
Maine Office of Aging and Disability Services

Supporting Individual Success

**Overview of Proposed
Section 21 Individual Budgets**

July 23 – 24, 2014

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Agenda

- Purpose
- Process
- Results
- Next Steps

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Purpose

- Align needs and resources to increase fairness in the system
 - Individuals should receive what they need, no more and no less
- Fairly allocate limited resources
 - Consider individuals receiving services as well as those waiting
- Provide opportunity for individuals to be successful in their homes and communities

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Process

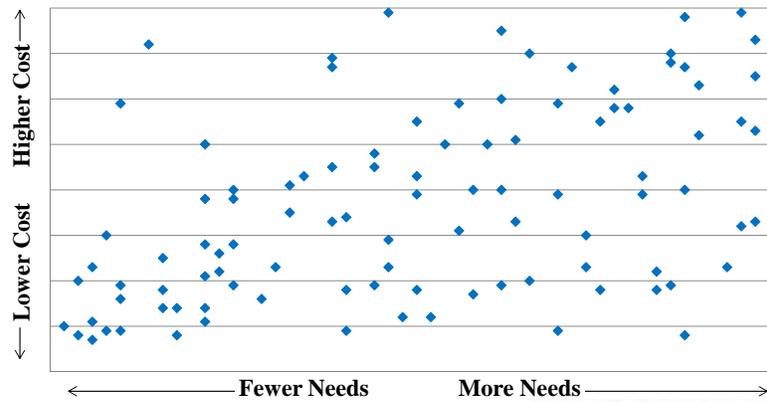
- Six steps identified in the Human Services Research Institute's presentation
 1. Sample the population(s)
 2. Assess the needs of individuals in the sample using the Supports Intensity Scale (SIS) and develop groups or 'levels' of individuals with similar needs
 3. Consider where people live
 4. Design service arrays and provider reimbursement rates
 5. Build service packages for each Level and living situation
 6. Validate the service packages

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What We Typically See in a Sample (Example)

- Only a weak relationship between needs and supports (cost) (each diamond represents a hypothetical individual)...

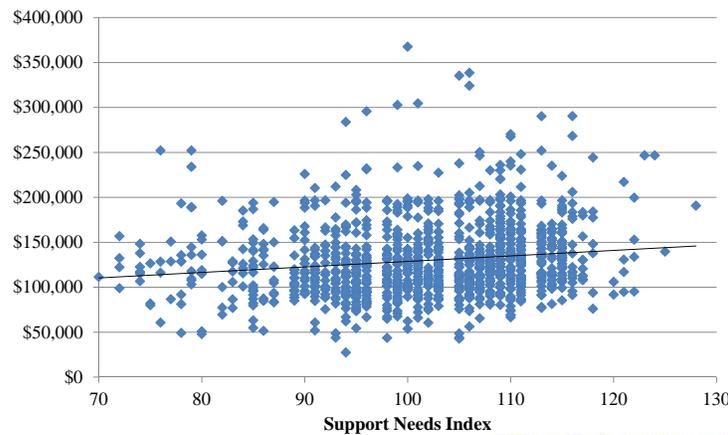


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What We Typically See After Sampling a Population

- ...and actual fiscal year 2013 data for individuals in Agency Home Support shows that Maine is no exception



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Developing Needs-Based 'Levels'

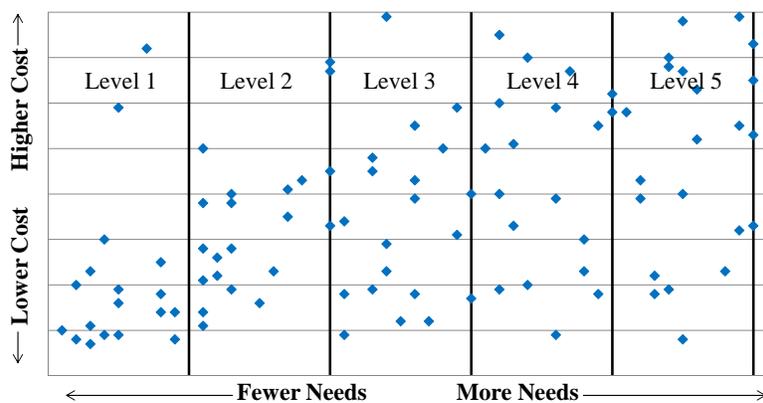
- Levels are intended to group together individuals with similar needs
 - While demonstrating meaningful differences between the levels
- Building on previous work in Maine and SIS assessment results, a five-level model is proposed
 - Descriptions can be found in HSRI's presentation

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Developing Needs-Based 'Levels' (Example)

- Vertical lines depict the criteria for each level



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Considering Living Situation; Setting Svc. Array & Rates

- Service array refers to which services are covered and which are included in individual budgets
 - Services included in individual budgets are 'residential' (Agency Home Support, Family-Centered Support, Shared Living, Home Support), 'day' (Community Support, Work Support) and Respite
 - Other services (such as therapies or specialized medical supplies) are authorized in addition to individual budgets
- B&A is assisting OADS in a review of its provider rates and proposed rates are being released for comment

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Building 'Service Packages' – Overview

- Service packages refer to the amounts and types of services that individuals in each level and living situation need
 - Assumptions are influenced by historical utilization patterns, OADS policy decisions, a validation process, and stakeholder input
- The amounts and types of services as well as provider rates are used to determine individual budgets
- Service package assumptions are NOT service-specific limits
 - Individuals can use a different combination of services (e.g. fewer hours of Community Support in order to access more Home Support) as long as they remain within their total budget limit
- It is expected that the budgets will not 'work' for a small number of individuals and there will be a process for providing extraordinary exemptions

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Building 'Service Packages' – Highlights

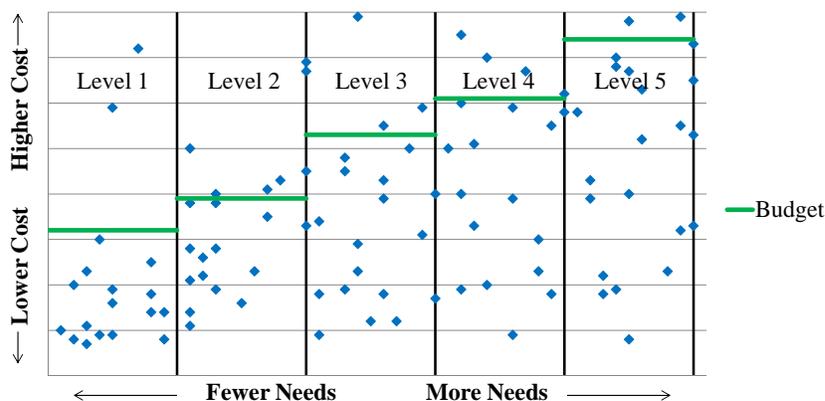
- Service packages for individuals receiving full-time residential services cover 365 days of support
 - For individuals receiving Home Support-Quarter Hour services, service packages assume between 20 hours per week (Level 1) and 48 hours per week (Levels 4 and 5)
- Every service packages includes at least 22 hours per week of days services (the current approximate limit), with some having as many as 30 hours per week
- 'Non-residential' budgets include 100 hours per year of respite

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Building 'Service Packages' (Example)

- The horizontal green lines depict the individual budget for each level



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Validation

- A validation process was conducted to review the level definitions and assigned service packages
 - Essentially, a review of about 100 randomly selected case files in which teams of OADS staff were asked whether the individual appeared to be assigned to the appropriate level and whether the service package would be adequate to meet their needs
- Very positive results
 - 94.5% of cases determined to be assigned to an appropriate or higher level
 - 96.3% of cases determined to have an adequate service package
- Full report has been released for review

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Results – Individual Budgets

- Agency Home Support – varies by level and home size
 - \$90,063 (Level 1, 4-person home) to \$224,260 (Level 5, 1-person home)
- Family-Centered Support – varies by level, number of placements, and approval of increased level of support
 - \$45,582 (Level 1, 5 members served) to \$110,162 (Level 5, 1 member served with increased level of support)
- Shared Living – varies by level, number of placements, and approval of increased level of support
 - \$48,432 (Level 1, 2 members served) to \$97,956 (Level 5, 1 member served with increased level of support)
- Non-Residential – varies by level
 - \$58,677 (Level 1) to \$107,345 (Level 5)

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Results – Impacts

- Individual budgets are adequate to allow an estimated 98% of individuals to use the same amounts of services as they are currently using
- In other words, 98% of individuals should not see any change to their service levels
 - Actual budgets for some of these individuals may still be lower due to changes in provider rates and/ or authorizations that are currently unused

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Next Steps – ‘Informal’ Comment Period

- Proposed levels and individual budgets, supporting documentation, and changes to policies are being distributed to providers and other stakeholders and posted on the OADS website
 - Comment period also includes proposals related to provider reimbursement rates
- Written comments will be accepted at OADS@maine.gov until September 1
- Comments will be considered and proposed changes to rates and policies will be revised as appropriate

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Next Steps – Updating Standards and Waiver

- After the ‘informal’ comment period, revisions to the MaineCare Benefit Manual will be promulgated
 - Stakeholders will have opportunity to comment on these proposed rules
- A waiver amendment will also be submitted to the federal Centers for Medicare and Medicaid Services

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Next Steps – Implementation

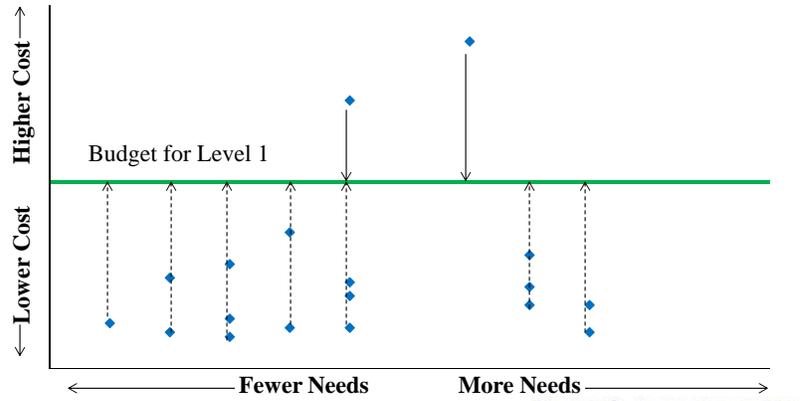
- Members will be transitioned to the new individual budgets as their planning years come up
- Implementation will begin in July 2015
- Full transition will take one year

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Implementation (Example)

- Those above the budget for their Level are reduced (and may be phased down); those below may or may not increase



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