**Blueprint**

**Recommendation**

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| **Recommendation Title:** | Non-Work Array of Supports |
| **Sub-Committee** | ADS Non Work |
| **Recommendation #** |  |

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| **Program** | **Function/Service** | **Statutory / Rule Change Ohio Revised Code Cite** | **Driver Impact** | **Priority Status H=High, M=Medium, L=Low** |
| ADS Non-Work |  | 5123:2-9-17 |  | High |

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| **Key Finding** | The Adult Day Support Non-Work is not currently an array of supports; it is more of a hodge-podge of different practices, settings and funding codes. This often makes authorizing and providing the service confusing, and costlier. There are no standards or curricula for practitioners. Many times, individuals and families do not have a good understanding of what ADS Non-Work services actually are, and should result in. Support teams often are confused about how to draft outcomes and action steps, during the planning process. The current Acuity Assessment process does not accurately relate to actual needs. Fiscal sustainability of the Adult Day Support Non-Work service is directly linked to standards, who needs the service, and outcomes that will contribute to progress and possible independence.   |

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| **Recommendation Proposal** | We recommend a rebranding of Adult Day Support Non-Work that includes:* Operational standards, for both providers and county boards, that reflect outcomes related to the current service rule and definition
* Communications that detail what the service is and how it can be used to increase outcomes
* Training cohorts for providers who deliver the services
* A reimagining/reinvigoration of the service based on the settings they are provided in
* An overarching understanding that Adult Day Supports Non-Work can be a part of a support continuum that assists people with developmental disabilities to become active members in their community, including volunteering, joining clubs and associations, and getting jobs.

Once this rebranding and reinvention happens, each person’s day will be based on what he/she wants to do and the identified outcomes determine the area and duration of service. If support teams, including families and individuals, have a more specific way of perceiving how ADS can contribute to their lives, they will have a better understanding of when it is needed, and when it is not – creating more discussion about **not** accessing ADS, and using other supports to move forward, including supports outside the waiver system. This kind of discussion will be key in ensuring funding for the future.This ADS model helps people create the days they want through a blending of supports in three ADS Non-Work Areas, as well as with other supports, both through the waiver and other means:• ADULT DAY CENTERS that provide options designed around creativity and enrichment activities, wellness, etc. for those who need a more “predictable” day. Specific criteria for this service will relate to people with complex communication, behavioral and medical needs.• COMMUNITY-IMMERSION based on self-discovery of talents and involvement in community groups, continuing education, wellness, etc. “Community Immersion” is a project-based model, directly related to a community-based outcome.• HYBRID ADS, or a “hub” model, where day supports may begin and end and is a blending of Adult Day Centers, virtual services and community involvement that does not require participation on a daily basis.  |

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| **Rationale for Change** | Having a more focused understanding of what ADS services are, and how to access and use them to create specific outcomes, strengthens the possibility that each person will gain independence and less dependence on ongoing paid supports. |

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| **Concisely bullet the recommendation’s positives/upside & negative/downside or list critical questions to debate** | **Pros** | * Reflective of real life for a person of any ability
* Ensures that independence and growth are a major aspect of why services are authorized and provided
* Connects funding to outcomes
* Person-centered and choice-driven in truth
* Communicates what the service actually is supposed to do with the reason it is being paid for and provided
* Flexible, simplified funding model
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| **Cons** | * Concern over the ability of provider partners to pivot to a new way of doing business due to DSP shortage, infrastructure needs, etc.
* Legacy of facility-based ADS Non-Work being branded/seen as “adult daycare” only
* Overburdened SSAs and support teams
* Developing standards and curricula may be complicated by legacy of settings
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| **Fiscal Implications** | We propose to develop an ADS funding model that provides flexibility and continuity across the service continuum, and incentivizes the quality of services now that standards and curricula have been established. ADULT DAY SERVICE• Eliminate 15-minute billing unit• Daily half-day or hourly rate (hybrid model) billing•Revise/replace acuity with a better assessment that will help pre-set staffing ratios, and better reflect need• Provide rate adjustments for those who experience personal distress or crisis daily• Provide rate adjustments for those who use wheelchairCOMMUNITY IMMERSION• Bill service at hourly rate (or bill service at a half-day or hourly rate?)• Rate mirrors H/PC structure and designRevise Acuity• Provide rate adjustments for those who experience personal distress or crisis daily• Provide rate adjustments for those who use a wheelchair• Provided on ratios of 1:1 up to 1:4• Rate structure must take into account the costs associated with smaller group support, including the amount of time needed to create outcomes HYBRID ADULT DAY SERVICE• Same requirements as ADS and Community Immersion (see above) |

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| **Measure of Success** |  Success would be measured through:* Provider performance and compliance – certification standards revised to connect to outcomes, as well as training that is formalized and ongoing through Communities of Practice
* Yearly ADS reports connected to standards submitted to support teams at the end of the ISP span, to be used toward ensuring the service is needed, developing new outcomes, and creating a momentum toward developing skills, community membership, employment, and less dependence on paid supports.
* More people of all skill levels accessing community opportunities, as well as learning about technology, self-advocacy, etc.

This rebranding and development of standards, curricula and distinct models based on setting focuses on supporting providers of the service, and the authorizers of it, through developing standards and curricula that address the main functions of the services provided through Adult Day Support (per 5123:2-9-17):* Greater independence
* Community membership
* Relationship building
* Self-direction, and
* Self-advocacy.

The standards and curricula will unpack each of these bullet-points, and what they actually mean. Through this process, support teams will better know how to assist each person who needs ADS services in using them to increase skills and opportunities, developing outcomes and action steps that everyone understands and can implement.These standards and curricula will be connected to both outcome development and service provision, with modules for teaching that include assistive technology, relationship-building, self-direction and self-advocacy. Also included in the modules will be guidance on how all variations of ADS are connected to discovering possibilities for community membership, including employment in the community, and the possible services needed to make these situations happen – with an eye toward supporting as much independence, and less paid support, as possible. |

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| **Implementation Tip** | The reorganization and rebranding of Adult Day Supports hinges on developing better providers and authorizers of the services defined in rule. The major implementation tip is to reinvent current practices by formalizing what the service actually is, and how it can be customized to meet needs and decrease overall costs. “One size doesn’t fit all” is a cliché, of course, but in the case of Adult Day Supports we need to ensure that the size and scope of service fits and meets the need, and increases the likelihood of success, whatever that success might mean to each person being supported. Developing a more structured way of understanding and communicating the service, and a more structure way of delivering it, with standards and curricula, is the best way to make reinvention happen. This process of reinvention/rebranding actually has already begun because of the responses needed for the pandemic in 2020. Variations and explanations concerning Adult Day Supports have come through DODD guidance, and has reshaped the way ADS Non-Work especially is being practiced and considered. DODD currently offers a variety of informal trainings/modules concerning ADS:Community Life Guide: https://jobguide.ohioemploymentfirst.org/ Meaningful Day: https://mylearning.dodd.ohio.gov/course/view.php?id=30 Recorded trainings on LOOP Ohio: https://loopohio.org/search?q=ADS&f=all&st=&s=all&t=events These new standards and training modules will become a part of provider certification, and will directly reference the defined service, and outcomes related to it. We also recommend that a year progress report for ADS Non-Work supports is instituted, to provide updates on progress toward outcomes, and what the person will be working toward in the upcoming year. Assessment and planning are currently being reassessed and reinvented through the Ohio Individual Service Plan workgroup. Timelines for implementation:Governance Subcommittee develops standards and practices 1 – 6/ 2021Communications and CLE Project Managers develop formal curricula and training based on standards and practices 3 – 6/2021Communications developed based on standards 3 – 6/2021Communication and training around new model, standards, practices, and funding 6 – 12/2021Pilots projects in each region begin 1/2022  |

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| **Note / Reference Material** |   |

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| **Projected Implementation** |
| **2021** | **2022** | **2023** | **2024** | **Dependency / Sequencing Factor** |
|  | X |  |  |  |

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| **Threshold Question Check**  |
| *Please vet the recommendation against these questions. Please check the left-hand column if the answer is “yes, this recommendation addresses this question.” While few recommendations will meet all threshold points, it is important to ensure that the recommendation is appropriately aligned with consensus system change drivers and advancing the vision.*  |
|  | 1. Does the recommendation address one or more of the identified system change drivers?
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|  | 1. Does the recommendation improve the client experience? Lead to better outcomes for people?
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|  | 1. Does the recommendation advance the delivery of better services for work, non-work or transportation?
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|  | 1. Does the recommendation advance community employment?
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|  | 1. Does the recommendation facilitate serving more clients? Reducing waiting lists?
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|  | 1. Does the recommendation reduce administrative burden? Simplify?
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|  | 1. Does the recommendation unify or standardize approaches across State agencies? County Boards? Multiple providers or settings?
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|  | 1. Does the recommendation represent a modern approach? Embrace technology?
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|  | 1. Is the recommendation affordable – an efficient and effective use of limited resources?
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|  | 1. Does the benefit of the recommendation balance with the cost of implementation/ongoing capacity?
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|  | 1. Does the recommendation help the system serve individual with more severe disabilities or who have medically complex issues?
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|  | 1. Does the recommendation deliver public value? Would most taxpayers feel this recommendation is worthy of the taxpayer’s time, money and trust?
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|  | 1. Does the recommendation move the system toward quality, dependable, equitable service regardless of where an individual lives in Ohio?
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|  | 1. Does the recommendation address racial bias?
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|  | 1. Is this recommendation “necessary to meet the charge” and not just “nice to have”?
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**Instructions:**

Each sub-committee will fill out completely one Blueprint Recommendation Form for each recommendation. Be concise. Report what is needed for the full membership to understand the context of the recommendation, the recommendation itself, and how the recommendation can impact expected outcomes.