determining their annual benefit.
3. Resources are allocated based on need and addresses participant health & safety.	Yes The person centered planning team would examine needs across all life areas, including but not limited to the individual's situation respective to: <ul style="list-style-type: none"> • Health and Medical needs • Mental/Behavioral Health needs • Independent living skills • Safety • Employment • Community Integration
4. Resource allocation assessment is accurate	Yes (N/A) with some dependencies Participants would only receive an eligibility assessment. A separate resource allocation assessment tool would not be utilized. Instead the person centered planning process and those involved in that process will determine needs and allocate resources accordingly. Dependencies: 1) the person doing the PCP must be highly skilled if we are to insure a quality assessment – thus creating the need to increase training and oversight of those doing this work and 2) the integrity of the people at the table must be high so personal interests are not part of the decision making proces

<p>5. Resources are allocated equitably across members</p>	<p>Yes with some dependencies</p> <p>This model is based on needs, not equity.</p> <p>Dependencies:</p> <ol style="list-style-type: none"> 1. It is dependent upon a quality PCP process 2. The person doing the PCP must be highly skilled if we are to insure a quality assessment – thus creating the need to increase training and oversight of those doing this work 3. The integrity of the people at the table must be high so personal interests are not part of the decision making process 4. Training and QA of PCP developers must be very good or else those participants with a very savvy planner will receive more services than a participant with a less skilled planner.
<p>5. Allocation method promotes sustainable service delivery (no waitlists, protections against unnecessary services, cost neutral, allows state to set a predictable budget)</p>	<p>Yes</p> <p>If the budget allocation is outside of the expected range, (not sure who assesses this) then an independent assessor (new position?) would be asked to review the needs and allocation. Should there be an issue with available dollars a hierarchy would be established so health and safety needs would be supported first before other needs.</p> <p>Dependencies:</p> <ol style="list-style-type: none"> 1. Need to add the work of assessing all plans to ensure they are within the expected range for that type of need 2. If a plan is out of the expected range we would need to fund an independent assessor to review that plan
<p>6. Allocation method addresses individuals who choose traditional and Self Directed services</p>	<p>No At the time of the meeting how to meet this criteria is not known.</p>

Recommendations for Medicaid Employment Services

Employment First means that having a job in the community should be expected and planned for people with developmental, intellectual, and other disabilities. It is a national movement and many states have changed their policies, services, and systems to align with Employment First principles. The Idaho Council on Developmental Disabilities has established the Idaho Employment First Consortium (IEFC) as part of its Employment First Initiative. This Consortium has been meeting over the past 3½ years to review national and state-specific data, Idaho policy and systems and develop recommendations for needed changes to agency services/procedures and state policies.

Because adults with disabilities who experience significant barriers to employment often need additional services and supports to gain and maintain integrated employment, the Consortium has determined that enhancements to the Idaho service system for adults with intellectual and developmental disabilities are necessary to ensure employment outcomes for Idahoans with disabilities.

The Consortium proposes expanding the choice of services that support employment, as allowed by the Center for Medicare and Medicaid Services (CMS), to encourage an effective and productive use of Idaho Medicaid service dollars towards the goal of employment and enable Idahoans with disabilities to become more independent, contributing members of their communities.

The Consortium also proposes the development of specific provider qualifications related to recognized core standards for the provision of employment support services by supervisors and direct support professionals. The Idaho Council on Developmental Disabilities and members of the Consortium are committed to supporting and facilitating a coordinated effort to identify provider qualifications and develop a standardized, state-approved training curriculum for related professionals.

In addition, the group proposes implementation of rigorous quality assurance measures that include collecting data on employment outcomes of individuals receiving employment support services.

The Idaho Employment First Consortium makes the following recommendations related to the implementation of employment support services under the Idaho Medicaid service system for adults with intellectual and developmental disabilities who are eligible under the 1915c HCBS DD waiver and the 1915i DD State Plan option.

Recommendations:

1. Broaden the current exception review process to include pre-vocational and career planning services in addition to supported employment services.
2. Services and supports are considered part of a path to employment:
 - a. Encourage individuals who have an employment goal to utilize a combination of services : developmental therapy, pre-vocational, career planning services and supported employment services to gain skills needed to achieve employment

- b. Prevocational services are focused, time-limited and intended to help the individual make continued progress towards voluntary participation in at least part-time integrated employment
 - c. Prevocational services are not a pre-requisite to other employment support services
 - d. Career planning services utilize a more robust person-centered and community-based planning process, like Discovery, that identifies individual strengths and abilities related to employment and enables a better job match
- 3. Improve the person centered planning process by training service coordinators, support brokers, support personnel, participants, family members and other members of their circle of support to have the skills needed to:
 - a. Engage in an employment discussion with individuals to focus on consideration of a work goal. Help individuals (and circle of support) picture a different day for themselves with a variety of services that lead to an integrated employment outcome
 - b. Discuss how income from employment may affect the individual's disability-related benefits
- 4. Additional employment services to be included in the benefits package (see table for additional clarification of each service):
 - a. Prevocational services
 - b. Career Planning services
 - c. Individual Supported Employment services
- 5. Employment services quality assurance measures
 - a. Quality assurance and evaluation of services based on employment outcomes in the Adult Services Outcome Review (ASOR)
 - b. Include additional data points to the employment section of the Individual Support Plan (ISP) to be considered during the plan review process
 - c. Include service and employment outcomes in the provider reporting process
 - d. Create a data gathering process so that outcomes can be reported
- 6. Engage in discussions with Vocational Rehabilitation to determine best process/protocol to enable the most effective use of both program's services and a smooth transition for the individual to ensure continuity of support in preparing for employment and in the workplace.

As Idaho moves forward to help individuals with disabilities become employed and contributing members of their community, the Consortium realizes that some policy and system changes to build capacity in our current service system may require a request for additional funds to make system enhancements possible. The Idaho Council on Developmental Disabilities and Consortium members are committed to working with policymakers to secure support for needed resources to make this more positive future a reality.

Depending on the work to be done, our efforts may include: facilitating workgroups to develop information, gather data, and develop recommendations; drafting and supporting legislation that, upon passage, would allow additional funds for fiscal impact of system enhancements; collaboratively drafting rules and program procedures; collaboratively developing educational materials/training for a variety of stakeholders related to the implementation of those rules and procedures; facilitating the development of interagency agreements as needed; and other strategies as identified.

We await your response to our recommendations and look forward to dialogue about how we might work together to increase the number of Idahoans with disabilities who are employed and engaged in their community.

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