

SSA Forum Summer 2011

HCBS Waiver Service

Behavior Support Add-On
5123:2-9-06

Purpose Of This Session

- Today's discussion is to help SSA's respond to and answer questions about the addition or discontinuation of additional HPC waiver funding known as the
- “ Behavior Support Add-On”



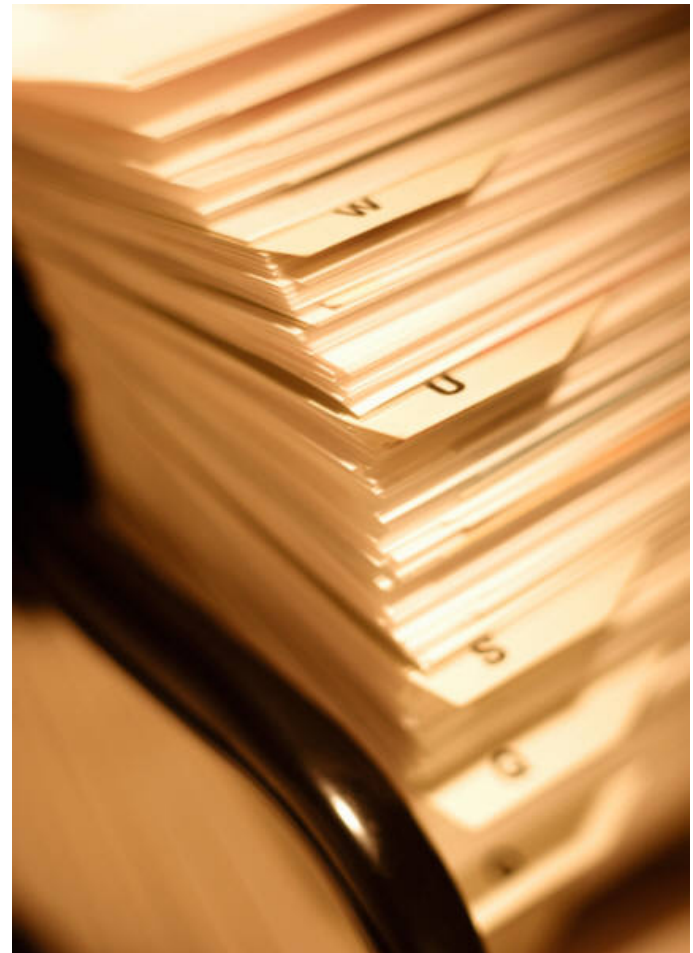
SSA Forum, August 25, 2011, W. Jones

Misconceptions

- ① All people with a plan and a 1:1 get the add-on} Not True
- ② All people with 24 hour supervision and a behavior plan get the add-on} Not True
- ③ The “Add-On is permanent} Not True

Misconceptions

The provider must prove to the CB
how they spent the money



Who is it for ?

Answer: 5123:2-9-06 (F)(1)

- ① Individuals requiring behavior support
- ② Only individuals meeting criteria established by 5123:2-9-06 (F)(2)(b) & shall be eligible

Rate Modifications are subject to
review by DODD
Consult w/DODD when in doubt



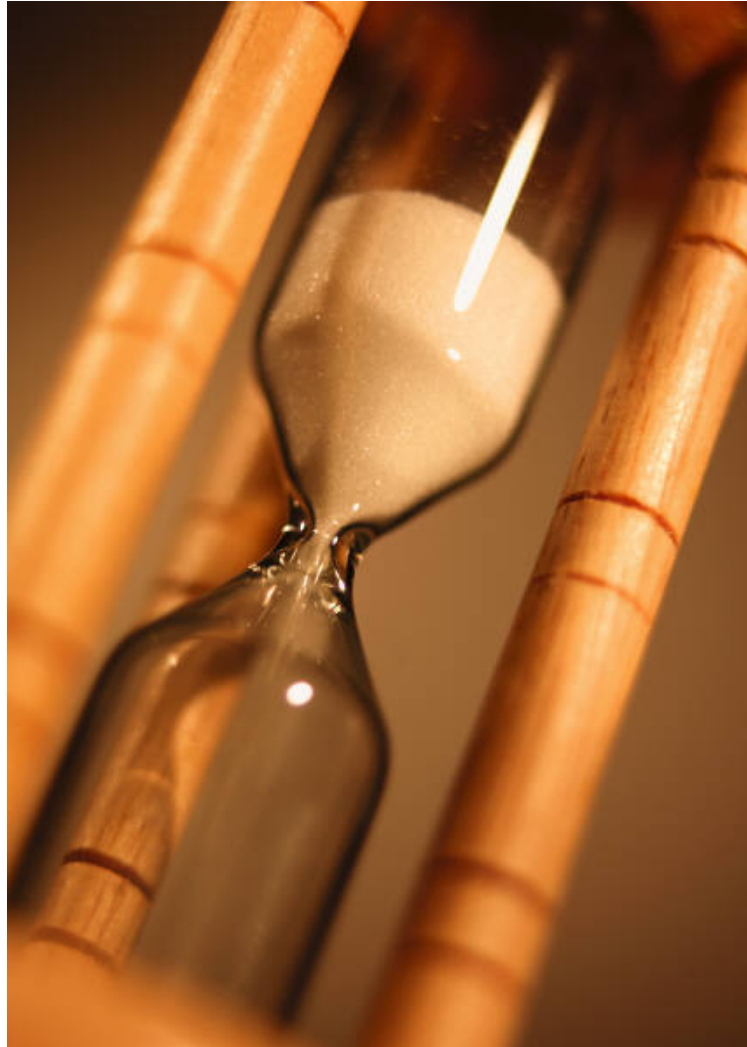
PURPOSE OF THE ADD-ON

5123:2-9-06 (2)(a) The purpose of the behavior support rate modification is to provide funding for the implementation of behavior support plans by staff who have the level of training necessary to implement the plans and who are working under the direction of licensed or certified personnel or other professionals who have specialized training or experience implementing behavior support plans.

Simplification

- ① Think of the Add-On as a stipend to be used by the HPC waiver provider to provide staff training & development for the direct support staff
- ② The direct support staff will be carrying out a clinical/ specialized behavior plan for a person who meets the criteria of the rule
- ③ The additional funding is to provide the staff with intensive training that enables them to carry out the specialized behavior support plan for a person who is eligible for the additional waiver funding by meeting the criteria of the rule

Is the Add-On Forever ?



Is the Add-On Forever ?

- ① 5123:2-9-06 (F)(1) states : The duration of approval for behavior support rate modification (Add-On) shall be limited to the individual's twelve - month waiver eligibility span
- ② Prior to redetermination and within the twelve month waiver eligibility span the need for the (Add-On) may be determined needed or no longer needed
- ③ Rate modifications (Add-On) shall be renewed annually at the individual's re-determination date –IF THE INDIVIDUAL CONTINUES TO MEET THE CRITERIA

Criteria

Page 1

- 5123:2-9-06 (2)(b) In order for an individual to receive the behavior support rate modification, the following conditions shall be met:
- (2)(b)(i) The individual presents a [danger to self or others] or has been [assessed to have the potential to present a danger]; and
- (2)(b)(ii) A behavior support plan that is a component of the individual's ISP has been developed in accordance with the requirements in rules(5123:2-1-02- J) established by the department; and
- (2)(b)(iii) The individual routinely receives clinical services from a licensed, certified, or other professional who has specialized training or experience related to the design, development, and implementation of the behavior support plan; and

Criteria

Page 2

- 5123:2-9:(2)(b)(iv) The individual either:
- (a) Responds "yes" to at least four items in question number thirty-two of the behavior domain of the ODDP;

Question # (32) **As a result of behavior problem(s)**, consider whether or not each of these presently apply Yes/ No

- Behavior problems currently prevent this individual from moving to a less restrictive setting
- Specific behavioral programming or procedures are required
- Individual's environment must be carefully structured to avoid behavior problems
- Because of behavior problems, staff must sometimes intervene physically with individual (e.g., physically restrain individual or guide individual from room)
- Because of behavior problems, a supervised period of time out or time away is needed at least once a week because of behavior problems, individual requires one-on-one supervision for many program activities because of behavior problems, individual has been or is involved with the criminal justice system
- Or –see Criteria on next slide page 3

Criteria

Page 3

- *5123:2-9-06 (2)(b)(iv)(a)* Requires a structured environment that, if removed, will result in the individual's engagement in behavior destructive to self or others.

Meet Criteria 1st then decide via Team Process

- 5123:2-9-06(2)(c) When determined through the ISP development process that the criteria contained in paragraph (F)(2)(b) of this rule have been met, the county board shall apply the behavior support rate modification for routine HPC.

Meet Criteria 1st then decide via Team Process

Some team questions to consider

- 1-What is the identified “Danger” to self or others
- 2-What does the assessment tell us about the persons needs
- 3- What is the level of risk based upon the assessment findings
- 4- The assessment findings and level of risk indicate that clinical or specialized services will be of value to the person
- 5- Training and experience required for staff who develop behavior support plans and for all persons employed by a provider who are responsible for implementing plans are specified and required training is documented : Rule reference} 5123:2-1-02(J)(2)(n)

- 5123:2-9-06(2)(c) The department retains the right to review and validate the qualifications of any provider of clinical services identified in accordance with paragraph (F)(2)(b)(iii) of this rule.

Common Questions Related To The Criteria



Common Questions Related To The Criteria

5123:2-09-06(2)(b)(i) The individual presents a danger to self or others or has been assessed to have the potential to present a danger;

1- Does the assessment have to be completed by a person who is licensed or certified ?

Response: No, the rule does not require this

Common Questions Related To The Criteria

5123:2-09-06(2)(b)(ii) A behavior support plan that is a component of the individual's ISP has been developed in accordance with the requirements in rules established by the department;

What does this mean ?

Response: The plan is developed according to the (J) Rule CB Administration 5123:2-1-02

Common Questions

Related To The Criteria 5123:2-9-06(iii)

The individual routinely receives clinical services from a licensed, certified, or other professional who has specialized training or experience related to the design, development, and implementation of the behavior support plan

Response: Per DODD consultation- This is really about the person developing /implementing the plan. It does not necessarily mean the person receives clinical services

5123:2-9-06 (2)(b)(iii)

Response continued for Clinical Services Question

A person does not need to receive Clinical services.

Example: A person with autism who is non-verbal and engages in actions of self-injury and presents a danger to them self may not benefit from separate clinical services but will require extensive support provided through a behavior plan with highly skilled and trained HPC support staff

5123:2-9-06 (2)(b)(iii)

Response continued for Clinical Services Question

Think of clinical services as : A service that is specifically individualized and designed for a person. The support plan is based upon the assessed danger to self or others. The behavior plan is designed to help the person be safe & reduce the risk and danger to the person and others.

Key point: DODD does not want to exclude people who need the specialized support but do not need clinical services

Common Questions

- ① Can the Add-On be added at any time} YES, as long as the person meets the criteria
- ② Can the ADD-On be discontinued at any time} YES, it is just like any other waiver service
- ③ Who decides about the Add-On} SSA

Common Questions

- ④ Does the SSA have to issue the service discontinuation form if the add-on is no longer applicable} Technically this does not constitute a service reduction, it is still advisable for SSA's to give individual's notice that they may request a state hearing whenever they disagree with any changes that impact their plan
- ⑤ Is there due process for discontinuing the behavior Add-On} The decision to deny the behavior rate add-on itself is not appealable (in a Medicaid state hearing) by individuals or providers. However, individuals may request a state Medicaid hearing if they believe that their individual service plans including their behavior support plans are not meeting their needs

Common Questions

- ⑥ How long does the Add-On last } The need for the ADD-ON is reviewed annually per the rule
- ⑦ If the criteria for eligibility changes what happens } The Add-On can be added or discontinued
- ⑧ If I have questions who do I contact } At DODD you can contact an accreditation Manger

You can also contact OACB: Willie Jones

Good & Bad parts of the rule

- No clear definitions means, no clear answers
- No strict requirements on the assessments
- No enforcement requirements on the use of the additional funding
- The rule is vague which creates flexibility
- The rule provides additional funding to help HCBS waiver providers support their staff in their delivery of services designed to help the people we all serve.

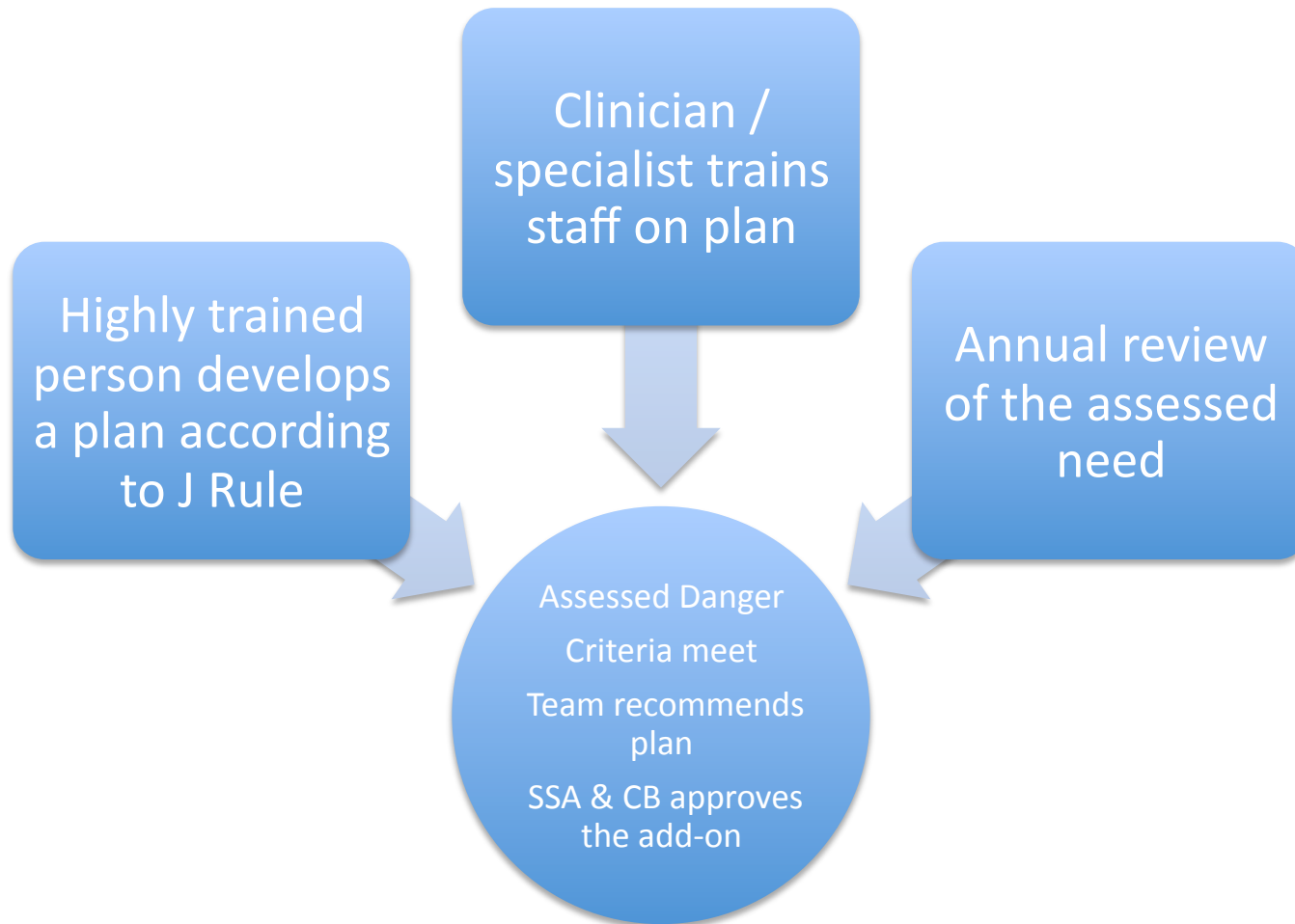
Putting Together Your Toolbox



Toolbox Tips

Action steps-

- ① Ask have the dangers & risk been identified that the person presents to them self or others
- ② Has a specialized behavior plan been developed that contains supports that are designed to prevent or reduce the danger or risk
- ③ HPC staff have received special or individualized training on the HPC behavior support plan that has been designed to prevent or reduce danger



Being Good stewards of Taxpayer Dollars



Examples

- PWS-Prader-Willi Syndrome

The initial staff training on the needs and supports was 2 - 3x longer for a person who was served in a setting specific for PWS

PWS specialist- Provided training on the genetic causes of the syndrome, health conditions associated with the syndrome, types of supports needed to best support a person with PWS

Examples

- PWS- Prader-Willi Syndrome

Psychologist- Provided training on emotional and behavioral characteristics associated with the syndrome, Actions to avoid & types of supports needed to best support a person with PWS. Trained staff on the specifics of the individualized behavior plan

Behavior specialist- Provided training on how to evaluate the risk of the environment and physical interventions. Provided training on characteristics of PWS that could lead to conflict & emotional distress, coached staff on prevention & de-escalation and debriefing

Examples

Offenders

No clinical service except for on - going risk assessments

Specialized services consisted of staff training on the motivators or contributing factors of the sex offending. Warning signs to monitor, action steps to follow when warning signs appeared, pre-planned actions to prevent unsafe or high risk situations, reviewed potential high risk scenarios in the community and action steps to follow to reduce the risk

Your Questions

- We would like to collect your questions and then prepare a resource for you to help with some of the most common questions

Closing Thoughts

- 5123:2-1-02(J) (b) These policies and procedures shall acknowledge that the purpose of behavior support is to promote the growth, development and independence of those individuals and promote individual choice in daily decision-making, emphasizing self-determination and self-management
- 5123:2-1-02(J)(2)(f): Behavior support methods are employed with sufficient safeguards and supervision to ensure that the safety, welfare, due process and civil & human rights of individuals receiving county board services are protected

Closing Thoughts

- 5123:2-1-02(J)(2)(S) The climate for behavior support is characterized by
 - (i): Interactions & speech that reflect respect, dignity and a positive regard for the individual
 - (iv): The absence of demeaning, belittling or degrading speech or punishment
 - (v) Staff speech that is even-toned made in positive and personal terms and without threatening overtones or coercion;

Future Discussions

- A challenge for the Developmental Disabilities profession is to view behavior supports in a completely new perspective. The new view would be that when the term “behavior” is used, our profession would ask how could we help this person experience a better life. As a profession we would focus on helping people to feel physically and emotionally safe. Our conversation would be about their strengths and value as a person. Our focus would be to enrich a person’s life as an alternative to our historical approach of eliminating and managing those actions that have been labeled as inappropriate. We would see our role as an ally striving to create positive supportive relationships. The purpose of service/supports would be to assist in improving a person’s quality of life

Future Discussions

- The role of service providers and care givers would be to develop relationships that will assist people served to develop skills that have a positive impact on their quality of life. The purpose of supports would be to assist a person being served to feel safe and develop confidence. The role of our profession would be to strive toward improving a person's self-esteem while assisting them to experience and improve their quality of life.
- To achieve a change in outcomes the county board & provider network will focus on what is possible. This can be done by believing that caring people can come together to form strong partnerships providing supportive services leading to an improved quality of life.
- As professionals in the developmental disabilities field our thoughts & actions should be clearly visible to our communities that we focus on helping people served to achieve success in their life.

Time for the next session

APSI Strategic Plan

