# IDD Stakeholder Recommendations

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#### A little about me.....

- Executive Vice President at Trillium Health Resources BH -IDD Tailored Plan
  - 25 years of experience in the system managing services as Area Program staff until 2002. Since 2002 managing Care Coordination, Utilization Management, Network Operations, Call Center and Crisis services for Trillium as well as Strategy and Innovative Development. Helped to stand up CFAC in the early days of CFAC
- Mom- of 4 children who are neuro-diverse (aka I/DD) Cameron 31- Kaden- 18-Henry- 12- Oliver- 9 and 2 neuro-typical children (aka not I/DD) Hayden 28 and Lainey 10
- Participate as a mom in many groups in eastern NC that interact with our systems and supports
- Represent Trillium's IW Stakeholder group and regional CFACs along with member data from the Trillium Gaps and Needs assessment all of which informs this presentation.



#### **Shared Vision**

#### **Shared Vision Statement Draft**

 Identify, research and recommend innovative, stable and sustainable solutions to address increasing community inclusion for individuals with I/DD as it relates to independent community living, employment, self-advocacy, relationships and beyond. Further, recommend workforce development strategies to support and strengthen our Direct Support Professionals. The goal is to achieve a *Good Life* as defined by the individual.



Sustainable and Stable Recommendations for IW Policy Changes- from lessons learned

- Increased IW Access- Beyond the K waiver for the pandemic continue to have Innovations Wavier services no prior authorization for IW members up to the Individual budget limit provided by HSRI. BHIDDTP can do this as an administrative flexibility but to make it standardized it should be policy. This is <u>sustainable</u> service needs overall have remained the same even during the pandemic while all services are NPA. This also provides budget predictability and supports an effort to move toward a supports waiver to reduce the IW waitlist. Most important it creates a more <u>stable</u> service delivery environment and better access to care for more people who need it.
- Reduce Administrative Burden- Require Intensive Review Committee (IRC) only when a person's needs exceed the individual budget limit for more than 30 days in a year. Require IRC process to include person in the review and discussion of needs when the changes are more than 30days. <u>Sustainable</u> because the process is more focused on the people with the most pressing needs or life changing events. When needs are met costs at higher levels of care are reduced.



#### Sustainable and Stable Recommendations for IW Policy Changes- from lessons learned

- Member Driven- ISPs should only be required by policy once each waiver cycle (1 plan every 5 years) unless the person wants their plan revised annually or there is a life changing event, otherwise the plan is updated as a true living breathing document as the person requests revisions and every 5 years as the waiver renews. This leverages the workforce better and creates a more sustainable approach. 80% of members have not changed their ISP in the last 18 months within Trillium when given the choice. LMEMCO- BHIDD TP would need to be able to demonstrate offering choice to members regarding the process as part of an annual attestation of preference.
- Increased Access- Retain Relative as a provider for children. Allows people to make safer and more <u>stable</u> often healthier choices. Given the shortage of DSP this may be needed for periods of breaks in staffing that do occur even when there is not a pandemic.



## Recommended IW Policy Changes- lessons learned

- Increased Access Carve out Home, Vehicle, and ATES purchases so they do not count toward the 135K waiver limit since they are one time expenses in general. Allow for expenditures to exceed the limit over the life of the waiver for health and safety issues or due to consumer price index related cost increases. Some people are not able to get needed modifications because to get them they would have to reduce their needed services for the plan year in which they get the modification. This is <u>sustainable</u> because once the environment is more accessible it can reduce the needs for paid staff. Costs are higher in the short run but pay off longer term for the person to have a Good life.
- Increased Access Clarify that Home Delivered meals is a new and separate category not part of the HVATES but also not count against the 135K waiver costs. OR pick this up as a regular Medicaid benefit or Healthy Opportunities benefit. When we go back to business as usual some people on the IW will have to pick between meals and services within the plan year to make sure they do not exceed the 135K limit if this is not carved out in some way.

#### Consistent-Community-Staff Medicaid-Transformation Staff-Training Staff-Certification Housing Safety-Net-Services Meaningful-Daycommunity-Livir Expanding-IDD-Services Employment Staffing Peer-Support Staff-Wages Independence Self-Advocacy Enhanced-Service-Coordination

### Recommended IW Policy Changes- lessons learned

- Eliminate the cost summary. The cost summary is a tool that is used to calculate what the cost WOULD be of the care plan if all the services were delivered. Instead providers and BHIDDTP should track the services that <u>ARE</u> delivered up to the individual budget amount per week/month/year. Cost summaries artificially limit a members access to services. Closer tracking of service delivery also will result in better oversight of care. Post payment reviews of care and provider monitoring activities of documentation will support the member to remain within the individual budget.
- Once a person has been determined eligible for the Innovations Waiver and they sign the statement that they accept the Innovations Waiver instead of an institutional level of care, there should not be a question about medical necessity. Clearly the individual met medical necessity for institutional care and therefore meets it for services or supports in IW. The policy should reflect that all services and supports are medically necessary up to the individual budget amount.



### Recommended IW Policy Changes- lessons learned

Create a method and frequency of monitoring for HCBS that is person centered based on the needs of the person. Allow monitoring to be done in the way that the person chooses- including options for virtual monitoring or face to face based on the needs and desires of the person.



- Employment
  - Start younger with a <u>new service Transition to Employment programs</u> for youth beginning age 14 to gain exposure to work possibilities through internships and volunteer opportunities. Trillium provides this now using administrative flexibilities. Can only be statewide if becomes policy.
  - Develop micro-enterprise approach and fund start up cost for self employment. This can be done now with administrative flexibilities but isn't statewide because only policy drives state wideness.
  - Create opportunities through evidence based models like Project Search.
  - Create community based opportunities for access to job specific training and education in specific areas like culinary arts, landscaping, personal services like Door Dash or InstaCart, website development, hospitality or other targeted areas of interest.



- Community Inclusion
  - Create summer day camps that are inclusive- Trillium has this now using administrative flexibilities. This provides a normalized experience for kids during the summer breaks but with adequate supports to promote success.
  - Create afterschool programs that are inclusive- again not statewide because it is not policy but could be. This also provides a normalized experience for kids after school and is cheaper than traditional 1:1 service delivery.
  - Create opportunities for inclusion through a "System of Community Caring" approach for IDD that opens doors and creates the space for inclusivity in the community. Targeting day care for young children, YMCA, Boys and Girls clubs, Parks and Recreation, Boy and Girl scouts, 4-H, school clubs, church clubs....

#### Independent Community Living

Medicaid-Transformati

Housing Assistive-Technology

Staff-Training

Employment

Waiver-Slots

Meaningful-Daycommunity-Liv

Independence

New service Enabling Technology-Enabling Technology is the use of various forms of devices and technology to support a person with disabilities to live as independently as possible. These types of technologies include sensors, mobile applications, remote support systems, and other smart devices. Enabling Technology can support a person in navigating their jobs and communities, gain more control of their environment, and provide remote support and reminders to assist a person in independent living. Technology has upfront cost but is sustainable and stable over time as technology and supports replace the frequency and intensity of some paid caregivers. This is similar but more robust that the Remote supports requested in the TBI waiver.

Workforce Development

Staff-Training

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Meaningful-Daycommunity-Liv

Independence

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Consistent-Community-St Medicaid-Transformation

Housing Safety-Net-Services Assistive-Technology

New service Family Navigator- this service is a service that works with the person and their family by leveraging lived experience to provider system navigation. Not just how to navigate the Medicaid system, but schools systems, hospital systems, life transitions, how to apply for benefits and so much more. The system has a peer support service for the mental health population, there is a small pilot of peer support that is in process for people with lived IDD experience but it requires a high school diploma which will greatly restrict the available workforce. Family navigators can be a parent or primary caregiver OR a person with lived experience expanding the available workforce with a new level of expert. Trillium has this today as an in lieu of service under Medicaid provided by The Arc of NC, ASNC and ESUCP statewide policy change could create rapid expansion within these three statewide agencies. Teaching families how to navigate reduces dependency on systems and creates sustainability and stable support.

\*Family Navigator is a lot like Peer support for the MH population. It is not the same as Care Management. Family Navigators like Peer Support provide a unique type of support service for people based on lived experience. Care Managers are professionals the same general rules apply to the IDD population as the MH population- If Peer support isn't considered Care Management why should Family Navigator be considered Care Management. Many states have this support for members especially those who experience complex challenges.

Workforce Development

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- Develop Case rate payment methodology that offers the ability to retain staff when the member is out and stabilizes the coverage of payments to have back up staffing available. This payment methodology makes it possible to have staff available when the primary worker is out or being replaced or DSPs to earn wages when the member is out or unavailable. Most DSP don't get paid if the member isn't available.
- Increase the 135K limit so that we can increase rates to pay DSPs better wages. Today a person has to decrease supports to pay staff higher wages. Trillium worked with providers and members several years ago to increase DSP wages to \$15 per hour. Several members were unable to participate because of the 135K limit. For the staff to be paid more those members would have to receive less. WE will have to either carve out some services OR increase the upper limit of the waiver. All of the providers that increased rates for DSP were able to better retain staffing as predicted. Those increased rates remain in place today. The 135K limit was based on the rates paid at state developmental centers. The cost of care at state developmental centers is almost twice the 135K limit for HCBS today. State facilities consistently are increased in the budget but this cap of 135K has not increased in over 25 years.

#### Consistent-Community-Staff Medicaid-Transformation Staff-Certification Housing Safety-Net-Services Meaningful-Day community-Livir Expanding-IDD-Services Employment Staffing Peer-Support Staff-Wages Independence Self-Advocacy Enhanced-Service-Coordination

- Independent Community Living
  - New service Futures Trillium does this today for all our IDD members. To make it statewide it would have to be adopted as policy. This service support planning for the person after the parents/primary caregiver is no longer able to care for them or dies. This service would help to pay for the legal fees of setting up wills, special needs trust funds, ABLE accounts and estate planning to help to maintain the persons needs to prevent them from accessing higher levels of care unexpectedly when such life altering events occur.

#### Consistent-Community-Staff Medicaid-Transformation Staff-Training Staff-Certification Housing Serey-Net-Services Meaningful-Day community-Livir Expanding-IDD-Services **Employ** Staffing Waiver-Slots Peer-Support Staff-Wages Independence Self-Advocacy Enhanced-Service-Coordination Transportation

- Independent Community Living
- New Service Advocacy Support Coach-This new service would be designed to teach self advocacy skills so the person is able to be their own advocate. The role of an Advocacy Support Coach is to support the development of skills and confidence to self-advocate either for a one-off event or as part of personal progression.
  - Advocacy Coaches deliver Self-Advocacy Workshops and provide advocacy skill groups and 1:1 advocacy coaching. This ensures that people have greater choice and control over their lives, both now and in the future. This service reduces service dependency.

