

# ***CONSIDERATIONS FOR RESOURCE ASSIGNMENT***

## ***C E S***

### ***Introduction***

With the implementation of the first phase of Systems Change July 1, 1998, and the establishment of Support Services Block, Community Centered Boards (CCB) face new and increased challenges in managing resources for child in Children's Extensive Support (CES). One of the most critical tasks is Resource Assignment, the process by which a determination is made regarding the resources (funding) available to meet a child's needs. This is especially true when a CCB has more than one child (resource) for its CES program. Although CES resources are allocated on a child specific basis, the total sum of the available resources for each service area can be pooled to develop individualized plans to serve the eligible children.

Children served through CES have a very broad range and level of needs and supports available to them. DDS does not expect that CCBs will be able to meet all the needs of all children enrolled in CES and still meet the requirements for the federally approved average cost containment/ effectiveness cap. Parent(s)/guardian, with the assistance from other interested persons, if needed, must prioritize the services and supports they seek to receive through CES. Each situation will be unique, and determining the amount of resources provided will require the consideration of multiple factors.

The "Children's Extensive Support Implementation Manual", February 1999, provides information on the basic steps to be followed for Resource Assignment and for the process for this. The purpose of this document is to provide some guidance to CCBs concerning the criteria to consider when determining an appropriate level of resources. We hope that the use of these guidelines will contribute to accomplishing the State's goals for a Resource Assignment process. These are as follows:

- ◇ To promote consistency and fairness in decision-making across CCBs.
- ◇ To ensure that all stakeholders in each service area can know and understand how resource assignment decisions are made.
- ◇ To provide a defensible approach which will minimize disputes and appeals.
- ◇ To assign resources in a manner which is reflective of the relative needs of individuals.

### ***Some Criteria to Consider for Resource Assignment***

When assigning resources, each child's unique characteristics and situation need to be considered. Three factors, individual characteristics, availability of services/supports and the criticality of services/supports, when looked at in combination, will provide good information on a child's needs for CES resources. The application of these factors will help justify the amount of resources allocated to a child which is particularly important for high cost plans or a reduction in services. Application of these factors will require appropriate assessments as well as professional judgment.

The following are factors which should be considered when assigning resources to a child:

1. **Individual Characteristics: Does the child's profile support/justify the need for the service(s)/support(s) requested?**

There is no entitlement for any specific amount, rather the resource assignment should be reflective of a child's needs. Generally speaking, a child's needs for services and supports will be greater when s/he has significant adaptive and cognitive impairments and/or has significant behavioral, medical or legal issues. When determining a level of need, the following areas should be considered, **as appropriate to the age and needs of the child:**

**Adaptive Living Skills:** the child's needs for supports with bowel and bladder care, transfers, positioning, mobility, eating, dressing, bathing, hygiene.

**Behavioral, Psychiatric and/or Legal Issues:** needs for support to keep the child and others safe due to such issues as aggression towards others and property, self-injurious behaviors, run away behaviors, depression and/or other psychiatric disorders, or a history of criminal offenses.

**Community Living Skills:** the child's need for support with management of medications and medical needs, support for participation in the community.

**Self-Preservation Skills:** the child's need for assistance to respond to emergencies in the home and community, dealing with situations which may place him or her at risk of exploitation, abuse, neglect or mistreatment.

**Level of Support:** When considering resource assignment, the CCB could consider assigning a "level of support" for each of the above need areas. There are several examples from a number of different sources of broad level of support categories that would be appropriate to use. These include:

- AAMR uses the categories of intermittent, limited, extensive and pervasive to define intensities of supports needed.
- The Home Care Allowance checklist (ULTC-100, page 3) uses the categories independent, low, moderate and severe to characterize a child's functional capacity.
- The DDS Level of Need checklist derived from COPAR uses categories of none, low, moderate, high and extremely high to describe the level of support needed.

DDS views the categories used in any one of these tools as appropriate for defining the level of support needed for a child. All CCBs should have a copy of the ULTC-100 and the DDS Level of Need checklist readily available. A copy of the AAMR definitions for categories referenced above is included at the end of this document.

If level of support categories or other instruments are used to distinguish individual characteristics and needs, CCBs should be careful to define these carefully and apply them consistently. DDS encourages CCBs to use broad level of support categories as in the examples above; DDS does not, however, support the use of a point/rating system with rigid cut-off criteria.

When reviewing a child's need for supports and services, it is important to have appropriate assessments and evaluations available to support any conclusions drawn about individual characteristics. Professional judgment, however, is also very important in making decisions about a child's characteristics which will be considered when determining a need for supports and services.

## Individual characteristics to be considered when determining the need for professional services:

When a child (parent(s)/guardian) requests funding of professional services, additional characteristics of the child should be considered. The following questions should be asked:

- Does the child have significant hearing, sight, medical or psychiatric needs which would support the need for professional services available through CES? Generally these are behavioral or medical services, and not OT, PT and speech therapies which are expected to be covered under the State Medicaid Plan, or EPSDT.
- What is the goal of the therapy? What is the anticipated outcome? Can these be documented? It is important that it can be shown that the therapy does make a difference.

Information in the record (e.g. an evaluation by an appropriate professional recommending the service/treatment/therapy) should support the need for the professional service(s).

## **2. Availability of non-Medicaid CES Supports and Services: Is there another way of providing supports than through CES?**

A second factor to consider in determining resources assigned to a child is the need for paid support through CES. Options for providing services and supports without the use of CES funds should be considered by the IDT and should again be reviewed as part of any process of justifying a resource above a certain level. It can also help support any reduction in funding. The following should be considered:

***Availability of Generic Services:*** Is it possible to have the need met by another agency instead of using CES resources and/or does some other agency or funding source have primary responsibility for providing the service? For example, should the public school district be providing a service under IDEA, should the service be obtained through private insurance or the State Medicaid Plan or EPSDT, could a child receive services through the Mental Health Center, is Home Care Allowance available?

***Family Members:*** Family members who live outside of the household often have and continue to be able to provide many of the supports needed. However, the type and amount of services and support a family member may be able to provide will be influenced by family circumstances. A greater level of paid support through CES is more likely needed when one or more of the following family circumstances exist:

- the caretaker is elderly and/or has significant health issues
- there is only one person in the household who can help (single parent, etc.)
- the caretaker is not available due to employment outside the home
- the caretaker is responsible for others in the household also (e.g. children, other person with a disability or illness)
- the child with the developmental disability makes it very difficult to accomplish routine tasks (e.g. can not be left alone and cannot be taken grocery shopping)
- there are concerns about the quality of parent and child interaction
- the family is experiencing situational/temporary stress (e.g. due to recent loss, illness)
- the family is experiencing acute, long-term stress (e.g. due to physical or emotional condition of the parent(s) or other member of the household)
- there is no extended family or other support system
- the time the child with a developmental disability spends away from home on a regular basis is limited (e.g. s/he does not go to a full day of school, or spend time with other family members)

***Other Natural Supports:*** In addition to family members, the availability of other natural supports should be considered for all children receiving CES. These may be supports available from other

individuals (e.g. friends, neighbors, or from community organizations or other entities such as a family's church, service clubs, etc.)

**Financial Resources:** It may be possible for a support/service to be paid for through funding other than CES. Examples of this might be the State Medicaid Plan (the State Medicaid Plan must be accessed whenever possible including EPSDT), private insurance, personal financial resources, trusts fund, Home Care Allowance, etc.

The frequency of a service/support to address a need also should be considered. For example, a family member may be able to provide assistance with bathing on the weekends but not during the week; the church volunteer program can provide supervision services evenings but not overnights.

### **3. Criticality of Service: How important is it that the child receive a specific support/service?**

How critical a service is to a child's well being is also an important factor when considering funding services and supports. When a service is critical to a child's health and safety, it clearly should be given high consideration for funding. Some services may be desired but not essential to a child's health and safety, these should be given lower consideration for funding. The following areas should be considered in determining the criticality of a support/service:

**Health and safety issues:** the service/support is essential to the child's health or safety or the safety of others. For example, the child needs assistance in managing a chronic medical problem, assistance with medication management, has significant tooth or gum disease (need for dental care), and/or needs supervision.

**Family stability:** certain services and supports may be necessary to maintain family stability and allow the child to continue to live at home. Examples of this might be supervision services and personal care services.

### ***Process for Decision-Making***

As stated in the "CES Implementation Manual", each CCB will need to develop a process at the local level for making decisions concerning the assignment of resources. Areas which, at a minimum, must be addressed are outlined in the manual. Given the impact of these resource decisions, the decision making process will most probably be scrutinized if a consumer appeals the decision as to the amount of the resources available to provide services. Therefore, given the overall goal of a fair and thorough process, agencies may wish to consider the following in the development of the local process:

- **Criteria to be Used:** The procedures should identify all criteria to be applied. To ensure fairness, the same criteria should be applied in all cases.

- ***Level of Decision-Making:*** Some decisions, especially those that will result in very high cost plans or a reduction in services, should be made or reviewed at a level above that of the IDT. Some decision should be made at (or at a minimum approved by) the management/administrative level.
- ***Qualification or Position of Decision Maker(s):*** Person(s) asked to apply the criteria and make decisions should have knowledge/experience in interpreting assessments/evaluations, application of the criteria and knowledge of CES. The person(s) should also have significant experience in the developmental disabilities' system and in matching needs to resources. The decision maker(s) must be able to exercise professional judgment in reviewing all of the information presented.
- ***Decision Requiring Extra Scrutiny:*** Decisions concerning some of the requests for resources will be more difficult and complex than others. As part of the process for decision making, CCB may wish to consider different stages or levels in its process. For example, unusually high cost plans, high cost services or pieces of equipment, and a reduction in services generally should have greater scrutiny than "average" plans. The CCB should establish criteria at which point plans will require extra review (e.g. \$\$ amount of a plan, percentage of reduction in services/supports).  
The CCB could consider using a committee to make or review the more difficult decisions.  
Membership on any such committee should be broad based.
- ***Documentation of Decisions:*** It should be evident from the record what led to the decision(s) and who was involved in making it.

Program: CES

Approved  Denied

A Record for \_\_\_\_\_ services or supports requested by \_\_\_\_\_

Step	PRIMARY Factors	Confirmation (A B C & D)
A)	The services and supports are <b>not specifically excluded</b> by State or federal requirements.	<input type="checkbox"/>
B)	The need is directly related to the child's disability. The need is created by...	<input type="checkbox"/>
C)	All or Part of this service is above and beyond typical daily living expenses because...	<b>ALL</b> <input type="checkbox"/> <b>Partial</b> <input type="checkbox"/>
D)	This need CANNOT be reasonably met by some other means.	<input type="checkbox"/>

Step	SECOND Factors	IMPACT
E)	The general public would <input type="checkbox"/> agree or <input type="checkbox"/> disagree with this service because...	Agree ↔ Disagree 5 4 3 2 1
F)	This service will successfully meet the need by...	High ↔ Low 5 4 3 2 1
G)	This service is meeting only the basic level of support and is cost effective because...	High ↔ Low 5 4 3 2 1
H)	The child's ability to remain in his or her community will be significantly impacted by...	High ↔ Low 5 4 3 2 1
D)	These are other factors considered...	High ↔ Low 5 4 3 2 1

The Approval/Denial was made based on...

If denied, has this service ever been approved for someone? If yes, this situation is different because...

Who was involved or consulted regarding this decision:

Was DDS consulted? If so, who:

Reviewer: \_\_\_\_\_

Date: \_\_\_\_\_