

Maine Validation Study Report

DRAFT

July 18, 2014



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Executive Summary

The Office of Aging and Disability Services (OADS) has contracted with the Human Services Research Institute (HSRI) and Burns & Associates, Inc. (B&A) to develop a resource allocation model for the Section 21 waiver. In such a model, a formal assessment tool is used to determine the support needs of individuals on the waiver. 'Levels' are established to group together individuals with similar support needs. Using historical utilization data and system wide goals, service packages are developed to approximate the amount and type of service individuals in each level may need. An individualized budget amount for each level is then derived from the service packages.

A validation study is undertaken to determine whether a model (the levels and service packages) has face validity and makes sense to professionals in the field. To complete the validation study, teams of professionals were assembled to review the client records of a sample of individuals chosen across residential settings and their assigned level. Based upon these records, the teams were asked to determine whether:

- 1) Each individual matched the description of the level to which they were assigned;
- 2) Each individual would be adequately and appropriately supported by the service package to which they would be assigned; and
- 3) The individuals in each level, as a group, tended to share similar support needs.

The results of the study demonstrated that the draft resource allocation model has face validity. The teams found that level descriptions fit the individuals in the sample in 79.6% of cases while only 5.5% of cases were determined to be 'under-

assigned'. The teams further found that the service packages were appropriate in 86.1% of cases and only 3.7% of the individuals in the sample would be 'under-served'.

The study includes an analysis of the reasons why the teams felt the level description or service packages were not appropriate to determine whether the model will over-serve individuals or provide an insufficient amount of support. In the majority of cases where the level description or service package was not appropriate, the validation teams felt the person was likely to be over-served.

Outside of these questions, the validation teams also noted issues the state should consider as it moves toward implementation. The teams indicated that there was room to increase the number of people who have jobs or access Work Supports and that the state should consider ways to continue to improve employment outcomes. Teams were also asked to identify individuals who do not appear to participate in any day activities, whether employment or Community Supports. These individuals should have avenues to access these services when natural supports are not available. The state is considering an increase to the current Community Supports service limit of 21.5 hours per week. In conjunction with the increased cap, changes to the rate model may encourage people receiving Agency Home Support to increase their utilization of Community Supports or Work Supports and the demand for services may increase. The state should therefore monitor and ensure sufficient provider capacity going forward.

Based on the results of the validation study, the recommendations offered in this report are to maintain the draft service packages across all levels and living settings. The recommendations of the report offer additional comment on considerations for the state prior to implementation.

Background

The Office of Aging and Disability Services (OADS) is developing a resource allocation model for people with intellectual disabilities or autistic disorder on the Section 21 waiver. The goal of implementing this resource allocation model is to fairly distribute public resources by developing a system in which people receive the amount of support that they need to live successfully in the community such that those with more intense support needs receive more funding than those with lower support needs. To accomplish this, OADS has contracted with the Human Services Research Institute (HSRI) and Burns & Associates, Inc. (B&A) to develop a system

informed by the Supports Intensity Scale® (SIS) to establish levels that differentiate between the relative amount and type of supports needed by individuals on the waiver.

Standardized service packages are developed for each level in the model, which take into consideration residential setting (i.e., living independently, with family, in a Shared Living or Family-Centered Support placement, or in an Agency Home Support residence), historical utilization data, and system-wide policy goals. The service packages include the type and amount of services that individuals, on average, may need in each level by living setting. The underlying assumptions within the service packages are not prescriptive, but are used to determine prospective budget amounts for people in each level. For example, a service package for an individual living at home will include assumptions regarding Home Supports, Community Support, and Work Support, but an individual may choose not to use any Community Support. In this example, the individual will be free to direct that portion of their budget to a different service, such as Work Support. In the Person Centered Planning (PCP) process, each person and their team will identify goals and select services to support those goals within the identified budget amount.

Purpose of the Validation Study

Model validation is an important step for the state as it prepares to implement a resource allocation model. It is a process undertaken to determine whether a developed (but not yet implemented) resource allocation model has face validity, or “makes common sense”.

The validation process is designed to evaluate the assessment framework embedded within the model and ensure it has meaningfully differentiated people with varying support needs into separate levels as well as determine whether the service packages that have been developed for each level are appropriate. The validation process also considers whether the individuals in each level, overall, have generally comparable support needs.

The validation process provides an opportunity for professionals in the field to determine whether the model makes common sense and is structured in a way to achieve the goals of the project. By considering the distinctive support needs of individuals at each level and the anticipated service package, the model validation process builds an understanding of the model and may result in recommendations for modifications to the model prior to implementation.

This report contains the findings of the validation study conducted the week of April 28, 2014 to determine whether Maine’s proposed resource allocation model for people with intellectual disabilities or autistic disorder is valid, appropriate to meet the needs of these individuals, and makes sense to professionals in the field.

Resource Allocation Model

HSRI and B&A worked with OADS to develop a five-level resource allocation model that includes an assessment framework for assigning individuals to levels based on the SIS assessment, and other factors, and service packages to meet the needs of individuals in each level and living setting. Rates for services in the service package are used to calculate an individual budget for each of the five levels and, within each level, each residential option.

Supports Intensity Scale®

The SIS assessment tool has three sections:

- **Section 1. Support Needs Scale:** This section documents the general support needs of individuals, in terms of how often the support is needed, how long it takes to provide the support, and what type of assistance is needed (ranging from monitoring to full physical assistance). Six sub-sections address the major areas in which support is typically needed:

Part A: Home Living Activities

Part D: Employment Activities

Part B: Community Living Activities
Activities

Part E: Health and Safety

Part C: Lifelong Learning Activities

Part F: Social Activities

- **Section 2. Supplemental Protection and Advocacy Scale:** The section examines the types of activities the individual performs to protect and advocate for him or herself. As in Section 1, each activity is rated in terms of frequency, time, and type of support.
- **Section 3. Exceptional Medical and Behavioral Needs:** This section documents extra support needed to deal with particular medical and behavioral conditions, above and beyond the regular daily supports covered in Section 1.

Part A: Medical Supports Needed

Part B: Behavioral Supports Needed

In addition to the core group of SIS questions, several jurisdictions including Maine use supplemental questions to further enrich and inform the planning process for individuals.

- The Supplemental Questions adopted by Maine consist of 20 questions, separated into four groups (five questions each). Each set of questions seeks to identify individuals with high needs that require extensive supervision and care within a specific risk area. The groups include:
 - 1) Individuals who require exceptionally high levels of staff support to address medical needs.
 - 2) Individuals who have been convicted of a crime and are a community safety risk.
 - 3) Individuals who have not been convicted of a crime, but still demonstrate a community safety risk.
 - 4) Individuals who display self-injurious behavior which seriously threatens their own health and safety.

The assessment framework proposed in Maine is based on to the results of Parts A, B and E of the support needs scale, the scores in sections 3A and 3B of the SIS, responses to the supplemental questions where appropriate, and if applicable, the results of the supplemental question verification process.

Level Descriptions

For Maine, a five-level, tiered resource allocation model was proposed. People in Level 1 have the lowest support needs and people in Levels 4 and 5 have the highest support needs. Appendix A contains a narrative description of each level. The narrative description includes an overview of each level and how much support a person in that level might need relative to people in other levels. It also includes a brief description of the types of supports a typical person in that level might need. As described further in the methodology section, these level descriptions were used in the validation process.

Service Packages by Level

The service packages include the core residential, in-home, and day services available to people enrolled on the waiver. Episodic or one-time services available

to individuals on the waiver were not included in the service packages. These include but are not limited to, crisis services, environmental modifications and case management. Services not included in the service packages will continue to be available outside of the resource allocation model.

The validation team considered people in Agency Home Support, Family-Centered Support, Shared Living Settings and people receiving Home Support, whether they were living independently or with family, as well as people not receiving residential supports. Historical utilization and future policy goals were considered in the development of the service packages. In conjunction with advice from HSRI and B&A, OADS leadership made decisions regarding the type and amount of services that would be available in the base service package for people in each level. See Appendix B for a table showing the services available in the draft service packages by level.

For day services, the draft service packages include Community Support and Work Support. Once the model is finalized, each person will chose a mix of Community and Work Support to meet the goals that will be identified in their PCP process within their available budget. The ability to select a mix of Home Support with day services will be available to individuals that do not receive Agency Home Support, Family-Centered Support or Shared Living services.

The state currently caps the amount of Community Supports at 21.5 hours per week and Employment Supports at 850 hours per year. Average utilization of these services is well below these current caps. Although the state's historical utilization of day services is lower than the current cap, the state is considering significantly increasing the combined amount of Community Supports and Work Supports in each service package as follows:

- Level 1 – 22 hours per week
- Level 2 – 22 hours per week
- Level 3 – 24 hours per week
- Level 4 – 30 hours per week
- Level 5 – 30 hours per week

No distinction in the number of hours was made between residential settings. A person in level 1, living independently would have access to 22 hours per week, as would a person at level 1 in an Agency Home Support setting.

In addition, the state is considering adding Respite as a service that will be included in the options for the day service budget for people who live with family.

Methodology

The validation study is based on a systematic review of records of a sample of individuals selected for the study who represent a variety of people that populate each of the proposed levels. Teams of professionals that represent a variety of knowledge and experience in the field review the records using a standard template and instructions provided in training prior to the record review. Data from the individual templates is compiled and analyzed. Results of the analysis are included in this report and form the basis for recommendations to modify the model.

Sample

For Maine, 120 individuals were identified in the sample. OADS staff compiled records for each person on the sample list. Of the 120 individuals, 11 were not included in the analysis because there was not enough information in the record to effectively answer all questions in the validation template. One validation form was not included in the analysis because it was not complete. Table 1, below shows the sample size and the number of cases that were included and excluded from the review and analysis. In total, 108 records were reviewed.

Table 1 Sample Size

	Number of Records	Percent of Records
Included in Analysis	108	90.0%
Excluded from Analysis	12	10.0%
Total	120	100.0%

The sample was designed to include a relatively similar number of individuals in each level. As noted in the Level Description chart in Appendix A, individuals are assigned to Levels 1, 2, and 5 using a single set of criteria (e.g. to get into Level 1, a person must have low support needs and no to low behavioral or medical support needs), while individuals can be assigned to Levels 3 and 4 using either of two criteria (e.g. A person can be assigned to Level 3 because they have moderate support needs without extensive behavioral support needs or because the person has low support needs and moderate behavioral support needs). A greater number of individuals were considered in Levels 3 and 4 to account for this. Table 2 shows how many individuals were chosen for the sample and how many people were excluded by level.

Table 2 Sample by Level

	Included in Analysis		Excluded from Analysis		Overall	
	Number of Individuals	Percent of Individuals	Number of Individuals	Percent of Individuals	Number of Individuals	Percent of Individuals
Level 1	17	15.7%	1	8.3%	18	15.0%
Level 2	16	14.8%	2	16.7%	18	15.0%
Level 3	25	23.1%	5	41.7%	30	25.0%
Level 4	30	27.8%	3	25.0%	33	27.5%
Level 5	20	18.5%	1	8.3%	21	17.5%
Total	108	100.0%	12	100.0%	120	100.0%

Teams

OADS identified state staff that formed four teams of professionals for the validation review. Each team included five members. HSRI consultants served as Team Leads for teams 1 and 2 and OADS management staff were Team Leads for teams 3 and 4.

Team members had expertise in case management, employment services, nursing, crisis services and quality assurance. Several team members had experience with the Supplemental Question verification process. Appendix C, shows the areas of expertise of each validation team member.

Each team reviewed between 22 and 31 client files. Table 3 shows the breakout of the sample by team. The cases were assigned so that each team reviewed cases primarily within one or two levels, although some teams reviewed cases from other levels (e.g. Team 1 reviewed 15 cases from Level 1 and 12 cases from Level 4, but also reviewed 2 cases each from Levels 3 and 5). This approach allowed the team to become familiar with a specific level or levels and, at the end of the process, make a determination of whether the individuals in each level generally shared similar support needs.

Table 3 Breakout of Sample by Team

	Team 1		Team 2		Team 3		Team 4	
	# of Indiv	Percent						
Level 1	15	48.4%	0	0.0%	0	0.0%	2	7.1%
Level 2	0	0.0%	14	50.0%	2	9.5%	0	0.0%
Level 3	2	6.5%	0	0.0%	14	66.7%	9	32.1%
Level 4	12	38.7%	0	0.0%	1	4.8%	17	60.7%
Level 5	2	6.5%	14	50.0%	4	19.0%	0	0.0%

Total	31	100.0%	28	100.0%	21	100.0%	28	100.0%
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Information Reviewed

The assembled teams reviewed client records for the individuals in the sample. These records included the individual's Person Centered Plan, any psychological and medical reports, progress notes for residential and day services, and a review of services and supports (historical and current or projected). The following documents were recommended to be gathered for each person in the sample:

1. Current Individual Support Plan
2. SIS Assessment Results (can be provided by HSRI)
3. Case Management notes for the past 12 months
4. Individual Support Plan and/or Person Centered Planning meeting minutes (past 12 months)
5. Current Physical and/or Nursing Reports for the past 12 months
6. Hospitalization Reports for past 12 months (reason for admission/discharge plans)
7. Current Positive Behavior Support Assessment
8. Current Positive Behavior Support Plan (PBSP) plus any addendums
9. Behavioral Support Consultant reports for past 12 months
10. Behavior Crisis Intervention Plan (if applicable)
11. PRN Psychotropic Medication Plan (if applicable)
12. Risk Screening Tool results
13. Applicable Therapy evaluations and reports (OT, PT, SLP)
14. Residential and Day Program notes for the past 12 months
15. Seizure tracking logs for past quarter (if applicable)
16. Sleep tracking logs (if applicable)
17. Medication List
18. Diagnosis List
19. Confirmed Incident Reports for past 12 months
20. Confirmed Crisis notes for the past 12 months

Fiscal year 2013 expenditure data was also provided for each individual in the sample. Not all records included all documents and as noted above, records that did not include enough information for review were excluded from the process. One team member

was assigned to be a lead reviewer for each client file. The lead reviewer closely read the file and the pertinent information and presented the case to the validation team. The team then discussed the record and completed the Validation Template for each record.

Validation Review

The validation review was completed over four days from April 28, 2014 through May 1, 2014. The four validation teams met, reviewed the case files and completed the appropriate forms for each person whose record was reviewed. OADS staff worked diligently in the weeks before the review to compile the records needed. This section details the review process.

Validation Process

The review process was guided by the Validation Template and Level Grouping Form. The template was reviewed and modified in consultation with state staff prior to the validation study. The forms are attached as Appendix D. The teams completed a Validation Template for each person whose record was reviewed.

The form begins with demographic information and information about each person's diagnoses and living setting. To examine the substantive issues, the template first addresses whether the records in the person's case file align with the level description to which they would be assigned (see Appendix A for the level descriptions). The validation teams were next asked whether the service package that an individual would receive based upon their level and living setting would be sufficient to meet their needs. In those instances in which the team indicated the person's support needs did not match the level description, they were still asked to consider whether the service package for the level assignment (that did not match) would meet the person's needs.

After the validation team considered each person's case file on an individual basis, the teams were asked to evaluate whether the level groupings held together. To determine this, the teams considered the individuals according to their level groupings—and excluded individuals who the team felt had support needs that did not meet the level description. The purpose of this second step was to ensure that individuals in each level grouping had needs that were similar to one another. It is important to note that diagnosis and amount of services currently received may differ, so the teams were asked to focus on support needs only.

Results

Level Assignments

Overall, the validation teams completed Validation Templates for 108 client records. In 87 of these cases (79.6%), the team agreed or strongly agreed that the individual's support needs were in alignment with the level description. Table 4 below shows the total number of individuals whose needs matched the description of the level.

Table 4 Number of Individuals who Needs Matched the Description of the Level

Number of Individuals who Reviewers Agreed or Strongly Agreed the Level Description Matched the Needs of the Individuals

	Number of Individuals	Percent of Individuals
Strongly Agree	62	57.4%
Agree	24	22.2%
Disagree	9	8.3%
Strongly Disagree	13	12.0%
Total	108	100.0%

The teams were asked to elaborate why they either strongly disagreed or disagreed in the 22 cases where it was determined the individual did not match the level description. Using the qualitative descriptions on the Validation Template, a determination was made whether the team felt the person's needs were higher or lower than those indicated in the level description. Table 5, below, shows the results. In 16 of the 22 cases (14.8% of all cases) the teams felt that individuals were assigned to a higher level than appropriate (i.e., they were 'over-assessed') and in 5 cases (4.6% of all cases) the team felt that individuals were assigned to a lower level than appropriate (i.e., they were 'under-assessed'). In the remaining case, this information was missing.

Table 5 Individuals whose Needs Did Not Match Level Description

Number of Individuals for Whom Reviewers Disagreed or Strongly Disagreed Individuals' Needs Did Not Match the Level Description by Being Below or Above the Needs of that Level

	Number of Individuals	Number of Cases	Percent of Cases
Below	108	16	14.8%

Above	108	5	4.6%
Unknown	108	1	0.9%
Total	108	22	20.4%

Overall, the teams found the level to which individuals were assigned were equal to or greater than their needs, as evidenced in the case file, in 94.5 percent of all cases.

Below, Table 6 shows the individuals whose needs matched the description by level. The teams agreed with the level description most often (87.5%-90%) in Levels 1, 2, and 4. The teams agreed less often with the level description in Levels 3 (72%) and 5 (60.0%).

Table 6 Number of Individuals whose Needs Matched the Description by Level

Number of Individuals for Whom Reviewers Agreed or Strongly Agreed Individuals' Needs Matched the Level Description by Level

	Number of Individuals	Number of Individuals whose Description Matched	Percent of Individuals whose Description Matched
Level 1	17	15	88.2%
Level 2	16	14	87.5%
Level 3	25	18	72.0%
Level 4	30	27	90.0%
Level 5	20	12	60.0%
Overall	108	86	79.6%

Additional analysis was completed to ensure those with high behavioral or medical needs were appropriately accounted for in the level assignment process. The Validation Template used for the review process asked teams to identify the extent to which each individual required support for behavioral challenges and medical issues, regardless of level assignment. The options included the following:

- No need or very little
- Some or modest need
- Significant or great need
- Extraordinary need

Table 7 below shows the number of individuals with high and low behavioral support needs and the frequency with which the teams believed the support needs of the individual, based on their record, matched the level description. The teams determined that 21 individuals had significant to extraordinary behavioral need. Of the individuals with significant to extraordinary behavioral need, the teams agreed that the individuals matched their assigned level description in 18 of 21 cases (85.7%). This is higher than the match rate of 78.2% for individuals with lower behavioral support need.

Table 7 Number of Individuals whose Needs Matched the Description by Behavioral Need

Number of Individuals for Whom Reviewers Agreed or Strongly Agreed Individuals' Needs Matched the Level Description by Behavioral Need

	Number of Individuals	Number of Individuals whose Description Matched	Percent of Individuals whose Description Matched
No Need to Modest	87	68	78.2%
Significant to Extraordinary Need	21	18	85.7%
Overall	108	86	79.6%

As with behavioral support need, the validation teams evaluated the degree of medical need on the same scale of no need or little to extraordinary, regardless of level assignment. Table 8 below shows the results. Where the teams determined that a person had significant to extraordinary medical need, the teams agreed that the person matched the level description in 87.1% of cases. This is higher than the 79.6% of cases where the teams determined that the person had lower medical support needs.

Table 8 Number of Individuals whose Needs Matched the Description by Medical Need

Number of Individuals for Whom Reviewers Agreed or Strongly Agreed Individuals' Needs Matched the Level Description by Behavioral Need

	Number of Individuals	Number of Individuals whose Description Matched	Percent of Individuals whose Description Matched
No Need to Modest	77	59	76.6%
Significant to Extraordinary Need	31	27	87.1%
Overall	108	86	79.6%

Findings on Level Assignments

Based on these data, the proposed level model appropriately differentiates the support needs of individuals. As described above, in 79.6% of cases, the model accurately describes the support needs of individuals, without overstating or understating the needs of those in the sample. Further, when teams disagreed with the level assignment, they generally believed individuals were over-assigned (i.e., most disagreements were to the individual's benefit). The teams felt that individuals were assigned to a level that was too low in only five instances.

Service Packages

After determining whether a person's support needs met the level description, teams evaluated whether each person's support needs would be met if they were to receive the services available to them in the draft service packages for their Level and living setting. Table 9 below shows the results.

Table 9 Number of Individuals who Had Appropriate or Adequately Service Package

Number of Individuals who Reviewers Felt the Service Package Adequately Supported the Individuals

	Number of Individuals	Percent of Individuals
Strongly Agree	69	63.9%
Agree	24	22.2%
Disagree	8	7.3%
Strongly Disagree	7	6.5%
Total	108	100.0%

Overall, the teams determined that the draft service packages were aligned with the needs of the individual in 93 cases (86.1%). The teams disagreed with the level of support available in the service packages in 15 of 108 cases and were asked to elaborate on why they made that determination. The responses are shown below in Table 10.

Based on their qualitative responses, the team disagreed in 4 cases because the individual had too little support. In 10 cases, the team disagreed because the support package provided too much support. As noted above, the team's response was unknown in one case. In total, the teams determined that the service package was either appropriate to meet the needs of the individual or provided more support than needed in 103 of 108 cases (95.5%).

Table 10 Individuals whose Service Package Did Not Match Level of Support

Number of Individuals for Whom Reviewers Disagreed or Strongly Disagreed Individuals' Service Package was not Adequate or Appropriate by Description of Providing Too Little or Too Much Support

	Number of Individuals	Number of Cases	Percent of Cases
Too Little Support	108	4	3.7%
Too Much Support	108	10	9.3%
Unknown	108	1	0.9%
Total	108	15	13.9%

The teams' determination of whether a person's needs would be appropriately met by the service package is broken out by Level below in Table 11. As with the level description, the teams agreed that the service package was appropriate more frequently for individuals in Levels 1, 2, and 4 and less frequently in Levels 3 and 5. Levels 3 and 5 include individuals with behavioral challenges. An analysis for people with different behavioral support needs is below.

Table 11 Number of Individuals who has Adequate or Appropriate Service Package by Level

Number of Individuals for Whom Reviewers Agreed or Strongly Agreed Individuals' Service Package was Adequate or Appropriate by Level

	Number of Individuals	Number of Individuals with Appropriate Service Package	Percent of Individuals with Appropriate Service Package
Level 1	17	16	94.1%
Level 2	16	15	93.8%
Level 3	25	19	76.0%
Level 4	30	28	93.3%
Level 5	20	15	75.0%
Overall	108	93	86.1%

Again, additional analysis was done to ensure those with high behavioral or medical needs were accounted for when considering the services available in associated service package, regardless of level assignment. The following table examines whether individuals with lower or higher behavioral support needs would receive an adequate service package. This analysis is also based on team's assessment of behavioral or medical need using the four measure indicated above. The team determined that an individual had significant to extraordinary behavioral need in 21

cases. Table 12 shows that in 20 of the 21 cases (95.2%), the team felt that the service package was appropriate to meet the person’s needs.

Table 12 Number of Individuals who has Adequate or Appropriate Service Package by Behavioral Need

Number of Individuals for Whom Reviewers Agreed or Strongly Agreed Individuals’ Service Package was Adequate or Appropriate by Behavioral Need

	Number of Individuals	Number of Individuals with Adequate Service Package	Percent of Individuals with Adequate Service Package
No Need to Modest Need	87	73	83.9%
Significant to Extraordinary Need	21	20	95.2%
Overall	108	93	86.1%

Table 13 below presents the team’s determination of the appropriateness of the service package for individuals based on their level of medical need. In 28 of 31 cases (90.3%) where the team determined that an individual had significant to extraordinary medical need, the team also determined that the individual would be appropriately supported by the service package available to them based on their level and living setting.

Table 13 Number of Individuals who has Adequate or Appropriate Service Package by Medical Need

Number of Individuals for Whom Reviewers Agreed or Strongly Agreed Individuals’ Service Package was Adequate or Appropriate by Behavioral Need

	Number of Individuals	Number of Individuals with Adequate Service Package	Percent of Individuals with Adequate Service Package
No Need to Modest Need	77	65	84.4%
Significant to Extraordinary Need	31	28	90.3%
Overall	108	93	86.1%

Findings on the Appropriateness of Service Packages

As with the findings on the level descriptions, the teams felt that the service packages were appropriate in the considerable majority of cases. The service packages were deemed to be appropriate in 86.1% of cases. In cases where the

draft service package was not appropriate, the teams overwhelmingly found that it was too rich and offered more supports than the person needed. The study specifically looked at how well the draft service packages would support people with extraordinary behavioral challenges or medical needs. In both domains, the significant majority of individuals with the highest needs were adequately supported by the draft service packages.

Shared Level of Support Needs by Level

At the conclusion of the exercise, the teams were asked whether the individuals in each level had similar support needs. To do this, each of the four teams separated the files they had reviewed by level. The teams were assigned files that primarily fell into one or two different levels, though they may have reviewed files outside of those two levels. For the levels where the team reviewed 5 or more cases, the teams made a determination, by level, whether the individuals in each level had similar degrees of support needs. The teams considered only those individuals who they determined met the level description. In all instances the teams determined that the individuals in each level generally shared similar support needs.

Team Member Feedback of Level Descriptions and Service Packages

At the conclusion of the validation exercise, all team members were offered the opportunity to share comments and feedback related to the case review process and information that they learned during the week. The commentary was illustrative of the lessons learned about the state's service system as a whole and provides valuable input to consider as the state moves forward with implementation of the resource allocation model.

The team members provided input on the level descriptions as well as the service packages. The feedback gathered from the participants on the level descriptions included a note that the descriptions of Levels 3 and 5 were at times difficult to differentiate. Both levels are designed to describe and support individuals with higher behavioral support needs. Another participant raised a concern that the level descriptions lacked reference to employment.

Agency Home Support and Individuals with No Utilization of Day Services

During the validation exercise the teams identified whether each person received Community Supports, Work Supports or Employment Specialist Services (collectively 'day services', although Employment Support Services will be approved separately, outside of the resource allocation model). The teams identified a number of individuals who receive no day services at all. Table 14 shows the number of individuals who receive each type of day services and the overall number of individuals who receive day supports generally. Of the individuals included in the validation study, 22 individuals – almost one in five – did not receive any day services. In the cases where a person did not receive any day services, the team was asked to note how the person spent their day time hours.

Table 14 Individuals by Day Supports Received

Number of Individuals by Day Supports Received; Community, Work, Employment and Overall Day Supports

	Number of Individuals	Number of Individuals Receiving Services	Percent of Individuals Receiving Services
Community Supports	108	82	75.9%
Work Supports	108	17	15.7%
Employment Specialist Services	108	3	2.8%
Overall Day Supports	108	87	80.6%

OADS expressed potential concern with these cases because the lack of supports may indicate that individuals are not meaningfully engaged in the community. Revisions to provider reimbursement rates for Agency Home Support, which are being made in parallel with the resource allocation model, will make clear the expectation that individuals be engaged in the community with resources other than Agency Home Support staff.

Additionally, the draft service packages for Levels 3, 4, and 5 increase the number of day service hours available to individuals beyond the current cap of 21.5 hours per week. Coupled with the change to Agency Home Support reimbursement, this has the potential to increase demand for day services. It is anticipated there may also be

a significant number of people who currently do not access day services who could do so under the draft service packages. OADS will therefore need to ensure there is sufficient provider capacity to meet any increased demand.

Further, usage of employment related services is very low. Only 15.7% of people use Work Supports and 2.8% of people in the sample use Employment Specialist services. State statute requires employment services be considered before other day services. Improving access to employment services should continue to be a priority for OADS.

Supports for Individuals Who Do Not Receive a Full-Time Residential Service

One issue considered by the teams was the number of hours in the service package for people living independently or with family, and receiving Home Support (quarter hour) services. Table 15 below shows the number of people by living setting whose needs would be adequately met by the service package. Overall, 86.8% of people in the study will receive an appropriate amount of support using the draft service packages.

Table 15 Individuals who has Adequate or Appropriate Service Package by Living Situation

Number of Individuals for Whom Reviewers Agreed or Strongly Agreed Individuals' Service Package was Adequate or Appropriate by Living Situation

	Number of Individuals	Number of Individuals with Appropriate Support Packages	Percent of Individuals with Appropriate Support Packages
Agency Home Support	35	34	97.1%
Shared Living	27	23	85.2%
Family Centered Support	16	15	93.8%
Living with Family	18	15	83.3%
Independent Living	10	5	50.0%
Unknown	0	-	-
Overall	106	92	86.8%

Note: Two individuals did not have a valid living situation for the analysis and were excluded from this table.

Recommendations

Overall, the model has identified meaningful categories of support need and the draft service packages offer a sufficient amount of support. The recommendations included in this report focus on areas to fine-tune the service packages.

Exception Review Process

The Validation Process indicates that the level model is appropriate, and changes to the level criteria are not necessary. In HSRI and B&A's experience developing resource allocation models for other jurisdictions, it is anticipated that there will be a small percentage of outliers, or individuals for whom a closer look is needed to determine appropriate amount of support. Few people were not appropriately described by the model and fewer people were described as having more need for support than the model indicated. The service packages will generally be able to support the individuals in each level, or offer more support than may be needed, in 95.5% of cases reviewed.

However, because no model will capture every individual perfectly, it is recommended that the state develop an exception review process for people who feel that the model may not adequately support their needs. The process should be able to address both short term service needs and long term issues. Appropriate notification of Medicaid appeal rights will also be an important component of the implementation strategy.

Service Package Recommendations

The draft service packages for several levels include a significantly increased number of hours of day services above the state's current Community Supports cap of 21.5 hours per week and 850 hours per year cap for Work Supports. However, even with the caps, Community Supports and Work Supports had low utilization across all levels and in all living settings. With the variability of day time activities (weather, illness, etc.) a lower level of utilization in these services is expected. However, the utilization of these services in Maine is lower than what is usually observed, even when considering the anticipated irregularity of the service. As noted above, OADS should be aware of the potential increase in the demand for these services as it relates to provider capacity. At all levels and across all living

settings Validation Teams were considering draft service packages that included more hours of support than are currently available with the state's 21.5 hour cap per week on Community Support and the 850 annual cap on Work Supports. As a result, it is not surprising that the findings of the study indicate that service packages were appropriate in a high number of cases reviewed (86.1%). Recommendations based on feedback from the Validation Teams include the following:

Agency Home Support – Maintain the draft service package per week cap across all levels and expect that the current low utilization rates by level will increase as per diem rates that assume a set number of hours outside of the home are developed and implemented.

Family Centered Support – Maintain the draft service package per week cap across all levels.

Shared Living – Maintain the draft service package per week cap across all levels.

In Home Support/Non-Residential – It is expected that people receiving Home Support will be able to flexibly choose hours of service from among all services: Home Support, Community Support, Work Support and Respite (to be added to the waiver). While the percentage match overall for appropriateness of the service packages was high, the low percentage match for those in living independently (50%) warrants comment, even with the small sample size. For the levels 1, 2 and 3, the results were mixed. In one instance the teams did not indicate why the service package was inappropriate. In the remaining cases from levels 1, 2, and 3, the teams either determined that the service package was appropriate or provided too much support. The sample included only one individual from level 5 and one individual from level 4 who live independently. In both instances the team determined that the service package did not provide a sufficient amount of support. However, given the varied results and small sample size, further inquiry may be appropriate.

It is anticipated that these recommendations will increase access to day services in comparison to current utilization rates. It is recommended that OADS work to increase the capacity of employment related service providers so that any additional utilization that occurs as result of these service packages is focused on employment, and consistent with legislation and the goals of OADS. These recommendations are made based on the Validation Review process only, changes in rates and the overall fiscal impact of these recommendations will need to be considered by OADS before finalizing these recommendations and the resource allocation model.

Conclusion

OADS has made considerable progress collecting SIS data and making important decisions about service packages and draft rate models. The steps involved in developing a resource allocation model are complex and often shed light on areas of a service system that have been unexposed to analysis. The Validation Process for Maine demonstrates that the proposed assessment framework and the service packages meet the needs of a significant majority of those included in the sample.

Feedback from the four teams of professionals that participated in the review identified modifications to service packages for consideration by OADS. The process also pointed to the need for a clearly identified and accessible exception review process for those whose needs do not easily fit within a model developed to address the needs of the majority of those served (i.e. outliers). The issue of system capacity to support the needs of individuals that will have access to more day service (Community Support and Work Support) than they currently access was identified. As was the need to increase capacity of all employment related services. Finally, recommendations specific to the service packages for those who live with family or independently were offered.

Decisions on the recommendations contained in this report will shape the final resource allocation model developed for people served on the Section 21 waiver.

Appendix A

DRAFT

Maine Level Descriptions

Adults in this level have low support need, including little to no support need for medical and behavioral challenges. They can manage many aspects of their lives independently or with little assistance. This includes instrumental activities like eating or dressing, as well as daily living activities such as shopping or going out into the community. Supports are typically intermittent rather than 24 hours a day, 7 days a week (24/7).

- 1** Someone in this level may need supports with clothing care, preparing meals, and dressing. Often 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 may be able to ambulate or need little to no help moving about, but need help with health practices that include maintaining a nutritious diet and/or taking medications.

Adults in this level have moderate support needs and little to no support need for medical and behavioral challenges. Although they need more support than those in Level 1, their support needs are minimal in a number of life areas. They may also receive intermittent daily support rather than 24/7.

- 2** 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 either:

- Low to moderate support needs as in Levels 1 & 2 but also above average, non-extensive support need due to behavioral challenges; or
- Above average support needs and up to above average, non-extensive support need due to behavioral challenges.

Adults in this level may need 24/7 supports due to their daily support needs and/or behavioral challenges.

- 3** In this level, an individual will most likely need daily assistance preparing food, eating meals, dressing, and bathing. This could range from monitoring, but will most likely include partial to full physical assistance for some supports including gaining and maintaining employment, accessing community activities; such as, visiting friends and family members, or participating in preferred community activities. They will most likely need at least partial physical assistance obtaining health care. They may also have behavioral support needs that lie outside of overall living activity supports. This could include support with prevention of outbursts, or monitoring for wandering.

Adults in this level have either:

- High to maximum support needs; or
- Significant need for support due to medical conditions.

They have behavioral support needs that are not significant but can range from none to above average. Adults in this level may need additional 24/7 supports due to their daily support needs and/or medical conditions.

4

Support needs may include partial to full physical assistance with eating and preparation of meals, dressing, and all household activities. An individual in this level may have difficulty ambulating, and therefore needs full physical help accessing the community. In order to maintain health and safety, an individual in this level will likely need full support in meal planning, obtaining health care and taking medications. Support for medical issues may also be required to ensure people in this level are able to participate in employment activities.

All adults in this level have significant behavioral challenges, regardless of their support need to complete daily activities or for medical conditions. Adults in this level may need enhanced 24/7 supports due to their behavioral challenges.

* Individuals that meet Level 5 criteria due to behavioral challenges, and have significant medical need (Section 3A score higher than 7) may require additional review to ensure their medical and behavioral needs are addressed appropriately.

5

In this level, an individual has behavioral support needs that are exceptional and require a great amount of assistance. They may have lower support needs in daily living activities but require full physical assistance of support staff to prevent harm to themselves or others. Support needs in this domain include prevention of pica, sexually aggressive behavior, wandering and tantrums, or other forms of self harm. Given the behavioral challenges experienced by people in this level, employment supports will need to be highly specialized.

Appendix B

DRAFT

**Maine Office of Aging and Disability Services
Draft Base Budget Service Packages for Validation**

Service Category		Unit	SIS - 1	SIS - 2	SIS - 3	SIS - 4	SIS - 5
<i>Agency Home Support</i>							
Residential Services	Days / Year	Current Utilization	355	354	358	360	355
		Draft	365	365	365	365	365
Day Services	Hours / Week	Current Utilization (Total)	11.0	12.0	11.1	10.8	6.7
		Draft - Community Support	10	10	12	20	20
		<u>Draft - Work Support</u>	<u>12</u>	<u>12</u>	<u>12</u>	<u>10</u>	<u>10</u>
		Draft - Total Day Services	22	22	24	30	30
<i>Family-Centered Support</i>							
Residential Services	Days / Year	Current Utilization	357	356	361	362	357
		Draft	365	365	365	365	365
Day Services	Hours / Week	Current Utilization (Total)	16.6	13.6	13.5	14.4	15.7
		Draft - Community Support	10	10	12	20	20
		<u>Draft - Work Support</u>	<u>12</u>	<u>12</u>	<u>12</u>	<u>10</u>	<u>10</u>
		Draft - Total Day Services	22	22	24	30	30
<i>Shared Living</i>							
Residential Services	Days/Yr.	Current Utilization	358	359	353	357	361
		Draft	365	365	365	365	365
Day Services	Hours / Week	Current Utilization (Total)	14.3	16.1	14.7	13.5	16.1
		Draft - Community Support	10	10	12	20	20
		<u>Draft - Work Support</u>	<u>12</u>	<u>12</u>	<u>12</u>	<u>10</u>	<u>10</u>
		Draft - Total Day Services	22	22	24	30	30
<i>Home Support/ Non-Residential</i>							
In-Home Services	Hours / Week	Current Utilization	20.5	26.3	25.9	50.0	31.3
		Draft	20	24	24	40	40
Day Services	Hours / Week	Current Utilization (Total)	5.7	9.5	11.3	12.5	10.7
		Draft - Community Support	10	10	12	20	20
		<u>Draft - Work Support</u>	<u>12</u>	<u>12</u>	<u>12</u>	<u>10</u>	<u>10</u>
		Draft - Total Day Services	22	22	24	30	30

Appendix C

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	Name	Title	Area of Expertise/Focus
1	Mark Harris	District I/DD Supervisor	Supervises I/DD Case Managers
1	Terry Sandusky	Data Information Manager	Senior Management, IT
1	Lisa Sturtevant	I/DD Employment Services Specialist	Employment
1	Linda Moulton- RN	OADS Nurse Consultant	Nursing, Former SIS Verification team member
1	LEAD: Lilia Teninty	HSRI	
2	Wanda Lindsay	District I/DD Supervisor	Supervises I/DD Case Managers, Former SIS interviewer
2	Chris Lindsey	District I/DD Crisis Supervisor	Crisis Services
2	Mel Owen	I/DD Resource Coordinator	Resource Coordination
2	Jane Hutchins- RN	Long Term Care Nurse Manager	Nursing
2	LEAD: Erica Hendricks	HSRI	

3	Carol Bauss	District I/DD Supervisor	Supervises I/DD Case Managers
3	Juanita Goetz	District Program Administrator	
3	Kent Simendinger	I/DD Resource Coordinator	Resource Coordination
3	Jane Hassen-Knight- RN	Quality Assurance Coordinator	Nursing, SIS Verification team member
3	LEAD: Deb Gellatly	Resource Development Manager	Senior Management
4	Becky Shanor	District I/DD Supervisor	Supervises I/DD Case Managers
4	Barbara Bernier	I/DD Community Case Management Liaison	QA/QI team, SIS Verification team member, Liaison with Community Case Management agencies, Former I/DD case manager
4	Judy Knowlton, RN Goold Health Systems	Prior authorization nursing assessment for long term care	Nursing
4	Catherine Krupsky	I/DD Resource Coordinator	Resource Coordination, Former SIS Verification team member
4	LEAD: Karen Mason	Developmental Services Program Manager	Senior Management

Appendix D

DRAFT

Maine Support Level 1 Validation Template

Lead Reviewer: _____ Date: _____

Other Reviewers: _____

Section 1: Individual Background (Lead Reviewer completes this section)

1. Name: _____ 3. Birth Date: _____

2. Maine Care ID: _____ 4. SIS ID: _____

5. Present place of residence:

- Agency Home Support
- Shared Living
 - Family
 - Not Family
- Family Centered Support
- Home Support or Non-Residential
 - Living with Family
 - Lives Independently
- Unknown

6. What conditions qualify the individual for developmental disability services? (check all that apply)

- Intellectual disability
- Autism
- Other:

7. What other diagnoses or co-morbidities apply?

- Mental health challenges
- Substance abuse
- Extraordinary behavioral challenges
- Complex medical needs requiring nursing care
- Other:

LEAD REVIEWER STOP HERE. Sections 2 & 3 will be completed as a team.

Section 2: Support Level Assignment (Lead Reviewer leads team discussion)

Review the file to become familiar with the person's current supports and level of need. Begin by answering questions about the person's level of support need. Read the level description below and determine whether the person has the same level of support need. Consider the following as the team comes to consensus:

8. How much support does this person need to complete:

	No Need Very little	Some or Modest	Significant	Great or Extraordinary
Personal and home living activities (e.g., eating, bathing, dressing, going to the toilet, preparing food, preparing meals, household chores, getting around inside the home)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Living (e.g., visiting friends, shopping, recreating, getting from place to place)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health and safety (e.g., taking medications, avoiding hazards, maintaining physical health, eating well, mobility, getting proper health care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Consider specifically any challenging behavior noted about this person (e.g., breaks things, hits others or himself, eats inappropriate things, fighting, stealing, non-compliance, self-injury and others). Rate the level of support this person needs due to behavioral challenges:

- | | |
|--|--|
| <input type="checkbox"/> No need or very little | <input type="checkbox"/> Some or modest need |
| <input type="checkbox"/> Significant or great need | <input type="checkbox"/> Extraordinary need |

10. Consider the medical needs noted about this person (e.g., care or oversight provided during the day or certified medical staff or nurses due to medical conditions). Rate the level of support this person needs due to these medical conditions.

- | | |
|--|--|
| <input type="checkbox"/> No need or very little | <input type="checkbox"/> Some or modest need |
| <input type="checkbox"/> Significant or great need | <input type="checkbox"/> Extraordinary need |

Level 1 Description - Adults in this level have low support need, including little to no support need for medical and behavioral challenges. Supports are typically intermittent rather than 24 hours a day, 7 days a week (24/7). They also can manage many aspects of their lives independently or with little assistance. This includes instrumental activities like eating or dressing, as well as daily living activities such as shopping or going out into the community.

11. Does this person have the support needs indicated in the level description above?:

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

12. If Question 11 is answered with a score of 1 or 2, describe why the team feels the person does not meet the level description. Refer to specific facts and documents in the record.

Section 3: Service Considerations (Lead Reviewer leads team discussion)

Based on information provided in the file, begin by indicating which services the individual receives, and the amount. If the person does not receive any community supports, work supports, or employment services, indicate how the person spends their daytime hours, if the file has that information. Read the service package description for Level 1. After reviewing service data provided in the file and reading the service package description, judge the adequacy of the support to be received, including the natural supports available to the individual. As the team deliberates, consider the following services:

13. Is the person currently receiving these services?

Service	Does the person receive this service? (Check if yes)	Is this service provided in a group? (Check if yes.) If yes, indicate the staffing ratio if known.
Agency Home Support	<input type="checkbox"/>	<input type="checkbox"/>
Family-Centered Support	<input type="checkbox"/>	<input type="checkbox"/>
Shared Living	<input type="checkbox"/>	<input type="checkbox"/>
Home Supports	<input type="checkbox"/>	<input type="checkbox"/>
Community Supports	<input type="checkbox"/>	<input type="checkbox"/>
Work Supports	<input type="checkbox"/>	<input type="checkbox"/>
Employment Specialist Services	<input type="checkbox"/>	<input type="checkbox"/>

14. If the person does not receive any community supports, work supports, or employment specialist services, indicate how the person spends their daytime hours, if the file has that information.

15. Is the amount of support (hours) available in the service package appropriate and adequate to meet the needs of the individual?:

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

Maine Support Level 2 Validation Template

Lead Reviewer: _____ Date: _____

Other Reviewers: _____

Section 1: Individual Background (Lead Reviewer completes this section)

1. Name: _____ 3. Birth Date: _____

2. Maine Care ID: _____ 4. SIS ID: _____

5. Present place of residence:

- Agency Home Support
- Shared Living
 - Family
 - Not Family
- Family Centered Support
- Home Support or Non-Residential
 - Living with Family
 - Lives Independently
- Unknown

6. What conditions qualify the individual for developmental disability services? (check all that apply)

- Intellectual disability
- Autism
- Other:

7. What other diagnoses or co-morbidities apply?

- Mental health challenges
- Substance abuse
- Extraordinary behavioral challenges
- Complex medical needs requiring nursing care
- Other:

LEAD REVIEWER STOP HERE. Sections 2 & 3 will be completed as a team.

Section 2: Support Level Assignment (Lead Reviewer leads team discussion)

Review the file to become familiar with the person's current supports and level of need. Begin by answering questions about the person's level of support need. Read the level description below and determine whether the person has the same level of support need. Consider the following as the team comes to consensus:

8. How much support does this person need to complete:

	No Need Very little	Some or Modest	Significant	Great or Extraordinary
Personal and home living activities (e.g., eating, bathing, dressing, going to the toilet, preparing food, preparing meals, household chores, getting around inside the home)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Living (e.g., visiting friends, shopping, recreating, getting from place to place)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health and safety (e.g., taking medications, avoiding hazards, maintaining physical health, eating well, mobility, getting proper health care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Consider specifically any challenging behavior noted about this person (e.g., breaks things, hits others or himself, eats inappropriate things, fighting, stealing, non-compliance, self-injury and others). Rate the level of support this person needs due to behavioral challenges:

- | | |
|--|--|
| <input type="checkbox"/> No need or very little | <input type="checkbox"/> Some or modest need |
| <input type="checkbox"/> Significant or great need | <input type="checkbox"/> Extraordinary need |

10. Consider the medical needs noted about this person (e.g., care or oversight provided during the day or certified medical staff or nurses due to medical conditions). Rate the level of support this person needs due to these medical conditions.

- | | |
|--|--|
| <input type="checkbox"/> No need or very little | <input type="checkbox"/> Some or modest need |
| <input type="checkbox"/> Significant or great need | <input type="checkbox"/> Extraordinary need |

Level 2 Description - Adults in this level have moderate support needs and little to no support need for medical and behavioral challenges. Although they need more support than those in Level 1, their support needs are minimal in a number of life areas. They may also receive intermittent daily support rather than 24/7.

11. Does this person have the support needs indicated in the level description above?:

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

12. If Question 11 is answered with a score of 1 or 2, describe why the team feels the person does not meet the level description. Refer to specific facts and documents in the record.

Section 3: Service Considerations (Lead Reviewer leads team discussion)

Based on information provided in the file, begin by indicating which services the individual receives, and the amount. If the person does not receive any community supports, work supports, or employment services, indicate how the person spends their daytime hours, if the file has that information. Read the service package description for Level 1. After reviewing service data provided in the file and reading the service package description, judge the adequacy of the support to be received, including the natural supports available to the individual. As the team deliberates, consider the following services:

13. Is the person currently receiving these services?

Service	Does the person receive this service? (Check if yes)	Is this service provided in a group? (Check if yes.) If yes, indicate the staffing ratio if known.
Agency Home Support	<input type="checkbox"/>	<input type="checkbox"/>
Family-Centered Support	<input type="checkbox"/>	<input type="checkbox"/>
Shared Living	<input type="checkbox"/>	<input type="checkbox"/>
Home Supports	<input type="checkbox"/>	<input type="checkbox"/>
Community Supports	<input type="checkbox"/>	<input type="checkbox"/>
Work Supports	<input type="checkbox"/>	<input type="checkbox"/>
Employment Specialist Services	<input type="checkbox"/>	<input type="checkbox"/>

14. If the person does not receive any community supports, work supports, or employment specialist services, indicate how the person spends their daytime hours, if the file has that information.

15. Is the amount of support (hours) available in the service package appropriate and adequate to meet the needs of the individual?:

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

Maine Support Level 3 Validation Template

Lead Reviewer: _____ Date: _____

Other Reviewers: _____

Section 1: Individual Background (Lead Reviewer completes this section)

1. Name: _____ 3. Birth Date: _____

2. Maine Care ID: _____ 4. SIS ID: _____

5. Present place of residence:

- Agency Home Support
- Shared Living
 - Family
 - Not Family
- Family Centered Support
- Home Support or Non-Residential
 - Living with Family
 - Lives Independently
- Unknown

6. What conditions qualify the individual for developmental disability services? (check all that apply)

Intellectual disability

Autism

Other:

7. What other diagnoses or co-morbidities apply?

Mental health challenges

Complex medical needs requiring nursing care

Substance abuse

Other:

Extraordinary behavioral challenges

LEAD REVIEWER STOP HERE. Sections 2 & 3 will be completed as a team.

Section 2: Support Level Assignment (Lead Reviewer leads team discussion)

Review the file to become familiar with the person's current supports and level of need. Begin by answering questions about the person's level of support need. Read the level description below and determine whether the person has the same level of support need. Consider the following as the team comes to consensus:

8. How much support does this person need to complete:

	No Need Very little	Some or Modest	Significant	Great or Extraordinary
Personal and home living activities (e.g., eating, bathing, dressing, going to the toilet, preparing food, preparing meals, household chores, getting around inside the home)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Living (e.g., visiting friends, shopping, recreating, getting from place to place)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health and safety (e.g., taking medications, avoiding hazards, maintaining physical health, eating well, mobility, getting proper health care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Consider specifically any challenging behavior noted about this person (e.g., breaks things, hits others or himself, eats inappropriate things, fighting, stealing, non-compliance, self-injury and others). Rate the level of support this person needs due to behavioral challenges:

- | | |
|--|--|
| <input type="checkbox"/> No need or very little | <input type="checkbox"/> Some or modest need |
| <input type="checkbox"/> Significant or great need | <input type="checkbox"/> Extraordinary need |

10. Consider the medical needs noted about this person (e.g., care or oversight provided during the day or certified medical staff or nurses due to medical conditions). Rate the level of support this person needs due to these medical conditions.

- | | |
|--|--|
| <input type="checkbox"/> No need or very little | <input type="checkbox"/> Some or modest need |
| <input type="checkbox"/> Significant or great need | <input type="checkbox"/> Extraordinary need |

Level 3 Description - Adults in this level have either:

- Low to moderate support needs as in Levels 1 & 2 but also above average, non-extensive support need due to behavioral challenges; or
- Above average support needs and up to above average, non-extensive support need due to behavioral challenges.

Adults in this level may need 24/7 supports due to their daily support needs and/or behavioral challenges.

11. Does this person have the support needs indicated in the level description above?:

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

12. If Question 11 is answered with a score of 1 or 2, describe why the team feels the person does not meet the level description. Refer to specific facts and documents in the record.

Section 3: Service Considerations (Lead Reviewer leads team discussion)

Based on information provided in the file, begin by indicating which services the individual receives, and the amount. If the person does not receive any community supports, work supports, or employment services, indicate how the person spends their daytime hours, if the file has that information. Read the service package description for Level 1. After reviewing service data provided in the file and reading the service package description, judge the adequacy of the support to be received, including the natural supports available to the individual. As the team deliberates, consider the following services:

13. Is the person currently receiving these services?

Service	Does the person receive this service? (Check if yes)	Is this service provided in a group? (Check if yes.) If yes, indicate the staffing ratio If known.
Agency Home Support	<input type="checkbox"/>	<input type="checkbox"/>
Family-Centered Support	<input type="checkbox"/>	<input type="checkbox"/>
Shared Living	<input type="checkbox"/>	<input type="checkbox"/>
Home Supports	<input type="checkbox"/>	<input type="checkbox"/>
Community Supports	<input type="checkbox"/>	<input type="checkbox"/>
Work Supports	<input type="checkbox"/>	<input type="checkbox"/>
Employment Specialist Services	<input type="checkbox"/>	<input type="checkbox"/>

14. If the person does not receive any community supports, work supports, or employment specialist services, indicate how the person spends their daytime hours, if the file has that information.

15. Is the amount of support (hours) available in the service package appropriate and adequate to meet the needs of the individual?:

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

Maine Support Level 4 Validation Template

Lead Reviewer: _____ Date: _____

Other Reviewers: _____

Section 1: Individual Background (Lead Reviewer completes this section)

1. Name: _____ 3. Birth Date: _____

2. Maine Care ID: _____ 4. SIS ID: _____

5. Present place of residence:

- Agency Home Support
- Shared Living
 - Family
 - Not Family
- Family Centered Support
- Home Support or Non-Residential
 - Living with Family
 - Lives Independently
- Unknown

6. What conditions qualify the individual for developmental disability services? (check all that apply)

Intellectual disability

Autism

Other:

7. What other diagnoses or co-morbidities apply?

Mental health challenges

Complex medical needs requiring nursing care

Substance abuse

Other:

Extraordinary behavioral challenges

LEAD REVIEWER STOP HERE. Sections 2 & 3 will be completed as a team.

Section 2: Support Level Assignment (Lead Reviewer leads team discussion)

Review the file to become familiar with the person's current supports and level of need. Begin by answering questions about the person's level of support need. Read the level description below and determine whether the person has the same level of support need. Consider the following as the team comes to consensus:

8. How much support does this person need to complete:

	No Need Very little	Some or Modest	Significant	Great or Extraordinary
Personal and home living activities (e.g., eating, bathing, dressing, going to the toilet, preparing food, preparing meals, household chores, getting around inside the home)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Living (e.g., visiting friends, shopping, recreating, getting from place to place)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health and safety (e.g., taking medications, avoiding hazards, maintaining physical health, eating well, mobility, getting proper health care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Consider specifically any challenging behavior noted about this person (e.g., breaks things, hits others or himself, eats inappropriate things, fighting, stealing, non-compliance, self-injury and others). Rate the level of support this person needs due to behavioral challenges:

- | | |
|--|--|
| <input type="checkbox"/> No need or very little | <input type="checkbox"/> Some or modest need |
| <input type="checkbox"/> Significant or great need | <input type="checkbox"/> Extraordinary need |

10. Consider the medical needs noted about this person (e.g., care or oversight provided during the day or certified medical staff or nurses due to medical conditions). Rate the level of support this person needs due to these medical conditions.

- | | |
|--|--|
| <input type="checkbox"/> No need or very little | <input type="checkbox"/> Some or modest need |
| <input type="checkbox"/> Significant or great need | <input type="checkbox"/> Extraordinary need |

Level 4 Description - Adults in this level have either:

- High to maximum support needs; or
- Significant need for support due to medical conditions.

They have behavioral support needs that are not significant but range from none to above average. Adults in this level may need additional 24/7 supports due to their daily support needs and/or medical conditions.

11. Does this person have the support needs indicated in the level description above?:

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

12. If Question 11 is answered with a score of 1 or 2, describe why the team feels the person does not meet the level description. Refer to specific facts and documents in the record.

Section 3: Service Considerations (Lead Reviewer leads team discussion)

Based on information provided in the file, begin by indicating which services the individual receives, and the amount. If the person does not receive any community supports, work supports, or employment services, indicate how the person spends their daytime hours, if the file has that information. Read the service package description for Level 1. After reviewing service data provided in the file and reading the service package description, judge the adequacy of the support to be received, including the natural supports available to the individual. As the team deliberates, consider the following services:

13. Is the person currently receiving these services?

Service	Does the person receive this service? (Check if yes)	Is this service provided in a group? (Check if yes.) If yes, indicate the staffing ratio if known.
Agency Home Support	<input type="checkbox"/>	<input type="checkbox"/>
Family-Centered Support	<input type="checkbox"/>	<input type="checkbox"/>
Shared Living	<input type="checkbox"/>	<input type="checkbox"/>
Home Supports	<input type="checkbox"/>	<input type="checkbox"/>
Community Supports	<input type="checkbox"/>	<input type="checkbox"/>
Work Supports	<input type="checkbox"/>	<input type="checkbox"/>
Employment Specialist Services	<input type="checkbox"/>	<input type="checkbox"/>

14. If the person does not receive any community supports, work supports, or employment specialist services, indicate how the person spends their daytime hours, if the file has that information.

15. Is the amount of support (hours) available in the service package appropriate and adequate to meet the needs of the individual?:

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

Maine Support Level 5 Validation Template

Lead Reviewer: _____ Date: _____

Other Reviewers: _____

Section 1: Individual Background (Lead Reviewer completes this section)

1. Name: _____ 3. Birth Date: _____

2. Maine Care ID: _____ 4. SIS ID: _____

5. Present place of residence:

- Agency Home Support
- Shared Living
 - Family
 - Not Family
- Family Centered Support
- Home Support or Non-Residential
 - Living with Family
 - Lives Independently
- Unknown

6. What conditions qualify the individual for developmental disability services? (check all that apply)

- Intellectual disability
- Autism
- Other:

7. What other diagnoses or co-morbidities apply?

- Mental health challenges
- Substance abuse
- Extraordinary behavioral challenges
- Complex medical needs requiring nursing care
- Other:

LEAD REVIEWER STOP HERE. Sections 2 & 3 will be completed as a team.

Section 2: Support Level Assignment (Lead Reviewer leads team discussion)

Review the file to become familiar with the person's current supports and level of need. Begin by answering questions about the person's level of support need. Read the level description below and determine whether the person has the same level of support need. Consider the following as the team comes to consensus:

8. How much support does this person need to complete:

	No Need Very little	Some or Modest	Significant	Great or Extraordinary
Personal and home living activities (e.g., eating, bathing, dressing, going to the toilet, preparing food, preparing meals, household chores, getting around inside the home)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Living (e.g., visiting friends, shopping, recreating, getting from place to place)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health and safety (e.g., taking medications, avoiding hazards, maintaining physical health, eating well, mobility, getting proper health care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Consider specifically any challenging behavior noted about this person (e.g., breaks things, hits others or himself, eats inappropriate things, fighting, stealing, non-compliance, self-injury and others). Rate the level of support this person needs due to behavioral challenges:

- | | |
|--|--|
| <input type="checkbox"/> No need or very little | <input type="checkbox"/> Some or modest need |
| <input type="checkbox"/> Significant or great need | <input type="checkbox"/> Extraordinary need |

10. Consider the medical needs noted about this person (e.g., care or oversight provided during the day or certified medical staff or nurses due to medical conditions). Rate the level of support this person needs due to these medical conditions.

- | | |
|--|--|
| <input type="checkbox"/> No need or very little | <input type="checkbox"/> Some or modest need |
| <input type="checkbox"/> Significant or great need | <input type="checkbox"/> Extraordinary need |

Level 5 Description - All adults in this level have significant behavioral challenges, regardless of their support need to complete daily activities or for medical conditions. Adults in this level may need enhanced 24/7 supports due to their behavioral challenges.

* Individuals that meet Level 5 criteria due to behavioral challenges, and have significant medical need (≥ 7) may require additional review to ensure their medical and behavioral needs are addressed appropriately.

11. Does this person have the support needs indicated in the level description above?:

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

12. If Question 11 is answered with a score of 1 or 2, describe why the team feels the person does not meet the level description. Refer to specific facts and documents in the record.

Section 3: Service Considerations (Lead Reviewer leads team discussion)

Based on information provided in the file, begin by indicating which services the individual receives, and the amount. If the person does not receive any community supports, work supports, or employment services, indicate how the person spends their daytime hours, if the file has that information. Read the service package description for Level 1. After reviewing service data provided in the file and reading the service package description, judge the adequacy of the support to be received, including the natural supports available to the individual. As the team deliberates, consider the following services:

13. Is the person currently receiving these services?

Service	Does the person receive this service? (Check if yes)	Is this service provided in a group? (Check if yes.) If yes, indicate the staffing ratio if known.
Agency Home Support	<input type="checkbox"/>	<input type="checkbox"/>
Family-Centered Support	<input type="checkbox"/>	<input type="checkbox"/>
Shared Living	<input type="checkbox"/>	<input type="checkbox"/>
Home Supports	<input type="checkbox"/>	<input type="checkbox"/>
Community Supports	<input type="checkbox"/>	<input type="checkbox"/>
Work Supports	<input type="checkbox"/>	<input type="checkbox"/>
Employment Specialist Services	<input type="checkbox"/>	<input type="checkbox"/>

14. If the person does not receive any community supports, work supports, or employment specialist services, indicate how the person spends their daytime hours, if the file has that information.

15. Is the amount of support (hours) available in the service package appropriate and adequate to meet the needs of the individual?:

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

Step 2: Maine Support Level Grouping Validation Template

Lead Reviewer: _____ Date: _____
Other Reviewers: _____

Section 1: Support Level Grouping

Level (circle number): **1** **2** **3** **4** **5**

The Lead Reviewer will gather files and completed Support Level Validation Forms according to Support Level. Review each file in the grouping to determine whether the individuals in each group, generally, share similar levels of support need (hours). If the team identifies individuals who do not appear to “fit” in the group, the lead reviewer will flag those individuals for further review in Section 2.

1. Do the individuals in this level generally share similar levels of support need?

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

2. If Question 1 is answered with a score of 1 or 2, describe why the team feels this grouping does not have similar levels of support need.

3. Did the team identify any individuals whose level of support need (hours) was **different** than the other individuals in that group? (If yes, complete Section 2)

Yes

No

Section 2: Outliers

Only complete this section if the answer to Question 2 is **Yes**. Below, list the name of any individual the team feels has a different level of support need than the others in the group. Indicate whether the individual's support needs are higher or lower than the rest of the group. Describe why the team reached this conclusion, including specific facts and supporting documents in the file.

Name: _____

Are the individual's needs higher or lower than the rest in the group?

Higher

Lower

Describe why the team reached this conclusion, including specific facts and supporting documents in the file.

Name: _____

Are the individual's needs higher or lower than the rest in the group?

Higher

Lower

Describe why the team reached this conclusion, including specific facts and supporting documents in the file.

Name: _____

Are the individual's needs higher or lower than the rest in the group?

Higher

Lower

Describe why the team reached this conclusion, including specific facts and supporting documents in the file.
