

# Understanding Idaho's Preliminary Five Support Level System for the Adult Developmental Disabilities Program

July 16, 2020

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Human Services Research Institute (HSRI) has compiled the following document to help provide a better picture of how Idaho anticipates its new support leveling system will operate in the future. Work is still ongoing so please note elements of the framework discussed in this document are still in development and may be subject to change prior to implementation.

Further information about how the support levels work, how the support level determines a participant's budget, and how participants may request different or additional services as needed will be broadly shared closer to implementation.

### PRELIMINARY FIVE LEVEL FRAMEWORK

The graphic in Figure 1 illustrates the 5-level framework the Department anticipates implementing in Idaho. Levels 1, 2, and 3 include individuals with general support needs moving from low to high. Level M is reserved for individuals with significant medical support needs, while Level B is reserved for individuals with significant behavioral support needs. Individuals assigned to Level M or Level B may have general support needs that would have placed them into Levels 1, 2, or 3, however, their level assignment is based on their extraordinary medical or behavioral support need. Individuals are assigned to only one level. The same standardized criteria determine a participant's placement into levels 1, 2, 3, M, or B irrespective of his or her chosen living setting.

Figure 1. 5-Level Framework

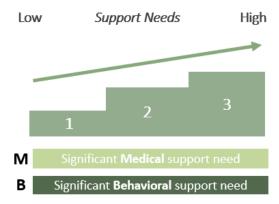


Figure 2 below outlines the preliminary criteria which places a participant into one of the respective support levels. Entry into Levels 1, 2, or 3 is determined based on the sum standardized score from 3 portions of Section 2 of the SIS-A assessment: Section A (Home Living Activities), Section B (Community Living Activities), and Section E (Health and Safety Activities). The standardized score for each of these sections is automatically calculated within the SISOnline platform and is different than the score one would reach from simply adding together individual numbers selected on the assessment (called the raw score).

Participants gain entry into Levels M or B following a process known as Verification. This process is similar to the current Intense Review Process conducted to determine if a participant qualifies for Intense Supported Living. A Verification Team meets to review the assessment information and other relevant documents submitted to show the individual has the type and amount of medical or behavioral support needs which qualify for this level (see the preliminary level descriptions for additional information).

Figure 2. 5 Support Level Criteria

Level		Sum ABE	Medical Score	Behavioral Score
1	Least Support Needs	8 to 22	Any	Any
2	Moderate Support Needs	23 to 30	Any	Any
3	High Support Needs	31 to 52	Any	Any
М	Extraordinary Medical Needs	Any	Verified Medical Risk	Any
В	Extraordinary Behavioral Needs	Any	Any	Verified Behavioral Risk

Individuals are "flagged" or automatically identified as having a possible medical or behavioral support need which could qualify for Level M or B based on responses to the Supplemental Questions for Idaho (Figure 3). These questions are asked during the SIS-A assessment process and are built into the assessment platform. Individuals will also have the ability to request consideration for Level M or B even if they are not flagged through the Supplemental Questions. Note, individuals in all living settings may be flagged and approved for Levels M or B assuming they meet the requisite criteria.

Figure 3 Supplemental Questions (Idaho Version)

Does this individual require extraordinary support in response to any medical needs? Such							
support is defined as direct 1:1 assistance for medical care. Possible medical care related							
to a condition may include (but is not limited to): respiratory care, seizure management,							
lifting and transferring, insulin management, etc.   Yes   No							
a. If yes, how many hours per day of support is required?							
b. How many days per week is support required to meet the individual's medical							
support needs?							
Behavioral needs:							
Does this individual require extraordinary support in response to behavioral challenges?							
Such support is defined as constant observation and availability of dedicated 1:1 assistance							
to prevent or mitigate harmful behavior(s). Such behavior may include (but is not limited							
to): self-injurious behavior, pica, assault of others, aggressive or inappropriate sexual							
vent or mitigate harmful behavior(s). Such behavior may include (but is not limited lf-injurious behavior, pica, assault of others, aggressive or inappropriate sexual iors, etc.   Yes  No							
behaviors, etc.    Yes    No							
behaviors, etc.   Yes No  a. If yes, how many hours per day of support is required?							
behaviors, etc.    Yes    No							

#### PRELIMINARY LEVEL DESCRIPTIONS

The following preliminary level descriptions are provided in hopes of providing greater clarity as to the typical characteristics of participants at each support level. These descriptions will be reviewed and amended as needed during the Pre-Implementation Review process. Individuals participating in that review will have an opportunity to review the descriptions as well as information about actual participants in each of the support levels in order to refine and expand these descriptions to best reflect the support needs of individuals in each level. The final level descriptions produced following that process may look different than those presented here but from similar work in many other states we can confirm that the general support need described at each level remain accurate.

### **Preliminary Level Descriptions**

- Adults in this level have low support needs, with little to no support necessary for focused medical or behavioral challenges. They can manage many aspects of their lives independently, or with little assistance.
  - Someone in this level may need supports with clothing care, preparing meals, and dressing. Often, the support needed involves some monitoring or prompting instead of partial-to-full physical support. They may need intermittent help participating in leisure activities, gaining and maintaining employment, visiting family and friends, or assistance with shopping. They usually can ambulate or need minimal help moving about with the proper equipment, but need help with health practices, such as maintaining a nutritious diet and being reminded to take medications as prescribed.
- Adults in this level have modest or moderate support needs and little to no support necessary for focused medical or behavioral challenges. They require more support than those in Level 1 but may have minimal needs in some life areas.
  - An individual in this level may need some assistance preparing and eating meals. They might need monitoring or prompting with daily dressing, and daily assistance with housekeeping and laundry. They may need support getting from place to place, gaining and maintaining employment, accessing public services or interacting with community members. In this level, they most likely will need partial physical assistance taking medications, avoiding health and safety concerns and maintaining a healthy diet.
- Adults in this level have moderately high to very high support needs and may need significant, but not extraordinary, medical support. They often need some physical assistance with life activities on a daily basis, including oversight throughout the day with 1:1 support for some portions of the day. They may have behavioral support needs which require increased monitoring or intervention, but which do not rise to the level of extraordinary.

In this level, an individual will likely need daily, and often physical, assistance preparing food, eating meals, dressing, bathing, and completing other household activities. An individual in this level will likely also require partial-to-full physical assistance in order to gain and maintain employment, access the community, visit friends and family members, or participate in preferred community activities. They will most likely need at least partial physical assistance obtaining health care.

Adults in this level have an extraordinary need for medical support, regardless of their support need to complete general daily activities. They may also need some support due to behavior, but this support is not extraordinary.

In this level, an individual has a chronic or acute medical condition that is so complex or unstable that one-to-one staffing is required to provide frequent interventions and frequent monitoring.

Adults in this level have extraordinary behavioral challenges, regardless of their support need to complete general daily activities or for medical conditions.

In this level, an individual requires intense 24-hour support and supervision due to one of the following: a recent felony conviction or charges for offenses related to the serious injury or harm of another person, a documented history of predatory sexual offenses with a high risk to re-offend whether or not they have been involved with the criminal justice system, a documented or sustained history of serious, aggressive behavior which requires continuous monitoring to prevent potential injury to themselves or others.

## PRELIMINARY LEVEL DISTRIBUTION OF 1ST COHORT

Figure 4 provides the preliminary level distribution of participant's assessed as part of the 1<sup>st</sup> cohort by living setting. These level assignments are designated as preliminary because even those participants who participated as part of the 1<sup>st</sup> cohort will be reassessed prior to implementation of the new budget model and may be assigned to a different level as a result. Please note that the living settings reflected in this table are current as of 11/29/18. Individuals may have moved or changed residence type since that time but this most closely represents their living setting at the time their SIS-A was completed.

Figure 4. 1st Cohort Level Distribution

Living Setting*	Level 1	Level 2	Level 3	Level M	Level B	Total 1 <sup>st</sup> cohort members by living setting
SL Hourly	54	89	18	0	0	161
SL High	15	95	47	0	1	158
SL Intense	2	17	10	16	29	74
CFH	16	165	105	3	0	289
Independent	9	6	1	0	0	16
Family	10	67	20	1	0	98
Other	0	0	1	0	0	1
Total 1 <sup>st</sup> cohort members by level	106	439	202	20	30	797