

## **BACKGROUND**

The Department of Behavioral Health and Developmental Disabilities (DBHDD) is in the process of reviewing provider reimbursement rates for residential and respite services delivered through the Comprehensive Waiver as well as certain state-funded contracts. As part of this review, DBHDD is proposing that the rates for Community Residential Alternative (CRA) – Group Home and Host Home services, as well as for Respite - Daily, be ‘tiered’ such that payment rates are higher for individuals with more significant support needs.

The tiered rates – referred to as rate ‘categories’ – reflect the fact that individuals with more significant needs require more intensive supports. This is particularly true for shared supports such as Group Home services: members with greater needs usually require smaller groups and more staffing, which increases providers’ cost. The rate categories are intended to account for these cost differences. In the case of Host Home services, it is expected that care providers supporting members with the most extensive needs will have more training, experience, and/or expertise and that agencies will provide a greater level of support to these homes. Respite - Daily rates are proposed to be linked to Host Home rates so they too would be tiered.

This overview has been developed to explain the proposed assessments levels used to determine the rate categories to which members will be assigned. Other issues, including the administration of assessments, requests for reassessments and exceptions from assigned assessment levels, and the verification of supplemental questions in the Supports Intensity Scale, are not described in detail in this document. DBHDD continues to develop options in these areas and will share information as it becomes available.

## **ASSESSMENT TOOLS**

Establishing tiered rates requires a process to determine members’ support needs and to create groups of members with similar needs. DBHDD proposes to assign members to levels of need based on two assessment tools currently in use in the State: the Supports Intensity Scale (SIS) and the Health Risk Screening Tool (HRST).

The SIS is a normed and validated instrument created by researchers working with the American Association on Intellectual and Developmental Disabilities (AAIDD). It consists of three sections. The first assesses support needs in six categories: home living, community living, lifelong learning, employment, health and safety, and social activities. The second relates to protection and advocacy activities. The third addresses exceptional medical and behavioral support needs. Additional information regarding the SIS can be found at <http://aaid.org/sis>.

DBHDD has adopted and added certain supplemental questions to the SIS assessment. These questions are intended to provide another opportunity to identify individuals with exceptional medical or behavioral support needs.

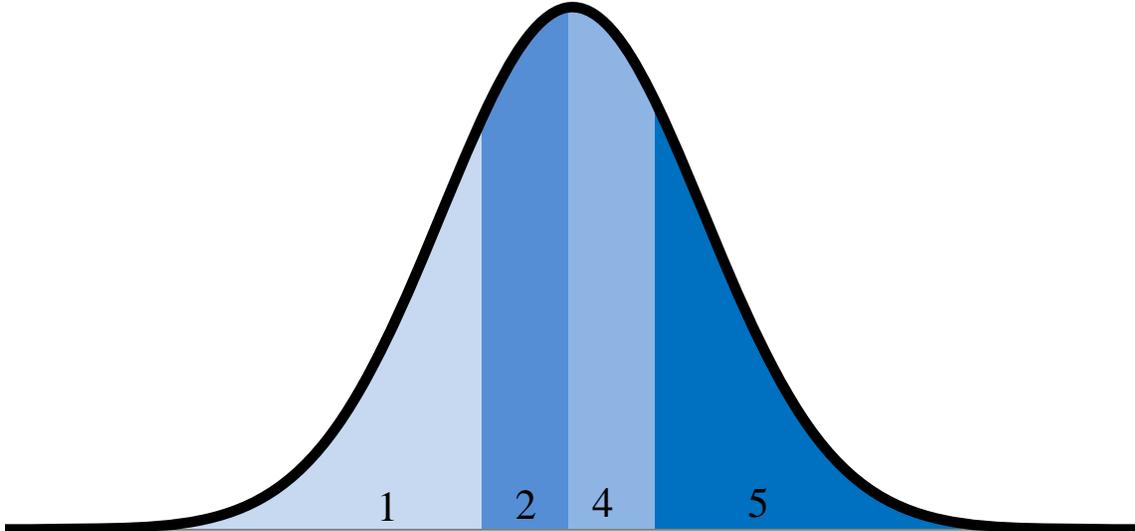
The HRST was developed to detect health destabilization in vulnerable populations, including individuals with developmental disabilities. The instrument assigns scores to 22 distinct rating items related to functional status, behavior, physiological condition, and safety. Additional information regarding the HRST can be found at <http://hrstonline.com/>.

## **ASSESSMENT LEVELS**

DBHDD will use results from both assessments to group together individuals with similar needs. The proposed framework is modeled after SIS-based systems currently employed in several states. This framework assigns members to one of seven levels of need based on select sections of the SIS. Specifically, research conducted by the Human Services Research Institute (HSRI) has determined that the sections related to home living, community living, health and safety, and exceptional medical and behavioral support needs best predict the resources required to support an individual.

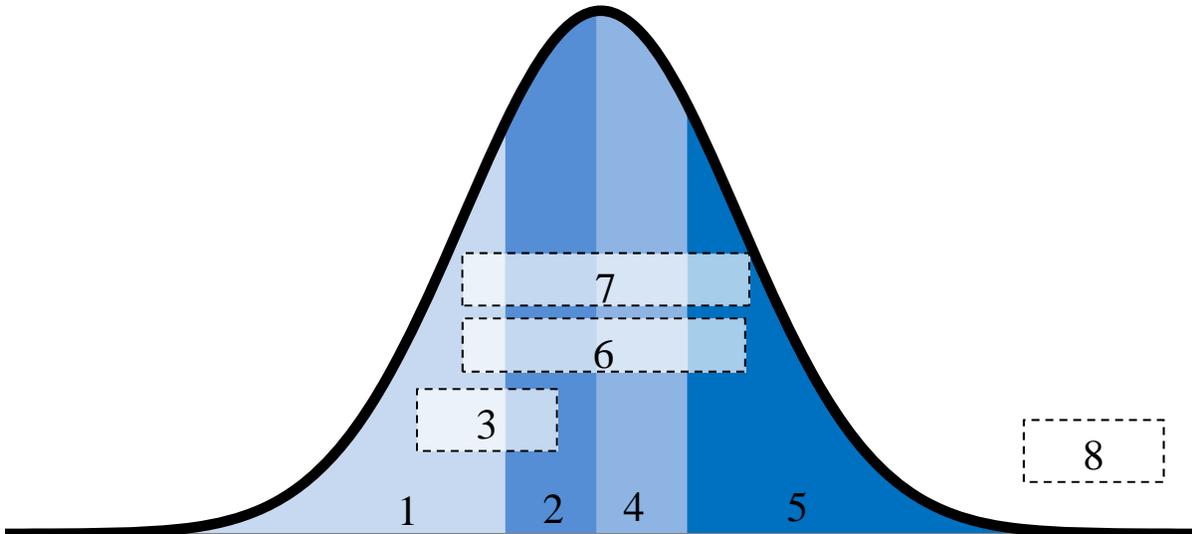
In the proposed framework, the scores on the home living, community living, and health and safety sections are first added together (abbreviated as 'ABE' as these are sections 1A, 1B, and 1E, respectively, of the SIS). These scores are then divided roughly into quartiles as illustrated in Figure 1 below.

**Figure 1: Illustration of 'Sum ABE' Quartiles**



In Figure 1, the first quartile corresponds to assessment Level 1 and is comprised of individuals with comparatively mild support needs. The fourth quartile is labeled assessment Level 5 and includes individuals with the most significant support needs. Research has indicated that the medical and behavioral conditions of individuals sometimes necessitate supports greater than evident in the ABE score. These assessment levels are therefore 'pulled out' of the four quartiles as illustrated in Figure 2.

**Fig. 2: Illustration of 'Sum ABE' Quartiles with Medical & Behavioral Levels**



In Figure 2, assessment Level 3 includes members who would otherwise be assigned to Levels 1 or 2, but who have moderate behavioral or medical needs that require additional support. Levels 6 and 7 include

members who may be classified in any of the ABE quartiles, but who have exceptional medical (Level 6) or behavioral (Level 7) needs.

Because the HRST is more comprehensive than the exceptional medical needs section of the SIS, the HRST will be used to assign members to the medical-related levels. Specifically, if an individual is classified by the HRST as Health Care Levels (HCL) 3 or 4 (moderate risk), they will be eligible for assessment Level 3; if an individual is classified as HCL 5 or 6 (high risk), they will be eligible for assessment Level 6.

The behavioral-related assessment levels will be determined by the exceptional behavioral needs section of the SIS (Section 3B) as well as the supplemental questions adopted by DBHDD. As noted above, DBHDD has adopted the supplemental questions to identify persons with exceptional behavioral needs that may not be evident in the exceptional behavioral needs section. These questions are intentionally designed to ‘cast a wide net’, therefore it is important to note that they only identify members who *potentially* should be assigned to assessment Level 7. Further verification (that is, a case file review) is required before an individual is assigned to Level 7 based on the supplemental questions.

Members will be assigned to the highest assessment level for which they meet the criteria. For example, if a member is classified by the HRST as HCL 4 (which would place them in assessment Level 3), but also meets the criteria for Level 5 based on their ABE score on the SIS, the member would be assigned to Level 5.

Additionally, Figure 2 includes a Level 8 outside of the graph area. This level represents exceptions as it is acknowledged that no assessment framework will adequately assign 100 percent of the population. There will therefore be a process by which members may request consideration for an exception to their assigned assessment level (that is, Level 8).

Descriptions of the seven assessment levels are included in Figure 3 while the specific criteria associated with each assessment level are listed in Figure 4.

<b>Figure 3: Descriptions of Assessment Levels*</b>	
<b>Level 1</b>	Individuals in this level have largely mild support need and little to no support for medical or behavioral conditions. They can manage many aspects of their lives independently or with monitoring and prompting rather than physical assistance. This includes activities like bathing, dressing, and eating, as well as activities such as shopping or accessing the community.
<b>Level 2</b>	Individuals in this level have modest-to-moderate support needs and little to no support for medical or behavioral conditions. Although they need more support than those in Level 1, their support needs are minimal in a number of life areas.
<b>Level 3</b>	Individuals in this level have little to moderate support needs as in Levels 1 and 2, but they also have significant support needs due to medical or behavioral conditions.
<b>Level 4</b>	Individuals in this level have moderate-to-high support needs, requiring more frequent supports that may include physical assistance in several daily life activities.
<b>Level 5</b>	Individuals in this level have the most significant support needs, generally requiring frequent physical assistance in numerous daily life activities.
<b>Level 6</b>	Individuals in this level have exceptional medical conditions that result in the need for enhanced supports (in terms of the amount or specialization).
<b>Level 7</b>	Individuals in this level have exceptional behavioral challenges that result in the need for enhanced supports (in terms of the amount or specialization).
* Adapted from research and materials produced by the Human Services Research Institute	

**Figure 4: Assessment Levels Criteria**

Assessment Level	Supports Intensity Scale		Health Risk Screening Tool
	Sum of Sections 1A, 1B, and 1E*	Section 3B (Behavioral)	
<b>1</b>	8 to 24	Less Than 7	Low Risk (HCL 1-2)
<b>2</b>	25 to 30	Less Than 7	Low Risk (HCL 1-2)
<b>3.1</b>	0 to 30	7 to 10	Low Risk (HCL 1-2)
<b>3.2</b>	0 to 30	Less Than 11	Moderate Risk (HCL 3-4)
<b>4</b>	31 to 36	Less Than 11	Low or Moderate Risk (HCL 1-4)
<b>5</b>	37 to 52	Less Than 11	Low or Moderate Risk (HCL 1-4)
<b>6</b>	Any	Less Than 11	High Risk (HCL 5-6)
<b>7</b>	Any	11 to 26	Any

\*Section 1A relates to Home Support Needs, 1B to Community Support Needs, and 1E to Health and Safety Needs

**RATE CATEGORIES**

The seven assessment levels are useful for describing the individuals in each group. For the purposes of reimbursement rates, however, fewer categories are established for two reasons. First, it would be unnecessarily complicated for both DBHDD and providers to manage a system with rates for each assessment level. More relevantly, the support needs of members across certain assessment levels are similar. For example, members in both assessment Levels 3 and 4 have above average support needs, although for different reasons (members in Level 3 have significant medical or behavioral conditions while members in Level 4 require more assistance with daily life activities). Thus, for the purposes of reimbursement rates, these two assessment levels have been combined into a single rate category. Similarly, members in assessment Levels 5, 6, and 7 have the most extensive support needs and are consolidated into a single rate category.

Figure 5 illustrates the complete crosswalk of assessment levels to rate categories for the services with tiered rates.

**Figure 5: Crosswalk of Assessment Levels to Rate Categories**

<b>Assessment Level</b>	<b>Group Home Rate Category</b>	<b>Host Home Rate Category</b>	<b>Respite - Overnight Rate Category</b>
<b>1</b>	Category 1	Category 1	Category 1
<b>2</b>	Category 2		
<b>3</b>	Category 3		
<b>4</b>			
<b>5</b>	Category 4	Category 2	Category 2
<b>6</b>			
<b>7</b>			