Allocating Resources and Setting Individual Support Budgets

North Carolina Stakeholders Group Webinar

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Allocating Resources and Setting Individualized Support Budgets

- Introductions and purpose
- Review of past presentations and questions
  - Why is change needed?
  - The process followed for setting individual budgets and allocating resources
  - Developing assessment levels and budgets
- Information about North Carolina
- Lessons learned in other states
- Concluding remarks and questions
Review and Questions

• Why is change needed and what are DHHS’s goals?
• The process followed for setting individual budgets and allocating resources
• Developing assessment levels and budgets
We believe that...

People with disabilities and their families have the right to live, love, work and pursue their life aspirations just as others do in their community.
Why is Change Needed? What Goals Do We have?

- For individuals to get the services & supports you need to live and work in the community -- just like anyone else
- The amount of money individuals are allocated -- an Individualized Supports Budget -- will be based on the amount of need for support a person has.
- The amount a person is allocated will be fair for everybody.
- We will all work to use the money we have wisely and efficiently.
We want to move from a low correlation like THIS...

...to a high correlation like THIS

Support Needed

$\text{Little} \quad \text{A Lot}$

$\text{A Lot} \quad \text{Little}$
Overall the process involves

An assessment is used to assist with establishing individualized budgets. This also provides a way for policy makers to make fiscal choices that are fair & predictable, but also makes the best use of available money that’s consistent with driving system principles.

Allocating resources to people based on their assessed level of need. Each person receives what they need.

Establishing a best fit solution for most but taking care to accommodate individuals with extraordinary needs.
Developing Levels and Budgets

1. Design a random stratified sample for each targeted subpopulation.

2. Assess needs using the Supports Intensity Scale (SIS) & assign individuals to Levels.

3. Consider where people live.

4. Settle on the service array & reimbursement rates.
5. Build service packages by Level based on common supports needs and living situation.

- **Base** budgets include in home, residential, employment, or day services.

- **Some** services are managed outside the base, including professional or non-recurring supports.

- **Utilization** of services by level is anticipated.

- **Service packages** are priced by level to establish individualized budgets.

- **Individuals** are not tied to anticipated service packages. Resource allocation does not limit person-centered choices, but sets a budgetary limit.

6. Systematically **validate** the service packages & make revisions as needed.
Budgets vary according to levels that group people from least to highest support needs.

Each level represents a certain amount of money for services.

In some cases other services can be added on to get a higher personal budget allocation.

Processes are implemented to address exceptional needs.
7 Support Levels

“C” – Modest support needs and some behavioral challenges
“F” – Significant medical support needs
“G” – Significant behavioral challenges
Seven Level Model

Budget Cost Limit of $135,000

Potential “Add On” Services

Budget Allocation

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**Base Budget Services**

- Community Networking Services
- Supported Employment
- Day Supports
- In-Home Skill Building
- In-Home Intensive Supports
- Personal Care
- Residential Supports
- Respite

**Add-On Budget Services**

- Assistive Tech. Equipment & Supplies
- Community Guide Services
- Community Transition Services
- Crisis Services
- Financial Support Services
- Individual Goods & Services
- Natural Supports Education
- Specialized Consultation Services
- Vehicle Modifications
- Home Modifications
## Looking Things Over

<table>
<thead>
<tr>
<th>Access</th>
<th>Getting a Budget</th>
<th>Service Planning</th>
<th>Service Delivery</th>
<th>Quality Monitoring</th>
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</thead>
<tbody>
<tr>
<td>Understanding the Process</td>
<td>SIS Interview</td>
<td>Creating a Service Plan</td>
<td>Arranging for Service Delivery</td>
<td>Voicing Complaints</td>
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<tr>
<td>Eligibility</td>
<td>Sharing Results</td>
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<td>Service Delivery</td>
<td>Monitoring</td>
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<td></td>
<td>Service Packages</td>
<td></td>
<td>Paying for Services</td>
<td>Making Changes</td>
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<td>Informing People</td>
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Supporting Policies, Rules & Regulations and Communication
Information About North Carolina

- Basics about people served and spending
- Selected results regarding the Supports Intensity Scale
- Spending by support group and place of residence
- Spending by support group and LME-MCO

The following slides were generated by Burns & Associates based on SIS interview findings and 2013 fiscal data.
Using the 7 group assessment framework used by Cardinal Innovations, the number of people per group varies by LME-MCO.
Fiscal Year 2013 Expenditures by Service Grouping

Looking at overall spending in 2013, Personal Supports totals 46.5% of the total budget of $456.8 million.
Placement type varies by LME-MCO. This affects average costs per person.
Residential placement is the greatest predictor of cost, as a result, these groups must be considered separately.
Scatterplots of Fiscal Year 2012 Expenditures to Supports Need Index (SNI) by Residential Status

- Residential Supports
- Home Supports
- Non-Residential, Comprehensive Waiver
- Non-Residential, Supports Waiver

Graphic compiled by Burns & Associates 2014
The graphic shows some relationship between support need group BUT there is variability within each group.
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The amount of day services used by individuals and the proportion reimburses at the 1:1 rate varies across LME-MCOs.

<table>
<thead>
<tr>
<th>MCO</th>
<th>One-to-One</th>
<th>Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>All MCOs</td>
<td>13.2</td>
<td>6.0</td>
</tr>
<tr>
<td>Alliance Behavioral Healthcare</td>
<td>10.9</td>
<td>6.0</td>
</tr>
<tr>
<td>Sandhills Center</td>
<td>18.6</td>
<td>6.0</td>
</tr>
<tr>
<td>Coastal Care</td>
<td>15.4</td>
<td>6.0</td>
</tr>
<tr>
<td>East Carolina Behavioral Health</td>
<td>15.4</td>
<td>6.0</td>
</tr>
<tr>
<td>Eastpointe</td>
<td>16.5</td>
<td>6.0</td>
</tr>
<tr>
<td>CenterPoint Human Services</td>
<td>18.5</td>
<td>6.0</td>
</tr>
<tr>
<td>Partners Behavioral Health</td>
<td>15.6</td>
<td>6.0</td>
</tr>
<tr>
<td>Smoky Mountain Center</td>
<td>9.0</td>
<td>6.0</td>
</tr>
<tr>
<td>Western Highlands</td>
<td>3.5</td>
<td>6.0</td>
</tr>
<tr>
<td>MeckLINK</td>
<td>16.5</td>
<td>6.0</td>
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</table>
Lessons Learned

• HSRI and Burns & Associates have been involved with multiple states to develop individualized support budgets

• There are many lessons that have been learned
Lessons Learned

• **Stakeholders Count!** Engage with stakeholders – including self-advocates whenever possible.

• **Details matter** Operational details need to be carefully worked out (e.g., notifications, supports planning, appeals, extraordinary support protocols)

• **State and local staff need to be informed** Training and technical assistance must be offered to state staff and local staff (e.g., care coordinators, utilization managers)
Person centered planning is essential

- **SIS** results may be used to **guide** service planning but not necessarily to drive planning.

- **The** SIS interview may push participants to **discuss** topics they might not ordinarily talk about.

- **Valuable** personal or habilitation goals may lay **outside** the bounds of the SIS interview.

- **Use** conversational & other means to develop **person-centered** plans.
Evaluating what happens is essential

Three types of evaluation should occur:

- System Level
- Provider Level
- Service Recipient Level

Establish measures that can help indicate if the goals of the system change are being achieved.
Evaluating Systems to Discover “Best Practices”

What We Believe

People with disabilities and their families have the right to live, love, work and pursue their life aspirations just as others do in their community.

- Across the life course
- Many facets of life
- Diversity
- Community participation
- Belonging & valued roles
- Person centered
- Self-directed
- Personal & mutual responsibility
- Family well-being
- Mutual supports
- Community assets
- Wise spending
- “All in”
- Now and in the future.

What We Do

Eligibility and access
Individualized budget
Service array and definitions
Rate schedules
Supports planning and flexibility
Services network and delivery
Supports, not just services

What Happens

Personal and family outcomes related to access, control over life, and impacts on life.

System level outcomes related to the number served per population, system fairness and efficiency, cost per person, and collaborative alliances.
Concluding Remarks

• Dancing with Dragons

• Questions
Dancing with Dragons

“The final act in performing a creative act is letting go. ... As we create new support practice, the proverbial beast is provoked. We are knocked off our centers as we move into unknown territory without the anchor of our legacy services. This requires..., as Rebecca Chan says, [that we] Dance with our Dragons.”

Hanns Meissner, Blue Space, p. 146