




# Advocating for Optimal Outcomes and Services

# Defining the term Advocacy

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“The action of advocating, pleading for, or supporting a cause or proposal”

-Merriam-Webster Dictionary



# **Applying Advocacy to an ISP**



# Aim of the ISP

Person-centered



Not a document with “generic” or  
unachievable Outcomes



Services that enhance the lives of  
individuals





# Examples of Outcomes where Advocacy comes into play

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## EXAMPLE OF A "GENERIC" ISP OUTCOME

Outcome: Mabel will become more integrated in the community

1. With assistance of Staff, Mabel will learn about activities happening in the community.
2. Mabel will go to activities or events of her choosing.
3. Staff will transport Mabel to the activities or events.

## EXAMPLE OF AN "UNREALISTIC" OUTCOME

Outcome: Joe will compete in the Kona Ironman Triathlon

Action Steps:

1. Joe will obtain pool membership so he can practice swimming
2. Joe will ride his bicycle everyday
3. Joe will train to run a marathon
4. Joe will save money to travel to Hawaii





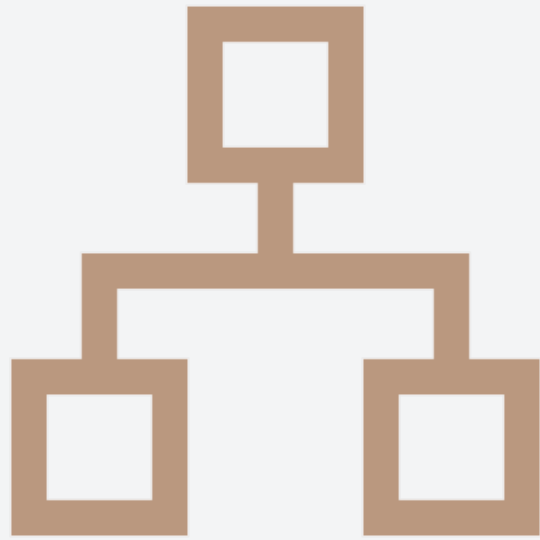
# Example of a good Outcome

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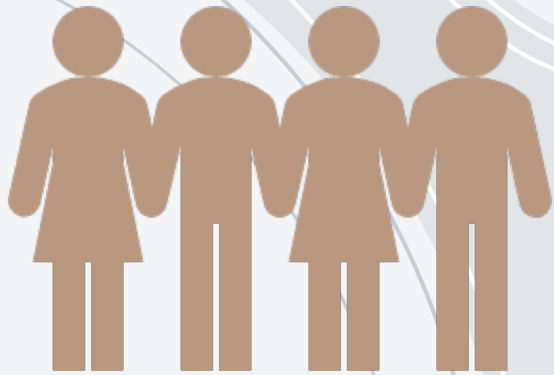
Outcome: Billy has a difficult time with making friendships due to social skills. Billy will learn strategies how to improve social skills in order to make more friends.

## Action Steps:

1. Staff will model positive interpersonal interaction skills, demonstrating examples when appropriate.
2. Staff will constructively redirect Billy from behaviors which create the barrier of making friends. Staff will praise Billy when displaying positive behaviors.



**Services usually  
are tied to the  
Outcomes in the  
ISP**



# Advocacy

Within the Team Process





# Things to consider as a Provider while in Team Meetings

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## THINK ABOUT THE IMPORTANT TO'S

What does the individual REALLY want? Not abstract ideas, but concrete wants.

## THINK ABOUT THE IMPORTANT *FOR'S*

Why should the desire for an Outcome or Service happen? Happiness? Productivity? Self-worth?

# Remembering who all is part of the Team

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- ❖ Service and Support Administrator/QIDP
- ❖ Guardian/Advocate
- ❖ Parent
- ❖ Providing Agencies
  - Day Program
  - Medical/Behavioral
  - ICF/Congregate DSP
  - HPC/Independent Provider/NMT



# Who KNOWS the Individual Best... and their place in advocacy?

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Other than family, the people serving as the provider knows the individual best because of the constant daily/weekly interaction with that individual.

A person receiving services may not be able to verbalize their wants and needs, and if the provider is recognizing that an outcome is not helping the person receiving the best services possible or the outcome will never be achieved because of limitations, then the provider needs to either encourage the individual to speak up or advocate for an optimal outcome.

# What does a provider need to do?

Do not wait until a scheduled Team meeting or annual Team ISP evaluation! Speak up so the optimal outcome or service can be amended mid-span.





# Outcomes & Compliance



# When services are provided that are not in the ISP

Provider feels they are  
acting in the best interest  
of the individual

Provider is wanting to give  
the individual more  
opportunities

Provider feels the  
individual deserves more

Provider doesn't see  
negative impact

# How to Avoid Compliance Issues

## Train staff on the ISP:

- Specific details regarding health & welfare, risk factors, important to & for

## When services deviate from the ISP and pose a risk to the individual:

- Generally, an incident report would be generated

## Speak up:

- Initiate conversation with the SSA for a team meeting and possible ISP revision



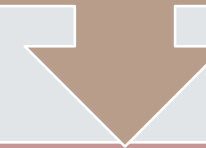
# **ADS/Voc Community Billing Rate & Process**

# Quick History Recap

In the past the newly labeled ADS/VOC – Community rate were the Community Integration Rate 'Add-On'.



When COVID came into play DODD and other stakeholders got together to come up with a creative way to serve individuals outside the walls of a 'program'. This service was labeled 'STEP'.



Starting January 2022 STEP was transitioned to the now **Community Integrated Day and Vocational Services**.

# Details to Know



MUST BE PROVIDED  
IN A GROUP OF 1:4



BILLING RATE IS  
EQUIVALENT TO THE  
C ACUITY FOR THE  
COUNTY IN WHICH  
YOU PROVIDE  
SERVICES



CAN BE BILLED AT  
EITHER DAILY OR  
UNIT RATE



SERVICES ARE TO BE  
DELIVERED OUTSIDE  
OF THE PROGRAM  
LOCATION



BRIEF STOP INTO THE  
PROGRAM CAN  
HAPPEN (EX:  
MEETING PLACE FOR  
GROUP, LUNCH OR  
RESTROOM BREAK)

# What Does the Rule Say?

OAC 5123 9-14 and OAC 5123 9-17 newly defines “integrated community setting” as a setting that is integrated in and supports full access of people with developmental disabilities to the greater community with the same degree of access as persons not receiving home and community-based services. The definitions of Adult Day Support (ADS) and Vocational Habilitation (VH) within the rules have not changed. The intent of the addition of integrated community setting was to continue to move the facility-based system forward by incentivizing person-centered day services in smaller groups within the community.

# Service Examples

ADS Community includes recreation and group activities that are therapeutic in nature rather than providing a diversion. The services should be purposeful for each person and contribute towards independence. From OAC 5123 9-17, adult day support delivered in an integrated community setting shall be designed to foster the acquisition of skills, build community membership and independence, and expand personal choice. Adult day support enables the person to attain and maintain their maximum potential.

VH Community includes learning and work experiences, including volunteer, where the person learns general work skills that leads to competitive integrated employment. An example of where there may be VH Community would be volunteer work at a food pantry or another community site that involves public interaction as well as learning general work skills. The services should be purposeful for each individual and contribute toward the overall goal of community integrated employment.

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When this service is authorized, the individual is no longer restricted by the assigned acuity budget limitation for Adult Day services.

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The person enrolled on any of the three waivers will be assigned to the higher C acuity budget limitation when they are authorized the CI Adult Day service.

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After July 1, 2022, the Level One waiver and the SELF waiver enrollees will have full access to their entire budget limitation, and only IO waiver enrollees will be limited by the acuity budget limitation at that time.

# Waiver Budgets

# Day Services Funding Overview

Waiver Type	Pre-Pandemic	During Pandemic (Appendix K)	Post Pandemic (Unwinding)
SELF Waiver	No 'buckets' Overarching budget of \$45,000 for adult and \$30,000 for a child	No 'buckets' Overarching budget of \$45,000 for adult and \$30,000 for a child	No 'buckets' Overarching budget of \$45,000 for adult and \$30,000 for a child
Individual Options (I/O) Waiver	Buckets of funding for categories of services such as day services, non- medical transportation, etc.	Buckets of funding for categories of services Flexibility put in place to exceed bucketed dollars for community integrated Adult Day Support and Vocational Habilitation	Buckets of funding for categories of services Flexibility continues to allow people to exceed bucketed dollars for community integrated Adult Day Support and Vocational Habilitation
Level One Waiver	Buckets of funding for categories of services such as day services, non- medical transportation, etc.	No 'buckets' Overarching budget of \$58,232 for adults and children	No 'buckets' Overarching budget of \$45,000 for adult and \$30,000 for a child



# Day Services Funding Continued....

- The overall budget amount for those on a Level 1 waiver is changing due to the [waiver simplification](#) work. Currently, people have access to \$58,232 due to Appendix K and the existing public health emergency. Each person will transition to a new overall budget of \$45,000 for an adult or \$30,000 for a child at their next redetermination on or after July 1, 2022.
- People served, SSAs, and teams should be discussing the person's assessed needs and outcomes and then planning for and authorizing the most appropriate services to support the person to move forward.
- Overall, we want our service system to lean into the community and providing community integrated ADS or VH services moves in this direction.



*Nineteen  
Services*

# THANKS FOR JOINING US TODAY!

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