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Supported Living Services



Proposed Guidelines TCRC Supported Living Services... Why Must We Make Changes?



- Changes in Allocation Methodology FY 10/11
Decrease in POS funding (FY 10/11) of \$11.6 mil as a result
- Technical Assistance from DDS
- Compliance with:
 - TBL in 2009 and 2011
 - Title 17 SLS Regulations
 - Home and Community-Based Services Waiver
 - The Lanterman Act



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Changes in Allocation Methodology

- Prior to FY 09/10, DDS funded RCs based on actual 4th quarter annualized costs from the prior fiscal year, adjusted primarily for late bills and new programs started in the 4th quarter, plus funding for growth in the current year.
- RCs then had opportunity to negotiate directly with DDS through the sufficiency of allocation report process to ensure adequate funding.
- Majority of funding was allocated earlier to RCs, without resultant projected deficits carried for several months without resolution.
- POS funding for FY 11/12 as a result is \$11.6 million less than FY 10/11
- Current projected deficit for FY 11/12 is \$10-\$12 million



Changes in Allocation Methodology

For FY 10/11, DDS wanted to develop a new allocation methodology due to their belief that the old methodology disadvantaged RCs that had done the most to save POS in the past. DDS decided it would prefer a methodology based on individual characteristics.

However, this type of methodology could take one to two years to develop and DDS wanted to make changes in FY 10/11. So it was agreed that an interim or "bridge" methodology would be developed to be used until the one based on individual characteristics could be developed.



Changes in Allocation Methodology (continued)

1. The allocation was based on FY 2009-10 actual expenditures.
2. RCs were funded 100% for the residential services (**including SLS and ILS**) expenditures for FY 2009-10.
3. The allocation for all non-residential services was computed separately for Early Start individuals and "Lanterman" individuals (all others receiving POS).
4. The total cost of non-residential services for each group was divided by the total number of individuals for that group to ascertain the "average cost".
5. The RCs were arrayed by the average cost, highest to lowest.
6. The RC with the highest average cost was then allocated 90% of its FY 2009-10 non-residential service expenditures.
7. The RC with the lowest average cost was then allocated 100% of its FY 2009-10 non-residential service expenditures.
8. The other RCs were allocated a percentage of their FY 2009-10 non-residential expenditures based a formula according to their respective positions in the array.

TCRC received funding for 92% of it's FY 09/10 non-residential expenditures in FY 10/11.



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Changes in Allocation Methodology (continued)

For FY 11/12, the same allocation methodology was used as in FY 10/11, with a few significant changes:

1. The allocation was reduced by an additional 1.25% to reflect the payment reduction effective July 1, 2010.
2. SLS and ILS expenditures were backed out of the residential costs and allocated separately based on a per capita interval (95% to 100%) to reflect the approximate impact of TBL targeted savings.
3. Because the total amount to be allocated by this methodology exceeded the amount DDS had available for the first allocation (C-1), less an adequate reserve (determined by DDS), a 1% reduction was made on a percent-to-total basis to calculate the RC allocations.

TCRC received funding for 98% of it's FY 09/10 SLS and ILS expenses, reduced by 1.25% for the payment reduction and reduced by another 1% (per #3 above). Projected forward from FY 09/10, the funding allocation shortfall for SLS and ILS is estimated to be approximately \$4.2 million.



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Technical Assistance from DDS (January 2011)

Points covered with TCRC:

- DDS: develop a more objective and deliberative process for reviewing and approving SLS and ensure comport with Lanterman Act, Title 17, 2009 and 2011 TBL changes
- Top 100 cases that are most costly – 74% receive SLS
- TCRC's SLS expenditures (FY 08/09) were on average \$57,161 per person annually
- Average statewide SLS cost per capita (FY 08/09) - \$45K
- TCRC's SLS expenditures exceeded the statewide average by \$11,593
- SLS compared to residential costs
- California Code of Regulations Title 17 §58663 – negotiated rates to be reviewed at time of contract renewal

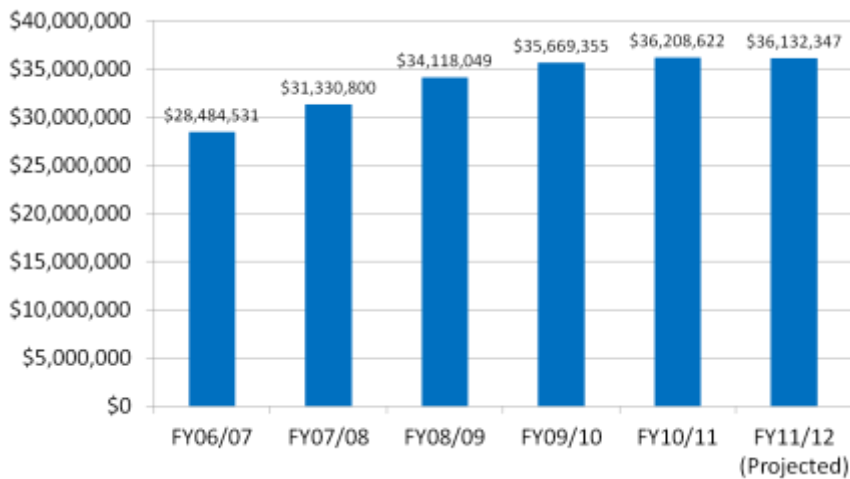
Source: DDS fiscal data



Supported Living Services POS Costs

FY06/07 to FY11/12

Per Actual Service Code 896 and 894 Payments



SLS Persons Served *

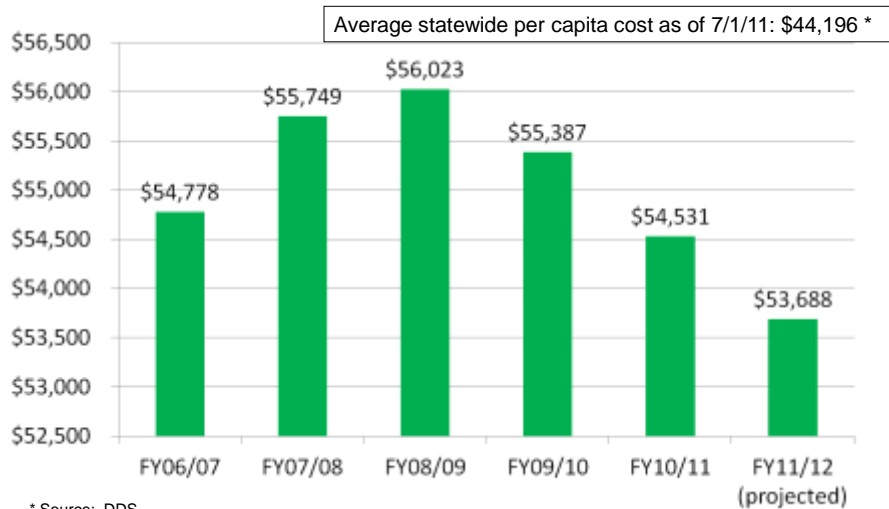
FY06/07 to FY11/12



*Average number of persons served per fiscal year per monthly paid claims.

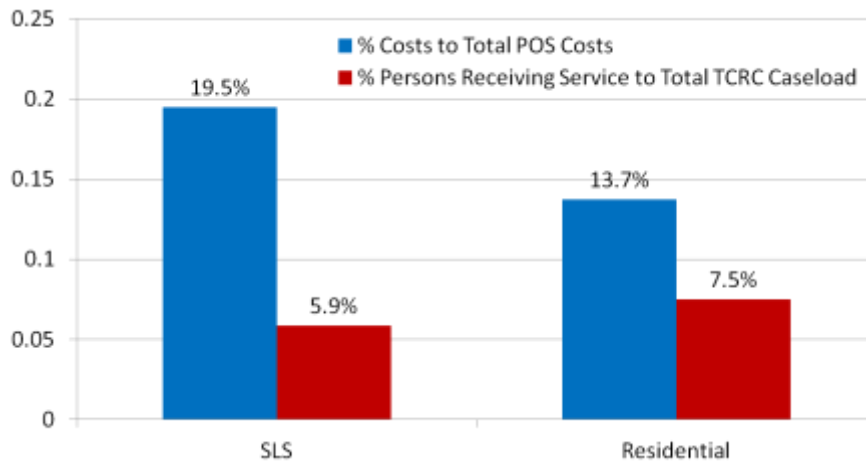
SLS Per Capita Costs

FY06/07 to FY11/12



* Source: DDS

SLS Compared to Residential Costs vs. Persons Served



Compliance with TBL

TBL 2009

- Maximizing Generic Resources – IHSS
- Utilize same SLS provider for same domicile
- Rent, housing and living expenses to be paid by person
- Least costly to be used

TBL 2011

- Maximizing Resources: Shared Staffing – tasks can be appropriately shared
- Maximizing Resources: Independent Assessment: (at 125% of state average) An additional look at SLS – to determine if services are sufficient, cost-effective

Title 17 SLS Regulations



- Alignment of definitions of Personal Support and Training and Habilitation with services provided
California Code of Regulations Title 17 §54349 Vendor Numbers and Service Codes
- Responsibility for rent
California Code of Regulations Title 17 §58611(b) Housing Financial Involvement and Responsibilities
- Living in a home not that of the parent
California Code of Regulations Title 17 §58613 Consumer Eligibility Determination
- ARM Level Cost Equivalents
California Code of Regulations Title 17 §58617 Supported Living Arrangement Costs
- Personal Preference
California Code of Regulations Title 17 §58632. Implementation of SLS Philosophy



Home and Community-Based Services Waiver

- Requirements to monitor and review services on a quarterly basis
- Assure basic Health & Safety (Special Incident Reporting)



The Lanterman Act

WIC 4689

... the Legislature places a high priority on providing opportunities for adults with developmental disabilities, regardless of the degree of disability, to live in homes that they own or lease with support available as often and for as long as it is needed, when that is the preferred objective in the individual program plan.

WIC 4689 (a) (5) The purpose of (SLS) shall be to assist that individual to exercise choice in his or her life while building critical and durable relationships with other individuals.

WIC 4689 (8) Consumers shall not be excluded from supported living arrangements based solely on the nature and severity of their disabilities.



Proposed Guidelines for TCRC Supported Living Services



What are the new Proposed Guidelines?

- Personal funds to support a community life
- A place to live
- The person is willingly in SLS
- The person can make choices known
- Goals are set for TH
- Resources are shared
- IHSS is part of the resources



Proposed Guidelines for TCRC Supported Living Services

SLS Collaborative Work Groups:

- Referral Criteria
- Definition of Service and Terms – use of Training and Habilitation, Personal Support
- Shared Supports
- In Home Supportive Services



Proposed Guidelines for TCRC Supported Living Services



Referral Criteria

1. The person will be able to pay rent and household expenses.
2. The person has a place to live – close to transportation, work, shopping and access to the community.
3. The person is willing to participate in their own support.
4. The person communicates (through various means) own choices and decisions



Proposed Guidelines for TCRC Supported Living Services

Definition of Services and Terms

1. Schedule is developed; the Planning Team will consider and approve, as appropriate, time that the individual desires to spend with family, friends, or on their own without paid support.
2. Activities are approved by the Planning Team, including Training and Habilitation (TH), Personal Support (PS) Personal Support overnight (PSB) and shared services
3. Goals are set by the Planning Team for Training and Habilitation, not to exceed one year per goal, with quarterly reviews of progress. Additional goals may be set. The Planning Team considers different styles and pace of learning.



Proposed Guidelines for TCRC Supported Living Services

Definition of Services and Terms

California Code of Regulations Title 17 §54349 Vendor Numbers and Service Codes

- (a) Personal Support Service – Personal Support Service must be tailored to meet those specific needs of an individual consumer... Personal Support Service differs from Training and Habilitation Service ... in that the immediate result of the service, (e.g., successful preparation of a meal) is the primary objective of the service, while any training or habilitation that may result is an incidental and unanticipated consequence.
- (b) Training and Habilitation Service – Training and Habilitation Service must be tailored to the specific training and habilitation needs and capacities .. and is intended to result in an increased ability on the part of the (person) to establish and maintain constructive human relationships, assume and exercise membership in the community and meet his/her needs without assistance... Training and Habilitation differs from any corresponding Personal Support Service in that the immediate result of the service in the immediate result of the service (e.g., successful preparation of a meal) is always consequential to, but never the primary objective of the training.



Proposed Guidelines for TCRC Supported Living Services



Shared Supports (Staff, House mates)

1. The person shares resources such as staff and home.
2. The person shares their home through living with a house mate; this is encouraged by the Planning Team if appropriate and according to the person's choice.
3. Everyone will have a private bedroom if this is his/her choice.



Proposed Guidelines for TCRC Supported Living Services

In Home Supportive Services

1. Providers will access IHSS for persons including application and appeals of all denials.
2. Providers to use a standard electronic communication format regarding acceptance/denial.
3. TCRC will utilize a third party advocate to support applications, appeal IHSS decisions and provide training for Service Coordinators and Service Providers.



Proposed Guidelines for
TCRC Supported Living Services

What will be the experience of persons served who are:
Currently receiving SLS?
Considering receiving SLS?

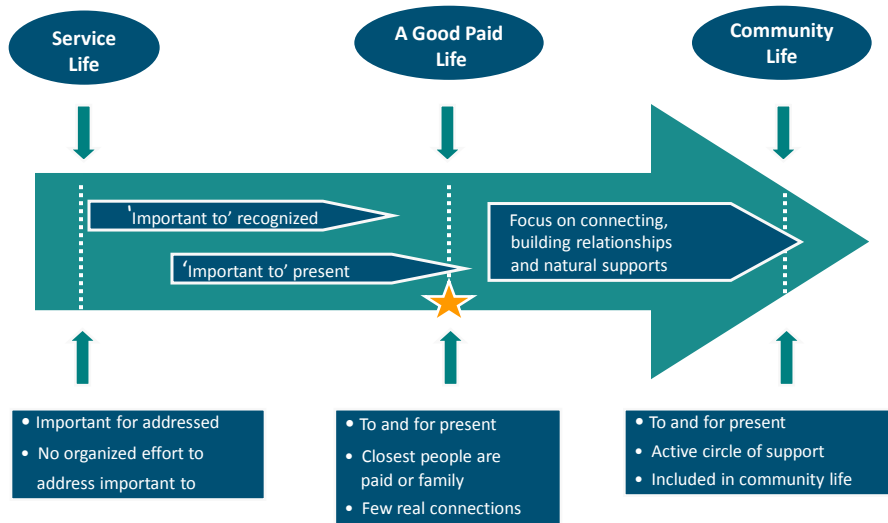


Proposed Guidelines for
TCRC Supported Living Services

What is important for persons served by TCRC?
Person Centered Approach
Flexibility
Choice

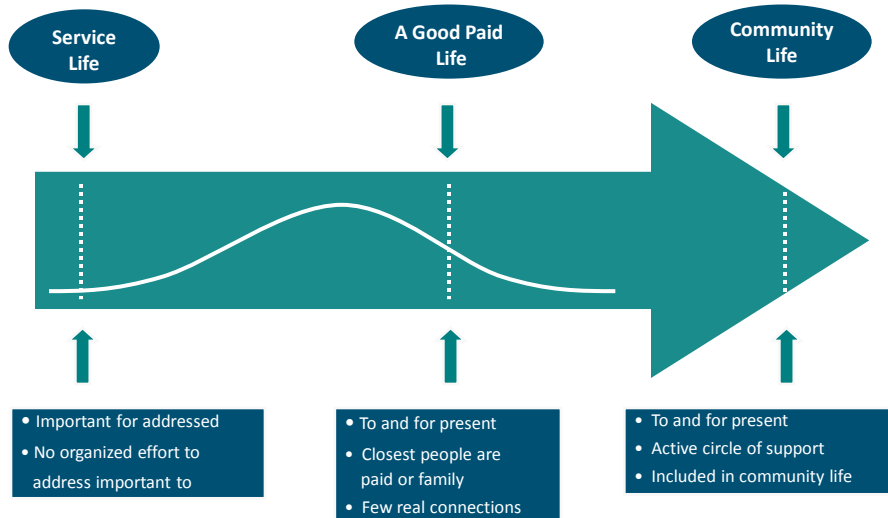


Moving from Service Life to Community Life



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Moving from Service Life to Community Life



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Proposed Guidelines for TCRC Supported Living Services

What will happen for persons who are currently receiving services?

- Refer for Independent Assessment if at/above 125% of the state average
- Check that person is willingly participating
- Make sure SLS is the person's choice
- Activities are approved by the Planning Team – Goals will be set for Training and Habilitation and reassessed at one year. Everybody learns at a different pace.
- Consider a House mate – may share staff

When?

At next IPP

Who will decide?

The Planning Team, including the Person Served and the Service Provider and advocates if requested



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Proposed Guidelines for TCRC Supported Living Services

What will happen for persons who are interested in services?

- Deciding \$s, Place to Live, Willing? Decision to receive SLS?
- Planning Independent Assessment (125%+?), Service Provider, Calendar, Select activities, Training and Habilitation, Personal Support, overnight
- Sharing? To be considered - not required

When?

Planning Team will convene

Who will decide?

The Planning Team, including the Person Served and the Service Provider and advocates if requested



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Process Utilized to Develop the Proposed Guidelines

1. Omar met with Exec Directors majority of providers in 2011: savings/revising SLS services– per DDS, need to align with law
2. Providers/TCRC Directors, Managers in-person group meetings June/July 2011 – 4 +1 to develop issues. Agreed to four committees on topics that led to the Guidelines.
3. Typically 12-15 people for multiple meetings of committees. Used PCT approaches.
4. Numerous communications to answer questions
5. Updates at VAC
6. Meeting with Providers/Omar/Directors 1/17/12 to hear concerns/explained again why making changes.
7. Created changes in the Guidelines in response to their concerns.



Proposed Guidelines for TCRC Supported Living Services

How will the changes affect our Service Providers?



Rate Structure - Current

Current rate structure

- Rates established before July 1, 2008 (effective date of median rates) vs. those established after
- Various structures: Blended, flat and various combinations of TH, PS and overnight
- Disparity

Current Utilization of Personal Support

- More than half of the providers have PS rates and all of these are billing the PS rates to some degree, creating lack of fairness across all SLS providers



Current Rate Structure

- 3 providers vendored after 7/1/08 - all have TH, PS and PSB. Shared staffing codes need to be added.
- 13 providers with TH rates. 12 of these also have PS rates. 8 also have PSB rates. Most need shared staffing codes.*
- 9 providers with blended rates - some have PS and/or PSB. This group includes one vendor with flat rates.

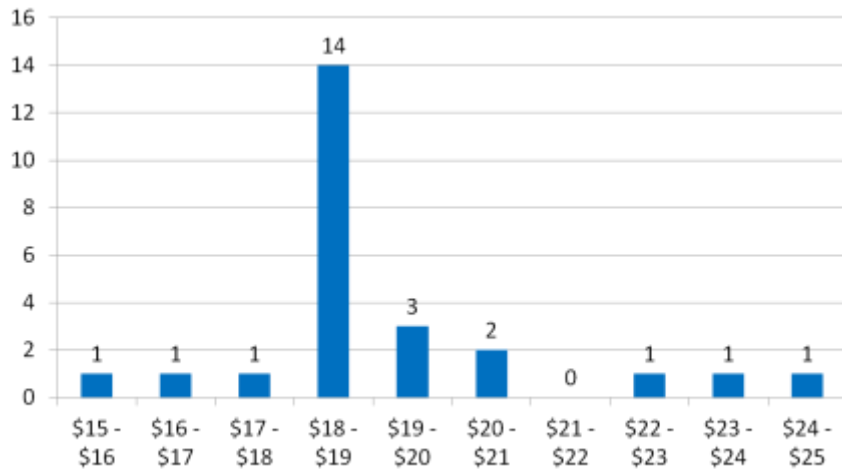
* Includes one agency serving only 1 individual.



SLS Agency Rates

Number of TH, Blended or Direct Rates By Range

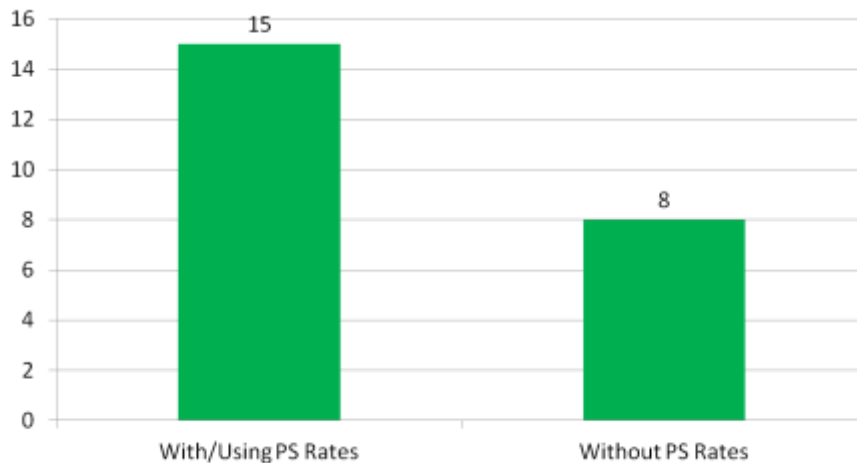
(Primary billed rate (unreduced by 4.25%)*)



- Note two providers each bill at 2 different primary rates – both rates are included in this chart.
- Excludes 1 provider with flat rates, parent coordinated SLS and agencies serving only 1 person.

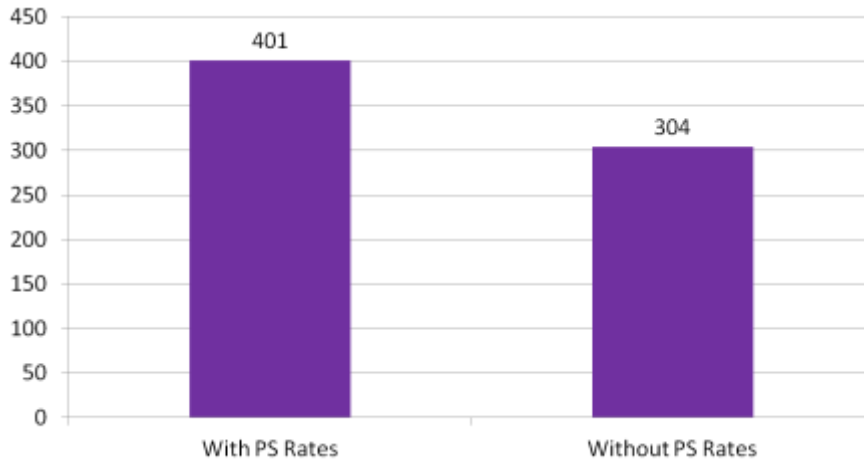
SLS Providers with PS Rates *

Compared to those without PS Rates



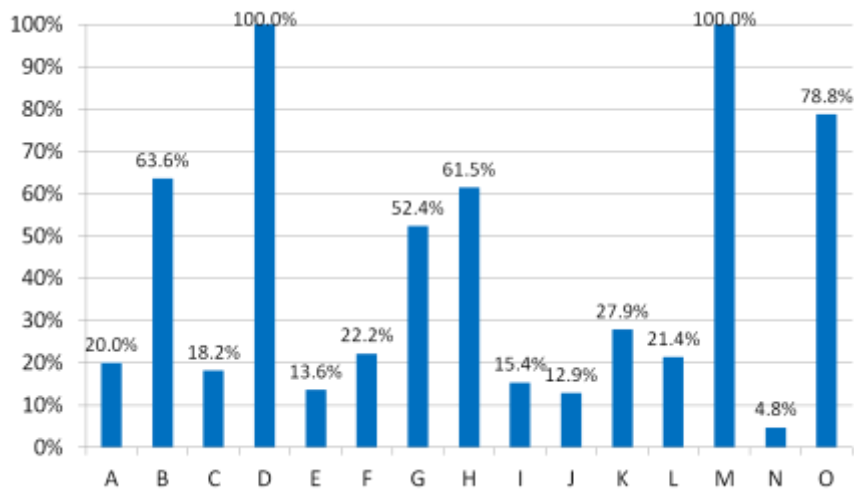
- Currently in contracts & being utilized
- Excludes 1 provider with flat rates, parent coordinated SLS and agencies serving only 1 person

Number of Persons Being Served In SLS Agencies with PS Rates Compared to those without PS Rates



Excludes 1 provider with flat rates, parent coordinated SLS and agencies serving only 1 person

SLS Agencies with PS Rate Utilization % of Personal Support Rate



Rate Structure - Proposed

- All sub codes for TH, PS, Overnight (PSB) and shared staffing to be added to contracts that currently do not have
- Rates have to be established for new sub codes being added
- Methodology for establishing these rates:
 - For services vendored after July 2008, requirement to negotiate up to the medians
 - More flexibility in negotiating rates for services vendored prior to July 2008 – but rates and total costs cannot exceed those in place now
 - Negotiations to be conducted one-on-one with providers, per provider's individual rate structure
 - Requirement to use cost statements (per Bureau of State Audits & DDS) – when establishing negotiated rates



Rate Negotiations – Regulations and DDS Directive

- Title 17 §58663(b): Regional centers shall, for at least three years from the date of the final payment to the SLS vendor in any State fiscal year, retain and make available to the Department upon request the cost data or analytical bases which the regional center relied upon during rate negotiations with the SLS vendor.
- Per Bureau of State Audits Final Report dated August 24, 2010 - DDS' Response:
 - “DDS has issued a directive to regional centers requiring them to maintain documentation on the process used to determine, and the rationale for granting any negotiated rate (e.g. cost-statements), including consideration of the type of service and any education, experience and/or professional qualifications required to provide the service.”
 - DDS has expanded its fiscal audit protocols to include a review of negotiated rates during the biennial fiscal audits of regional centers to ensure adequate documentation exists. These audit protocols are in use for the regional center audits currently being conducted.



Proposed Rate Structure

894 M	Administration	\$ Per month
896 PS	Personal Support	\$ Per hour
896 PS2	Personal Support 1:2 Ratio	\$ Per hour
896 PS3	Personal Support 1:3 Ratio	\$ Per hour
896 PSB	Personal Support Overnight 1:1 Ratio	\$ Per hour
896 PSB2	Personal Support Overnight 1:2 Ratio	\$ Per hour
896 PSB3	Personal Support Overnight 1:3 Ratio	\$ Per hour
896 TH	Training and Habilitation	\$ Per hour
896 TH2	Training and Habilitation 1:2 Ratio	\$ Per hour
896 TH3	Training and Habilitation 1:3 Ratio	\$ Per hour



2011 Median Rates - See Handout on back page

Department of Developmental Services
2011 Median Rates
(Effective December 15, 2011)

ICD	ICD	Modality	2011 DSM Rate	2011 Tri-County Median Rate w/ 4.25% Payroll Increase	Comments	2011 TCR Rate	TCR Median Rate w/ 4.25% Payroll Increase
894		Supportive Living Services					
894M		Administration	\$ 28.29	\$ 29.51		\$ 28.29	\$ 29.51
896PS		Personal Support	\$ 25.34	\$ 26.56		\$ 25.34	\$ 26.56
896PS2		Personal Support 1:2 Ratio	\$ 25.34	\$ 26.56	Personal support - 1:2 staffing - per hour	\$ 25.34	\$ 26.56
896PS3		Personal Support 1:3 Ratio	\$ 25.34	\$ 26.56	Personal support - 1:3 staffing - per hour	\$ 25.34	\$ 26.56
896PSB		Personal Support Overnight 1:1 Ratio	\$ 25.34	\$ 26.56	Personal support - overnight - 1:1 staffing - per hour	\$ 25.34	\$ 26.56
896PSB2		Personal Support Overnight 1:2 Ratio	\$ 25.34	\$ 26.56	Personal support - overnight - 1:2 staffing - per hour	\$ 25.34	\$ 26.56
896PSB3		Personal Support Overnight 1:3 Ratio	\$ 25.34	\$ 26.56	Personal support - overnight - 1:3 staffing - per hour	\$ 25.34	\$ 26.56
896TH		Training and Habilitation	\$ 22.22	\$ 23.44		\$ 22.22	\$ 23.44
896TH2		Training and Habilitation 1:2 Ratio	\$ 22.22	\$ 23.44	Training & habilitation - 1:2 staffing - per hour	\$ 22.22	\$ 23.44
896TH3		Training and Habilitation 1:3 Ratio	\$ 22.22	\$ 23.44	Training & habilitation - 1:3 staffing - per hour	\$ 22.22	\$ 23.44

TCR:

Closing Remarks

DDS: develop a more objective and deliberative process for reviewing and approving SLS and ensure comport with Lanterman Act, Title 17, 2009 and 2011 TBL changes

- TCRC must comply with law and regulations
- TCRC must achieve savings due to current deficit and DDS mandate to find savings in SLS
- TCRC's contract, and therefore contracts of providers, may be at risk if deficit not resolved and noncompliance with law
- Flexibility has been emphasized – each case will be reviewed with a person centered approach
- Services may be considered through the exception process and a person has rights through the fair hearing procedure
- Quarterly meetings will occur with SLS providers and TCRC staff to de-brief/problem solve



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Process for Review of Plans

- Planning Team to convene
(Lanterman WIC 4646, 4648)
- Exceptions
- Fair Hearing Due Process



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