



Presentation to the House Committee on Early Childhood & Human Services

HB 2560: Adult Foster Home Rates

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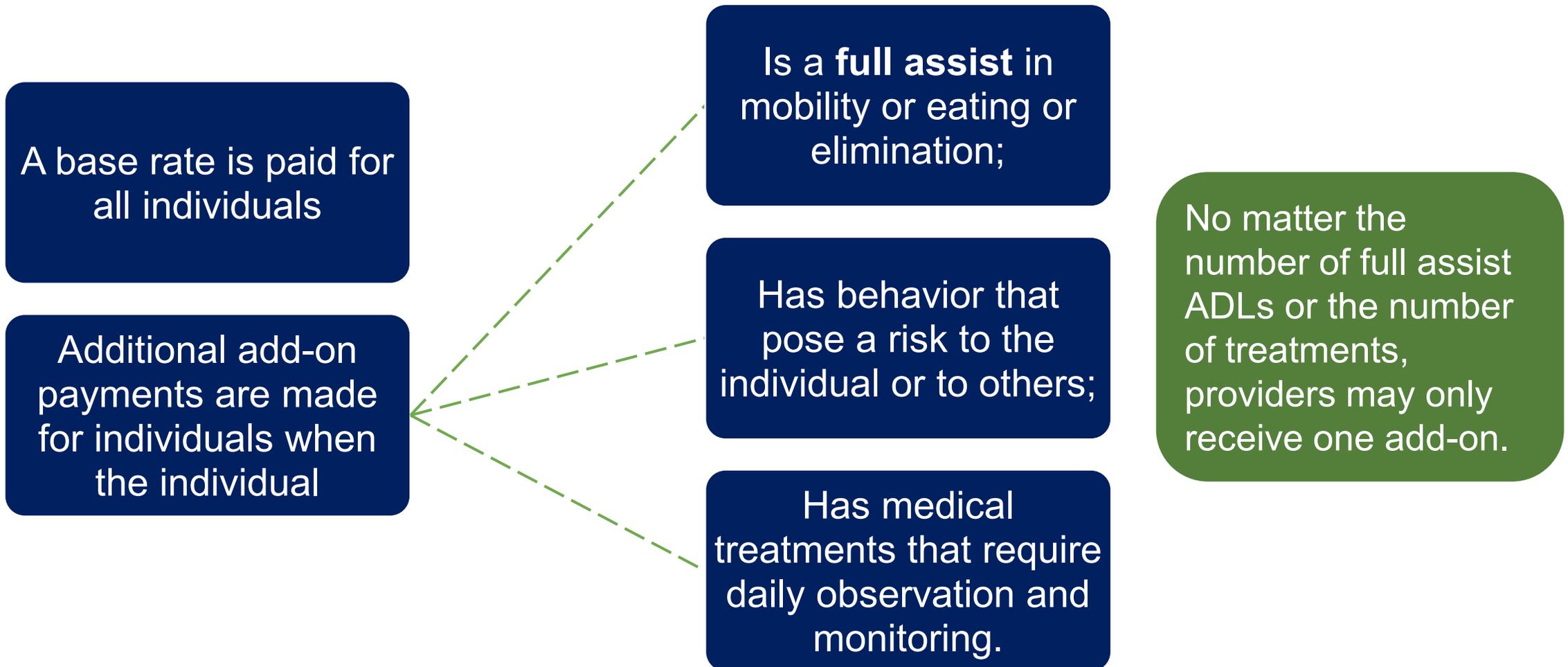
Rate methodologies



Background

- APD assesses individuals' level of independence or need in activities of daily living (ADL) and instrumental activities of daily living (IADL).
- Most ADLs are comprised of components:
 - There are six ADLs with a combined 14 components e.g., Mobility includes two components
 - There are eight IADLs, such as housekeeping. IADLs do not drive eligibility.
- Individuals are assessed as:
 - Independent
 - Minimum assist
 - Assist
 - Substantial assist or
 - Full assist
- Assist levels are determined by the frequency and intensity of the need for another person to help with the component
- The assessment also documents treatments such as sliding scale insulin and wound treatment.

Adult Foster Home rate model



Problems with existing model

APD Adult Foster Homes (AFHs) serve APD's most complex individuals

Current rate model does not fund the need for extra staff to serve these individuals

Rates are substantially below other programs' rates

AFH are forced to request exceptions to meet the needs of the individuals they serve

Exceptions take a lot of time for providers, case managers and central office

Parity with other providers

- All APD providers are vital to the well-being of the consumer's APD services
- However, APD's rate model for AFH and Residential Care Facilities (RCFs) was developed in the 1980s
 - Most RCFs have specific needs contracts which compensate for the outdated rate methodology.

Acuity-based proposal



Goals of the new model

- Base payments on the acuity of the individuals
- Recognize that cognition and behaviors drive a lot of the care needs
- Standardized rate models across provider types
 - Align with, but not mirror, Office of Developmental Disabilities Services (ODDS) rate methodology
- Reduce the need for exceptions
- Simplify the rates so providers and consumers understand what to expect.

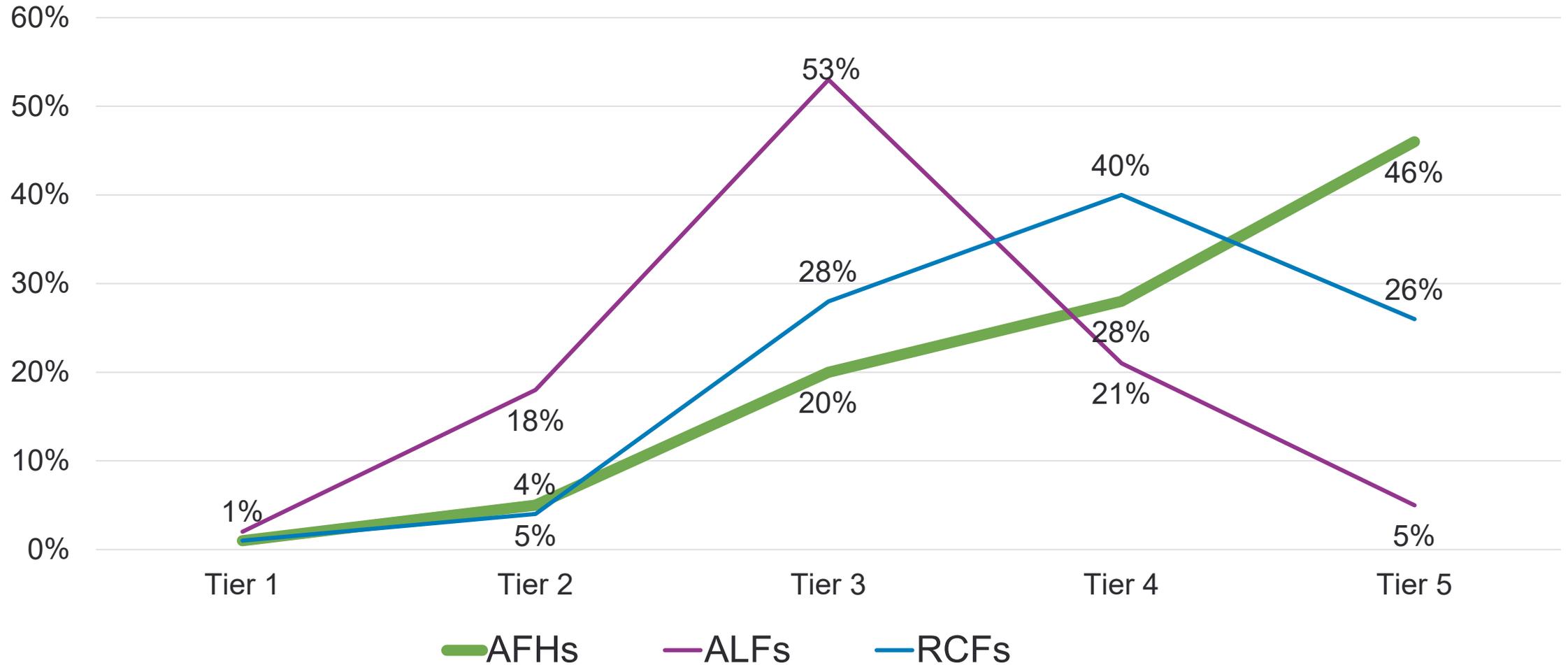
Basic concepts

- Each component of an ADL and IADL receives points
- Points are based on the assessed level of need
- All ADLs and IADL Components are scored based on the assessed level of need:
 - 1 pt for Independent
 - 2 pts for Minimal Assist
 - 3 pts for Assist
 - 5 pts for Substantial Assist
 - 6 pts for Full Assist
- Individuals also receive points for the cognition group receiving either:
 - 10 additional pts Individuals with FA in any cognition component; or
 - 20 additional pts Individuals with SA/FA in challenging behaviors
- Each assessed treatment receives between 1 to 3 pts based on frequency of the treatment.

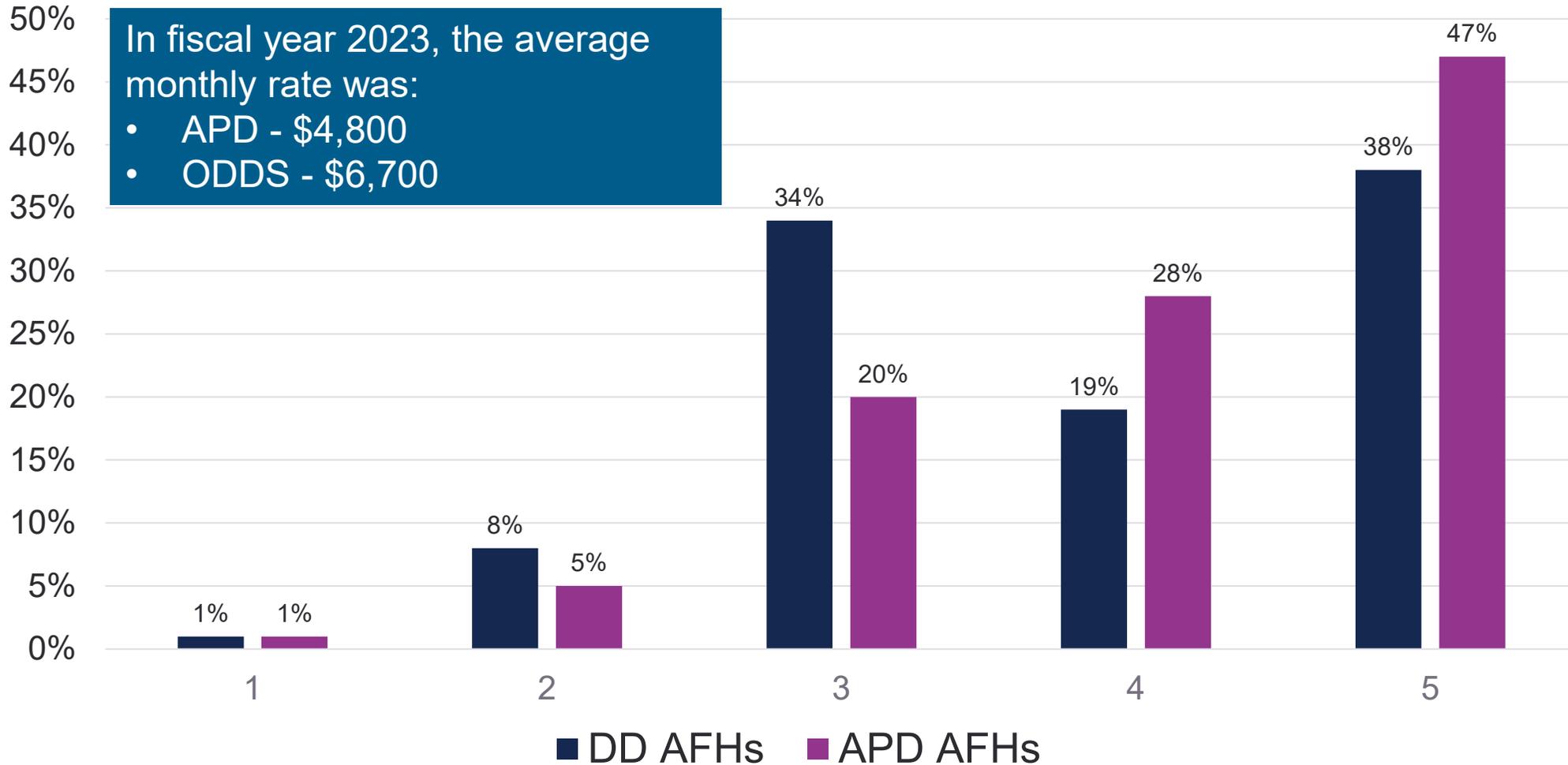
Transferring scores to rates

Assessed Levels	Score Ranges	Level
Low	0 – 40	Tier 1
Moderate	41 – 55	Tier 2
Medium High	56 – 82	Tier 3
High	83 – 106	Tier 4
Very High	107+	Tier 5

Acuity by care setting



AFH consumers by acuity and program



HB 2560 investment

- \$21 million General Funds
- \$59 million Total Funds
- 95 percent of AFH providers would see a rate increase
- No provider would see a decrease
- Reduce the need for exceptions by more than 82 percent.

New rate methodology will speed up hospital discharges



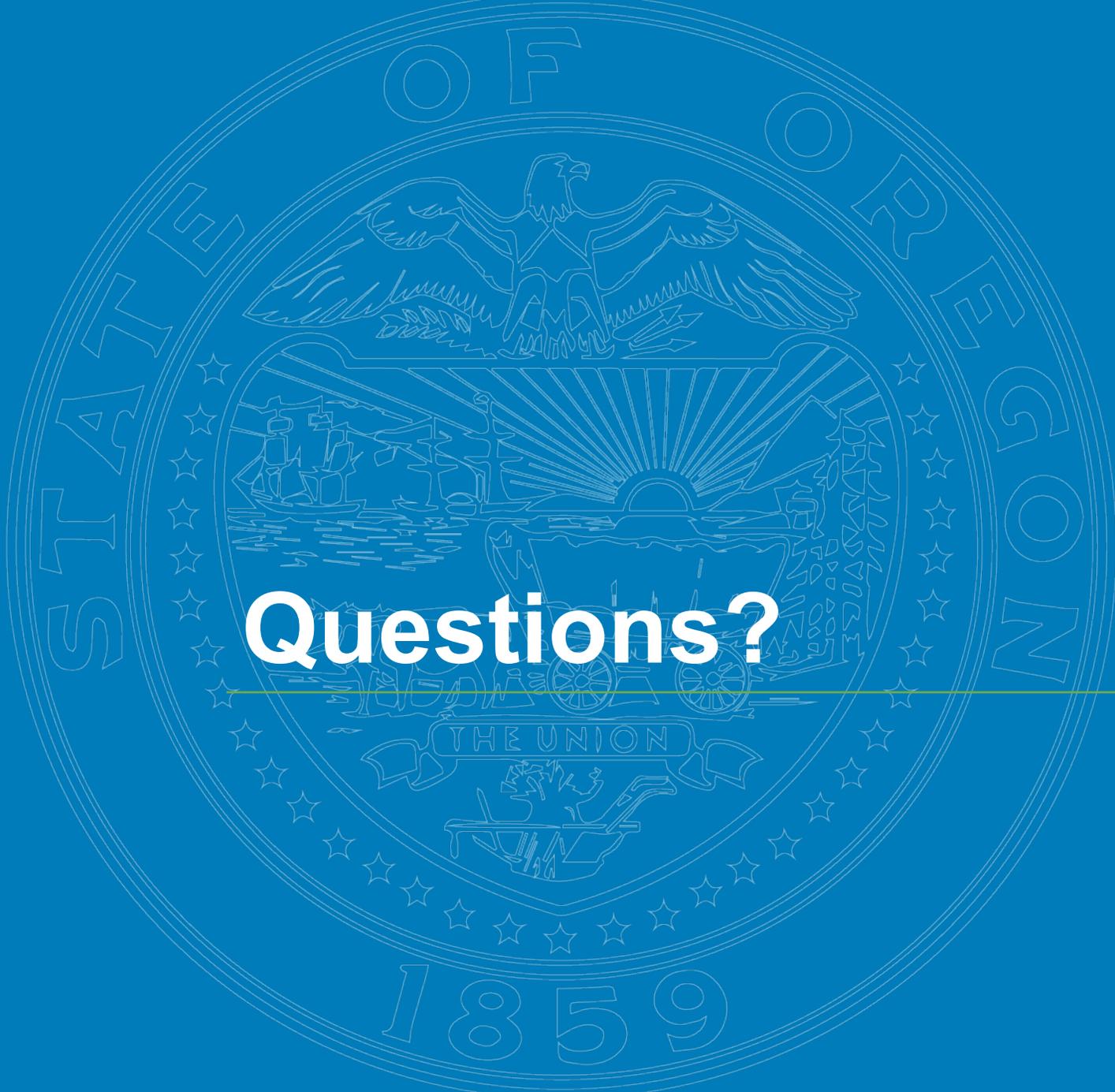
Each tier assumes a minimum standard staffing pattern



Most providers would not need to request an exception



For the 18 percent who do, the provider would need to show that they are meeting the staffing pattern and that the individual's needs exceed the expectation



Questions?

Thank you.

