

State of Colorado

The State of Colorado administers its adult developmental disability services program through contracts with Community Centered Boards (CCBs). The CCBs are private, non-profit agencies. Each CCB serves 1 to 10 counties (70-1,600 individuals).

CCBs are non-profit organizations contracted with by the Division of Developmental Disabilities Services (DDS) to manage resources at the local level, determine eligibility for community-based services, complete assessments using the Supports Intensity Scale (SIS) and provide case management services as Case Management Agencies (CMAs).

The CCBs are designated by the State of Colorado and may either provide services directly or arrange for service provision by non-CCB providers.

Adult DD services are managed by using an algorithm that places participants into groups with similar overall support needs (Support Level). The Support Level is used to determine which standardized rate will be reimbursed for services to the participant. In addition, the Support Level also determines the Service Plan Authorization Limit (SPAL) in the HCBS-Supported Living Services (SLS) waiver. The SPAL sets the upper payment limit of total funds available to purchase services to meet the person's needs.

The State of Colorado has a waiting list for individuals requesting HCBS—DD services and state funded services.

Assessment and budget setting

- The State of Colorado uses the Supports Intensity Scale (SIS) to assess needs.
- The CCB must make sure at least two (2) respondents who know the person well are present at the SIS interview. A respondent must have known the person for at least three months and have direct knowledge of the person's skills and abilities. The respondent also needs to have had recent opportunities to observe the person in one or more places such as home, work, and out in the community. A respondent can be a parent, relative, guardian, direct support staff, work supervisor, or any other person who works or lives with the person being assessed. The person being assessed should be encouraged and supported to attend and may also serve as a respondent.
- The scores from sections of the SIS, in addition to a client's safety risk status, are used to determine a participant's Support Level.
- Support Levels are a numeric value determined using an algorithm that includes factors based on assessments of the client's needs as measured by the adaptive, medical and behavioral components of the SIS Assessment plus factors for defined safety risk. The scores from the specific sections of the SIS were found to be statistically relevant for establishing reimbursement rates and level of need.
- The Support Level determines which rate will be reimbursed for services, and the Service Plan Authorization Limit (SPAL).
- If a participant wishes to appeal their SPAL, the appeal is sent to the CMA who completed the assessment. The CMA will review the complaint and attempt to resolve within ten (10) days. A written response regarding the complaint is then sent to the participant
- If participant does not believe the CMA has satisfactorily resolved the issue, they can appeal the CMA's decision to the Division for Developmental Disabilities (DDD).

Services

- There is no entitlement to funding or services within the developmental disabilities system; therefore, not everyone who is eligible for services receives services. There are waiting lists for services.
 - It is the CCB's responsibility to determine through the Individualized Planning (IP) process what level of support an individual requires and how much funding is necessary to meet the needs of each eligible person based on the person's IP.
 - If funding is not available for the type of services that a participant needs, this will be identified on the participant's IP and their name placed on a waiting list.
 - Whenever a participant is placed on a waiting list, the case manager will work with the participant and their family (as applicable) to identify other programs and services outside of the developmental disabilities system that might be helpful.

- Supported Living Services (HCBS—SLS)
 - Supported Living Services are used to supplement already available supports for adults who either can live independently with limited supports or, if they need extensive support, are principally supported from other sources, such as the family.
 - Supported Living Services provide a variety of services, such as personal care, employment or other day type services, accessing his or other community, help with decision-making, assistive technology, home modification. Professional therapies, transportation, and twenty-four hour emergency assistance.
 - The person receiving services is responsible for his or her living arrangements which can include living with family or in their own place. Up to three (3) persons receiving services can live together. The person receiving services cannot require 24 hour supervision paid for only by SLS.

- Developmental Disabilities (HCBS-DD)
 - Comprehensive Services (Adults) provide 24 hour residential care, employment and other day type services and transportation. Comprehensive Services is an all-inclusive program that is designed to ensure that all identified needs in a participant's service plan are met. The person receiving services cannot be living with his or her family if they receive Comprehensive Services.
 - The service provider is responsible for living arrangements which range from host homes settings with 1-2 persons, an individualized setting of 1-3 persons, up to group settings of 4-8 persons. A participant may have a co-payment depending on their monthly income.

- Family Caregivers must be employed by a Program Approved Service Agency (PASA) in order to receive payment for the delivery of services to a participant who is a family member.
 - PASAs are private agencies; recommended by CCBs and approved by the State for purchase of services through CCBs. PASAs only provide direct services.

- In the State of Colorado Consumer Directed Attendant Support Services allow people with disabilities to manage attendant care services only. Attendant care services include health maintenance activities (e.g. skilled care, to include, but not limited to, catheter care, administration of medication, and ventilator monitoring), personal care and homemaker services. Attendant services do not include OT, PT or speech/language pathology services.

State of New Mexico

New Mexico currently services approximately 3,800 individuals on the Developmental disabilities (DD) Waiver. Approximately 4,000 individuals are on the New Mexico Central Registry waiting for DD Waiver services.

At this time, most individuals remain on the Central Registry approximately seven (7) years before they are allocated. Expedited allocation is only available to individuals on the Central Registry who are either:

- Experiencing abuse, neglect or exploitation in their current setting;
- Are at eminent risk of becoming homeless; or
- Are aging out of the foster care system and are not eligible for any other appropriate placement option.

During the waiting period, State General Fund services may be accessed if openings are available. Funds for State General Fund (SGF) Services are available based upon State Legislative appropriation and are contracted directly with provider agencies. State General Funded Services may be provided only to those recipients who are not on the Developmental Disabilities Medicaid Waiver. Individuals who are 22 and older and who meet the State's definition for being developmentally disabled (New Mexico's developmental disability definition is the same as Idaho's) are eligible for, but not entitled to, State General Fund Services. Individuals served through State General Fund Services do not need to meet the same medical and financial eligibility requirements as under the Developmental Disabilities Medicaid waiver. Adult SFG services include respite, residential, habilitation/vocational and special services. State General Fund services are budgeted within an ARA which is based upon the individual's age and level of care.

Assessment and Budget-setting

- The State of New Mexico uses Annual Resource Allotments (ARA)
 - Individual ARA amounts are based upon the individual's age, Level of Care (LOC) score and residential service status.
 - LOC score is assigned from the following:
 - Comprehensive Individual Assessment (New Mexico uses the Supports Intensity Scale assessment tool);
 - Current physical exam and medical/clinical history; and
 - Norm-referenced adaptive behavioral assessment.
 - An ARA is a maximum budget amount, within which specific services must fit.
 - The ARA does not include residential services, called Community Living Supports.
 - The ARA amount is somewhat lower for individuals receiving Community Living Supports because the residential provider is required to provide certain supports as part of that service, such as transportation, personal care and nursing.
 - If an individual moves into Community Living Supports during the ISP year, the ARA will be prorated based upon the percentage of funding used up to the date Community Living Supports began.
 - ARA amounts are lower for adults age 18-21, than for those 22 and over, because young adults continue to be eligible for special education services through the public schools until their 22nd birthday, and therefore should not need to purchase as many day program

services through their ARA. If a young adult (18-21) is not enrolled in public school and would like to receive Community Living Supports, he/she may access the Adult 22 and older level of ARA funding.

Services

- Case Management: Case Management is funded with the ARA. Twelve (12) monthly units per year of Case Management are required in accordance with the corresponding DD Waiver Standards and applicable DDS policies for Case Management.
- Service Options Funded with the ARA: Each service shall be provided in accordance with the corresponding DD Waiver Standards and applicable DDS policies. The total budget for the selected services may not exceed the Annual Resource Allotment. In addition to the mandatory 12 units of Case Management, the individual, in conjunction with the IDT members, may choose any or all of the following service options:
 - Community Inclusion (Supported Employment, Community Access, Adult Habilitation);
 - Behavioral Support Consultation;
 - Goods and Services;
 - Occupational Therapy;
 - Physical therapy;
 - Personal Plan Facilitation;
 - Personal Support Services;
 - Private Duty Nursing;
 - Speech Therapy;
 - Nutritional Counseling;
 - Respite;
 - Non-Medical Transportation; and
 - Supplemental Dental Care.
- Service Options Funded in Addition to the ARA:
 - Environmental Modifications;
 - Outlier Services (Adult Habilitation only);
 - Therapy Exceptions (only if over age 21);
 - Supported Employment Exceptions; and
 - Tier III Crisis.
- Individual budgetary allotment (IBA) for Mi Via recipients (Consumer-Directed Services in New Mexico) is determined as follows:
 - Budget allotments are based on calculations developed by the state for each Mi Via population group utilizing historical traditional waiver care plan authorized budgets within the population, minus the case management costs, and minus a 10 percent discount.
 - The determination of each Mi Via eligible recipient's sub-group is based on a comprehensive assessment. The eligible recipient then receives the IBA available to that category of need, according to the eligible recipient's age.

State of Ohio

There are currently over 27,000 people waiting for waiver services in Ohio. County boards maintain waiting lists for services that are not available due to limited resources. This includes waiting lists for the Individual Options (IO) Waiver, Level 1 Waiver, and possibly locally funded services. A County Board will allocate funding based on the following: Emergencies, priorities, date of request.

Assessment and Budget Setting

- Ohioans are assessed using the Ohio Developmental Disabilities Profile (ODDP). The ODDP is a standardized instrument used to assess the relative needs and circumstances of an individual in order to determine the amount of service needs available for a person's Individual Options (IO) waiver services. The ODDP is submitted electronically to the Ohio Department of DD, and the answers are electronically scored to assign a funding range. The SSA is responsible to develop a plan that corresponds to the individual's funding range, as assessed and calculated by the ODDP. The "funding range" applies to all services except the Adult Day Support, Vocational Habilitation, Supported Employment – Enclave, Supported Employment – Community, Supported Employment – Adapted Equipment, and Non-Medical Transportation.
- The annual service limit that is applicable to the adult day service set of Adult Day Support, Vocational Habilitation, Supported Employment – Enclave, Supported Employment – Community, and Supported Employment - Adapted Equipment Waiver services is determined by use of a projected service utilization of 240 days per year multiplied by 6.25 hours of attendance each day multiplied by four 15-minute units per hour to obtain the maximum base of 6,000 15-minute units of service that may be received per person per twelve month waiver year. The 6,000 units are then multiplied by the rate for Vocational Habilitation/Adult Day Support that corresponds to the group to which each individual would be assigned based on completion of the Acuity Assessment Instrument.
- Ohio developed the DODD Acuity Assessment Instrument to determine the levels of direct service staff supports and related resource allocations required to provide quality adult day services to individuals with similar characteristics. The score resulting from the application of the assessment is used to determine the adjusted statewide payment rates, staff intensity ratios and group assignments applicable to each individual participating in Adult Day Support, Vocational Habilitation and Supported Employment – Enclave services. Assessment scores resulting from administration of the DODD Acuity Assessment Instrument were then grouped into ranges and subsequently linked with group size expectations that result in four payment rates that have been calibrated on group size. The AAI is scored by the Department of MR/DD.
- Service and Support Administrators (SSA) employed by County Boards of Developmental Disabilities will be assigned the responsibility to submit to the Department information contained on the DODD Acuity Assessment Instrument for each waiver recipient for whom Adult Day Supports, Vocational Habilitation, Supported Employment-Enclave or Supported Employment-Community Waiver services have been authorized through the individual planning process. The SSA will be responsible to inform the waiver enrollee/guardian of the assessment score and resulting group assignment initially and at each time the assessment instrument is re-administered. In addition, each person accessing these services will have a separate budget limitation (funding cap) for non-medical transportation. The non-medical transportation is not based on AAI scores. A funding range is assigned to the participant based on a score derived from the AAI assessment.

- The purpose of the AAI is to ensure that individuals across the State of Ohio who have similar needs and circumstances receive services at levels of funding that are comparable.
- The SSA assigned to the participant from the County Board is responsible for working with the participant, their guardian (if applicable) and the person-centered planning team to develop a service plan within the assigned funding range. The participant will have the opportunity to appeal their service plan if they do not agree their needs can be met within the assigned budget.
- An administrative review processes internal to DODD and subject to ODJFS oversight will be available to individuals who believe that their DODD Acuity Assessment Instrument scores prohibit their access to or continuation in the Vocational Habilitation or Adult Day Support and/or Supported Employment – Enclave services they have selected.

Services

Level 1 Waiver

- **Level One Waiver—Agency services**
 - Adult Day Support
 - Environmental Accessibility Adaptations
 - Homemaker Personal Care
 - Institutional Respite
 - Non-Medical Transportation
 - Personal Emergency Response
 - Specialized Medical Equipment
 - Supported Employment Community
 - Supported Employment Enclave
 - Transportation
 - Vocational Habilitation
- **Level One Waiver—Independent services**
 - Environmental Accessibility Adaptations
 - Homemaker Personal Care
 - Informal Respite
 - Non-Medical Transportation
 - Personal Emergency Response
 - Specialized Medical Equipment
 - Supported Employment Community
 - Supported Employment Enclave
 - Transportation

Individual Options (IO) Waiver

- **Individual Options (IO) Waiver—Agency services**
 - Adaptive & Assistive Equipment
 - Adult Family Living
 - Adult Foster Care
 - Adult Day Support
 - Community Respite
 - Environmental Accessibility Adaptations
 - Home Delivered Meals

- Homemaker Personal Care
- Interpreter Services
- Non-Medical Transportation
- Nutrition Services
- Personal Emergency Response
- Remote Monitoring
- Remote Monitoring Equipment
- Residential Respite
- Social Work
- Supported Employment Community
- Supported Employment Enclave
- Transportation
- Vocational Habilitation
- **Individual Options (IO) Waiver—Independent services**
 - Adaptive & Assistive Equipment
 - Adult Family Living
 - Adult Foster Care
 - Environmental Accessibility Adaptations
 - Home Delivered Meals
 - Homemaker Personal Care
 - Interpreter Services
 - Non-Medical Transportation
 - Nutrition Services
 - Personal Emergency Response
 - Remote Monitoring
 - Remote Monitoring Equipment
 - Social Work
 - Supported Employment Community
 - Supported Employment Enclave
 - Transportation

Self-Empowered Life Funding (SELF) Waiver option:

- **SELF Waiver Option—Agency**
 - Adult Day Support
 - Community Inclusion—Personal Assistance
 - Community Inclusion—Transportation
 - Community Inclusion—Transportation Commercial Vehicle
 - Community Respite
 - CTI—Senior Level Specialized Clinical /Therapeutic Interventionist
 - CTI—Clinical Therapeutic Interventionist
 - Functional Behavioral Assessment
 - Integrated Employment—Agency
 - Integrated Employment—Independent Provider
 - Integrated Employment—Co-Worker
 - Non-Medical Transportation
 - Participant/Family Stability Assistance—Counseling
 - Participant/Family Stability Assistance—Training
 - Remote Monitoring

- Remote Monitoring Equipment
- Residential Respite
- Support Brokerage
- Support Brokerage—Unpaid
- Supported Employment Enclave
- Vocational Habilitation
- Remote Monitoring
- Remote Monitoring Equipment
- Residential Respite
- **SELF Waiver Option—Independent**
 - Community Inclusion—Personal Assistance
 - Community Inclusion—Transportation
 - CTI—Senior Level Specialized Clinical/Therapeutic Interventionist
 - CTI—Clinical/Therapeutic Interventionist
 - Functional Behavioral Assessment
 - Integrated Employment—Agency
 - Integrated Employment—Independent Provider
 - Integrated Employment—Co-Worker
 - Non-Medical Transportation
 - Participant/Family Stability Assistance-Counseling
 - Participant/Family Stability Assistance—Training
 - Remote Monitoring
 - Remote Monitoring equipment
 - Support Brokerage
 - Support Brokerage—Unpaid
 - Supported Employment Enclave
- SELF waiver for adults (ages 22 and over, or with a formal exit from the school system) has an overall budget cap of \$40,000/year
- SELF service limits include:
 - Support Brokerage: \$8,000
 - Functional Behavioral Assessment: \$1,500
 - Remote Monitoring Equipment: \$5,000
- Any combination of the following services may not exceed \$25,000 annually:
 - Community Inclusion
 - Residential Respite
 - Community Respite
 - Remote Monitoring
- Employer authority is a component of the SELF waiver option. There are two (2) Employer Authority options.
 - Common Law Employer: The individual is the legally responsible and liable employer of staff selected by the individual, meaning that the individual holds the liability for ‘wrongful termination’ lawsuits, and ensuring that taxes, unemployment, and workers’ compensation are deducted.

- Co-Employer: The individual enters into an arrangement whereby a third party is the co-employer of staff selected by the individual. The co-employer performs necessary payroll functions as spelled out in the ISP. The individual directs the staff, and is considered the 'managing employer'. This also is known as the 'Agency with Choice' model.
- A participant can choose to be their own Support Broker, or choose to use someone else as a paid or unpaid Support Broker.
- The SELF Waiver Option institutes an Employment First policy, meaning that an explanation must be provided when an individual chooses an Adult Day Waiver Service that is not an employment service (i.e. Adult Day Support or Vocational Habilitation).