

## LME Alternative Service Request for Use of DMHDDSAS State Funds

### For Proposed MH/DD/SAS Service Not Included in Approved Statewide IPRS Service Array

**Note:** Submit completed request form electronically to Wanda Mitchell, Budget and Finance Team, at [Wanda.Mitchell@ncmail.net](mailto:Wanda.Mitchell@ncmail.net), and to Spencer Clark, Chief's Office, Community Policy Management Section, at [Spencer.Clark@ncmail.net](mailto:Spencer.Clark@ncmail.net). Questions about completing and submitting this form may be addressed to Brenda G. Davis, CPM Chief's Office, at [Brenda.G.Davis@ncmail.net](mailto:Brenda.G.Davis@ncmail.net) or (919) 733-4670, or to Spencer Clark at [Spencer.Clark@ncmail.net](mailto:Spencer.Clark@ncmail.net) or (919) 733-4670.

**a. Name of LME**

Guilford Center

**b. Date Submitted**

October 2009

**c. Name of Proposed LME Alternative Service**

Community Activity and Employment Transitions (CAET) – YA358

**d. Type of Funds and Effective Date(s):** *(Check All that Apply)*

**State Funds:** Effective 8-01-09 to 1-31-10     **State Funds**

**e. Submitted by LME Staff (Name & Title)**

Billie M. Pierce, Director

**f. E-Mail**

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**g. Phone No.**

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**Background and Instructions:**

This form has been developed to permit LMEs to request the establishment in IPRS of Alternative Services to be used to track state funds through a fee-for-service tracking mechanism. An LME that receives state single stream or other state non-UCR funding shall use such funding to purchase or start up services included in the Integrated Payment and Reporting System (IPRS) service array and directed towards the approved IPRS target population(s). If the LME wishes to propose the use of state funds for the provision of an Alternative Service that is not included in the IPRS service array, the LME shall submit an **LME Alternative Service Request for Use of DMHDDSAS State Funds**.

This form shall be completed to fully describe the proposed Alternative Service for which Division approval is requested in order to develop an IPRS reporting code and an appropriate rate for the Alternative Service.

Please use the following template to describe the LME's proposed Alternative Service definition and address all related issues using the standard format and content categories that have been adopted for new MH/DD/SA Services.

Please note that:

- an individual LME Alternative Service Request form is required to be completed for each proposed Alternative Service;
- a separate Request for Waiver is required to be submitted to the Division for the LME to be authorized by the Secretary to directly provide an approved Alternative Service; and
- the current form is not intended to be utilized in SFY 07-08 for the reporting on the use of county funds by an LME. The Division continues to work with the County Funds Workgroup to establish a mechanism to track and report on the use of county funds through IPRS reporting effective July 1, 2008.

## Requirements for Proposed LME Alternative Service

*(Items in italics are provided below as examples of the types of information to be considered in responding to questions while following the regular Enhanced Benefit Service definition format. Rows may be expanded as necessary to fully respond to questions.)*

**Complete items 1 through 28, as appropriate, for all requests.**

### **1 Alternative Service Name, Service Definition and Required Components**

*(Provide attachment as necessary)*

#### **Community Activity and Employment Transitions (CAET) :**

***Please note: the following modified service definition is primarily based on one that was developed by a Statewide Employment Work Group and presented to the Division in 2004. The recommendation of the Work Group was that this definition would replace the Adult Developmental Vocational Program (ADVP) service definition.***

Community Activity and Employment Transitions (CAET) is a support service that includes community focused activities that provide supervision and services based on the support needs of the individual in integrated, community based settings. Individuals with developmental disabilities and/or co-occurring mental illness diagnoses, and/or a traumatic brain injury are eligible to receive this service. This service is to be provided on an individualized basis. Participation will be scheduled as defined in the goals of the individual's person-centered plan. The service is designed to support the individual's personal independence and self-sufficiency and to promote social, physical and emotional well-being through activities such as integrated employment, social skills development, leisure activities, training in daily living skills, improvement of health status, and utilization of community resources. This service focuses on assisting the individuals in becoming connected to naturally occurring support systems and relationships in the community to provide and enhance opportunities for meaningful community participation. A person centered plan meeting must take place with the individual, family/guardian, and other supports prior to the implementation of services. The assigned CAET community coach is required to participate face-to-face in every Person Centered Plan session, i.e., in the initial development of the plan and all subsequent sessions specific to plan modifications and/or revisions. It is critical that all elements of the CAET definition are fidelity standards for this model of service provided within the community.

### **2 Rationale for proposed adoption of LME Alternative Service to address issues that cannot be adequately addressed within the current IPRS Service Array**

- ***Consumer access issues to current service array***
- ***Consumer barrier(s) to receipt of services***
- ***Consumer special services need(s) outside of current service array***
- ***Configuration and costing of special services***
- ***Special service delivery issues***
- ***Qualified provider availability***
- ***Other provider specific issues***

History of the Development of CAET in Mecklenburg County- In August of 2005, facilitated by staff of Mecklenburg's LME, a communitywide Self Determination Best Practice Committee was established. Membership included advocacy agencies, providers, consumers, family members, vocational rehabilitation staff, interested community stakeholders, and representatives from Charlotte Mecklenburg schools, CPCC and UNC-Charlotte. The committee adopted the philosophy and principles of Self-Determination as their basic beliefs and values and took on the task of reviewing current services to determine how to move the community forward in adopting and developing evidence based, best

practice services.

In late 2006, The Mecklenburg County Self Determination Best Practice Committee identified ADVP as being an outdated, not best practice service where individuals were being housed in a segregated environment, making sub-minimum wage, if any wage at all. Data was collected from the existing ADVP providers in Mecklenburg County and it became increasingly concerning that a high percentage of individuals receiving the service had been participating for 5, 10, 15 and even 20 years with no evidence of goals being individualized and with no movement towards vocational pursuits. Two of the committee members had also been on the Statewide Employment Work Group and recommended that the Committee review the CAET definition as a model for a new service alternative for persons who were currently receiving Adult Developmental Vocational Program (ADVP) in the Mecklenburg LME catchment area. The committee reviewed the definition, supported the concept of creating a pilot and recommended that the LME release a Request for Proposal. The RFP emphasized employment first as the ultimate goal of each person who would be supported by this approach. The RFP was released in February of 2007 and LifeSpan was selected as the provider to initiate the pilot and implement the CAET model. The LME requested and received approval from the Division to use non-UCR funds to support the initiative.

Due to the positive outcomes generated by the CAET model in Mecklenburg County and the movement towards more individualized versus facility based services, the Guilford Center wants to partner with LifeSpan in Guilford County to implement a CAET model in our community. In Guilford County, Lifespan discontinued the ADVP sub minimum wage contract work with the support of The Guilford Center in May of this year to move towards more individualized community based employment. In Guilford County, we continue to serve approximately 125 individuals who have been in ADVP and Day Activity services for 15 to 20 years or more with no movement towards individualized community based employment. CAET, an individualized best practice model of service for individuals with intellectual and developmental disabilities, will meet the transition needs of these individuals that have been served within our sheltered workshop setting. LifeSpan has facilitated presentations of the CAET model to The Guilford Center Area Board of Directors and LifeSpan individuals and families/guardians. They have offered trainings in person centered planning and self determination for the individuals/families/guardians to increase awareness of these critical elements in the CAET process.

The initial demonstration project will include 12 identified individuals with multiple and significant support needs who are currently receiving at least 20 hours or more of services within the sheltered workshop setting. The employment first philosophy is the ultimate goal of each person who will be supported by this model. The goal is for these individuals to be transitioned from facility based services to individualized community based employment and community inclusive services and supports within 3 to 6 months of the implementation of services. If successful cost effective outcomes are achieved at the completion of the LifeSpan CAET 6 month demonstration project, we plan to serve the remaining individuals within the sheltered workshop setting and transition them to community based employment and community inclusive supports. The long term plan is to develop partnerships within the community and expand the services to other individuals in the community with significant support needs. In the future, we may look at other partnerships within the community in implementing the CAET model for individuals not served in the sheltered workshop setting.

CAET services go beyond exploring vocational (work) opportunities and address the consumer's whole life. Examples include work, play, volunteering, natural support, skills development, personal growth, socialization and wrap-around supports. Most individuals who have been attending the sheltered workshop receiving ADVP and Day Activity services have little knowledge of resources in their community and little exposure to the possibilities of employment.

Unlike ADVP, the CAET model is not facility based, nor tied to a particular site; it incorporates an individualized, integrated, and person-centered approach with each individual participating in the service. The CAET model seeks to connect individuals to existing community based resources and activities. It may also develop creative and innovative approaches to connecting an individual to his/her

community through the use of natural supports and/or wrap around supports. This model may include paid supports and other services within the community and The Guilford Center's Continuum of Care for Individuals with Intellectual and Developmental Disabilities.

The Guilford County CAET model is a support model that will utilize Vocational Rehabilitation services and funding to assist individuals with obtaining community based employment; this is a component of the initial 2007 CAET model concept. CAET staff become a life/work support team for each person and support individuals in securing jobs, volunteering, learning to ride the public transportation system, learning to use a computer, going back to school to take classes, joining civic groups, attending church, learning to grocery shop and plan a budget, and developing their artistic talents. Basically, the overall goal is to support a person in getting a life and realizing many of his/her hopes and dreams through the utilization of a comprehensive array of services/supports based on the needs of the individuals within the community in the least restrictive environment.

**3 Description of service need(s) to be addressed exclusively through State funds for which Medicaid funding cannot be appropriately accessed through a current Medicaid approved service definition**

The CAET model fully embraces a support model which is developed around the following tenets: integrated versus segregated education; real work in integrated settings; personalized flexible supports designed for the person as opposed to fitting people into programs; supported or independent living as opposed to large group living; commitment to supporting membership in the community; and self-determination in which the person, family members and friends determine how supports will be provided.

The theme, and commitment, being addressed is: "Supporting Self-Determined Lives: One Person at a Time".

**4 Please indicate the LME's Consumer and Family Advisory Committee (CFAC) review and recommendation of the proposed LME Alternative Service: (Check one)**

**Recommends**     **Does Not Recommend**     **Neutral (No CFAC Opinion)**

CFAC plays a key role in the Request for Proposal process. CFAC members participate on RFP committees and are involved in the provider selection process through the RFP process. LifeSpan facilitated a CAET model presentation to The Guilford Center's Board of Directors who was impressed with the outcomes generated by the CAET model which has enabled the individuals' hopes and dreams to become a reality. The Guilford Center sponsored a Community Forum presentation by Al Condeluci, a national speaker on, "Creating Community Inclusion Opportunities" for our individuals, families, providers, and community members to educate and support the movement towards community inclusion for individuals of all abilities. The Guilford Center Area Board of Directors and CFAC support the move away from the ADVP facility based model towards the best practice service model of CAET in Guilford County.

The Guilford Center supports the employment first philosophy which supports the vision of making employment the first priority and preferred outcome of people with disabilities. The Guilford Center has a strong partnership with the Guilford County Employment Partners (DD vocational providers) to address the employment needs of our Individuals with Intellectual and Developmental Disabilities. Through this partnership, we are developing a Business Advisory Committee to enlist employers and leaders within our community to expand employment opportunities for individuals of all disabilities.

**5 Projected Annual Number of Persons to be Served with State Funds by LME through this Alternative Service**

Outcome data for 12 individuals will be tracked in the 6-month pilot program; additional clients will be

served but their outcome data will not be comingled with outcomes for the original client group.

**6 Estimated Annual Amount of State Funds to be Expended by LME for this Alternative Service**

\$211,219 for 6-month pilot

**7 Eligible IPRS Target Population(s) for Alternative Service: (Check all that apply)**

**Assessment Only:**  All  CMAO  AMAO  CDAO  ADAO  CSAO  ASAO

**Crisis Services:**  All  CMCS  AMCS  CDCS  ADCS  CSCS  ASCS

**Child MH:**  All  CMSED  CMMED  CMDEF  CMPAT  CMECD

**Adult MH:**  All  AMSPM  AMSMI  AMDEF  AMPAT  AMSRE

**Child DD:**  CDSN

**Adult DD:** x ADSN

**Child SA:**  All  CSSAD  CSMAJ  CSWOM  CSCJO  CSDWI  CSIP  
 CSSP

**Adult SA:**  All  ASCDR  ASHMT  ASWOM  ASDSS  ASCJO  ASDWI  
 ASDHH  ASHOM  ASTER

**Comm. Enhance.:**  All  CMCEP  AMCEP  CDCEP  ADCEP  ASCEP  CSCEP

**Non-Client:**  CDF

**8 Definition of Reimbursable Unit of Service: (Check one)**

Service Event  15 Minutes  Hourly  Daily  Monthly

Other: Explain \_\_\_\_\_

**9 Proposed IPRS Average Unit Rate for LME Alternative Service**

Since this proposed unit rate is for Division funds, the LME can have different rates for the same service within different providers. What is the proposed average IPRS Unit Rate for which the LME proposes to reimburse the provider(s) for this service?

\$9.65

You may not round up; standard Medicaid rules are to be used.

**1 Explanation of LME Methodology for Determination of Proposed IPRS Average Unit Rate for Service (Provide attachment as necessary)**

History of Mecklenburg County model- Statistics are based on 14 months of experience with the CAET model in Mecklenburg county, their review of actual expenditures, number of individuals served, client hours, and average hours per client. The Guilford Center will reimburse services at this rate.

**1 Provider Organization Requirements**

1

Community Activity & Employment Transitions (CAET) must be delivered by a qualified provider organization, which meets the standards established by the Division of MH/DD/SAS. These standards set forth the administrative, financial, clinical, quality improvement and information services infrastructure necessary to provide services. Provider organizations must demonstrate that they meet these standards by either being certified by the Local Management Entity or being accredited by a

national accrediting body. The organization must be established as a legally recognized entity in the United States and qualified/ registered to do business in the State of North Carolina. The program must have a designated full-time director. Evaluation services shall be available for all individuals. There should be a supportive, therapeutic relationship between the provider and the individual which addresses and/or implements interventions outlined in the person-centered plan. Provider organization must demonstrate how it has operationalized and implemented the philosophy and principles of Self-Determination, Person Centered Thinking and Person Centered Planning. Consumer choice must be built into each aspect of the individual's person centered plan.

## 1 **Staffing Requirements by Age/Disability**

2 *(Type of required staff licensure, certification, QP, AP, or paraprofessional standard)*

CAET services shall be under the direction of a person who meets the requirements specified for Qualified Professional (QP) status according to 10A NCAC 27G.0104. The QP is responsible for the supervision of other program staff which may include Associate Professionals (AP) and paraprofessionals who meet the requirements according to 10A NCAC 27G.0104 and who have the knowledge, skills and abilities required by the population to be served/supported.

## 1 **Program and Staff Supervision Requirements**

3

The activities and services of CAET shall be driven by a person-centered planning process and the number of hours the individual receives is to be specified in his/her Person Centered Plan. This service is available based on the needs of the individual served and the medical necessity criterion for service is met. Service provision shall be given at the time that best meet the needs of the individual which may include evenings and weekends.

Staff is considered life/work community coaches and is supervised by a Qualified Professional who has a broad understanding of the fundamentals of self-determination and adheres to the values and principles of person-centered planning in the context of person-centered thinking.

## 1 **Requisite Staff Training**

4

Staff must have received training and be knowledgeable in person centered thinking, person centered planning, and the philosophy and principles of Self Determination. Staff training in supported employment is critical to achieving successful outcomes for individualized community based employment.

## 1 **Service Type/Setting**

5

- ***Location(s) of services***
- ***Excluded service location(s)***

This is a periodic service. Payment unit equals one unit for the nearest fifteen minute interval based on the eight minute rounded-up rule. This service is not billable to Medicaid.

All services are community based and shall not be provided in segregated settings.

## 1 **Program Requirements**

6

- ***Individual or group service***
- ***Required client to staff ratio (if applicable)***
- ***Maximum consumer caseload size for FTE staff (if applicable)***
- ***Maximum group size (if applicable)***
- ***Required minimum frequency of contacts (if applicable)***
- ***Required minimum face-to-face contacts (if applicable)***

This service is an individualized, one-on-one, service with one staff person delivering service to one consumer at the quoted unit rate.

Staff ratio is a function of the level of support individuals need at any given time. Staff is considered life/work community coaches and support individuals in achieving goals specified in their person centered plan. Other unpaid natural supports may also be assisting the individual and be part of that person's support team. Service frequency is based on the needs of the individual that meet medical necessity criteria for services. The staff ratio is dependent on the mix of persons being supported at any given time, and the mix of staff that form a person's life/work support team if one is needed. However, at any time one staff should not be supporting more than 4-5 individuals.

1 **Entrance Criteria**

7

- **Individual consumer recipient eligibility for service admission**
- **Anticipated average level of severity of illness, or average intensity of support needs, of consumer to enter this service**

A qualified professional or an associate professional shall certify the eligibility of each individual for the CAET service according to the following criteria:

- A. There is an Axis I or Axis II diagnosis of a developmental disability as defined in GS 122C-3 (12a) or the person may have a diagnosis of developmental disability and a co-occurring diagnosis of mental illness.  
AND
  - B. Level of Care Criteria, NCSNAP  
AND
  - C. The individual is experiencing difficulties in at least one of the following areas:
    - 1. functional impairment
    - 2. crisis intervention/diversion/aftercare needs, and/or
    - 3. at risk of placement in a more restrictive settingAND
  - D. The individual's level of functioning has not been restored or improved and may indicate a need for intensive supports in a natural setting if any of the following apply:
    - 1. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis.
    - 2. At risk of exclusion from services, placement or significant community support systems as a result of functional or behavioral issues associated with the diagnosis.
- Initially, this service will be available to the 12 identified individuals within the segregated workshop setting with an intellectual or developmental disability that may also have a co-occurring MH/SA disorder or a traumatic brain injury that have multiple and significant support needs. An individual will receive services based on their individual needs and the medical necessity determination is met for their level of support needs. It is anticipated that as individualized services and supports are developed, their supports within the CAET model will titrate to minimal to no support which may include natural and other supports.

1 **Entrance Process**

8

- **Integration with team planning process**
- **Integration with Person Centered Plan and clinical assessment**

This requires a person-centered plan that promotes successful integration into the community through individualized community inclusive supports and activities.

Authorization by the Local Management Entity is required. The services must be included in an individual's person-centered plan and authorized prior to or on the day services are to begin. Initial authorization for services will not exceed ninety (90) days. Re-authorization will be quarterly. All goals shall be reassessed on a monthly basis to determine appropriateness of goals and need for revision or titration from services.

## 1 Continued Stay Criteria

### 9 • Continued individual consumer recipient eligibility for service

The desired outcome or level of functioning has not been restored, improved or would not be sustained over the time frame outlined in the person-centered plan without this service. All goals shall be reassessed on a monthly basis to determine appropriateness of goals and need for revision or titration from services. If expected outcomes have not been met, the person-centered plan must be evaluated and modified to identify more effective support strategies which may include additional supports/services to sufficiently meet the needs of the individual.

## 2 Discharge Criteria

0

- **Recipient eligibility characteristics for service discharge**
- **Anticipated length of stay in service (provide range in days and average in days)**
- **Anticipated average number of service units to be received from entrance to discharge**
- **Anticipated average cost per consumer for this service**

Individual requests discharge from program,

or

the individual is not achieving stated outcomes from this service and an alternative service is identified that can better meet their needs

or

the individual has achieved expected outcomes,

or

The individual can sustain outcomes without the service.

The Guilford Center LME has developed outcomes to track progress in the program during the 6 month demonstration project period. Once the six month demonstration project is complete, we will compile our data and outcomes to better determine cost effectiveness and statistics for these defined areas in Guilford County. Initially, we support the following outcomes based on the Mecklenburg County statistics:

The anticipated length of stay could range from 30 days to 180 days with an average around 120 days;

The average number of service units from entrance to discharge is 960; and,

The average cost per consumer for this service is \$9,264.

## 2 Evaluation of Consumer Outcomes and Perception of Care

1

- **Describe how outcomes for this service will be evaluated and reported including planned utilization of and findings from NC-TOPPS, the MH/SA Consumer (Satisfaction) Surveys, the National Core Indicators Surveys, and/or other LME outcomes and perception of care tools for evaluation of the Alternative Service**
- **Relate emphasis on functional outcomes in the recipient's Person Centered Plan**

The expected outcome is for individuals to achieve the greatest level of personal independence, which encompasses the promotion of social, physical, financial, and emotional well-being. This outcome may be achieved by using a variety of supports, some of which are outlined below. Supports should be based on best practice, person-centered planning, and in a wrap-around approach with informed choice. All available funding sources should be fully explored and utilized.

Array of Supports Include:

Prevocational/Vocational

- ◆ Vocational Rehabilitation Services: Supported Employment and all VR funded services
- ◆ Community Job Exploration
- ◆ Job Shadowing
- ◆ Resume Writing
- ◆ Career Exploration
- ◆ Benefits Counseling
- ◆ Evaluation
- ◆ Employment in Community Jobs – individual, self-employment at Minimum Wage or Greater
- ◆ Employment by Affirmative Enterprise at Minimum Wage or Greater

Leisure/Recreational

- ◆ Community Inclusion Leisure Exploration/Resources
- ◆ Volunteerism
- ◆ Housing Exploration
- ◆ Transportation

Educational

- ◆ Compensatory Education
- ◆ Higher Education Exploration
- ◆ Health & Wellness
- ◆ Personal Safety
- ◆ Family Education
- ◆ Computer Training

Skills Development

- ◆ Interpersonal/Social Skills Training
- ◆ Daily Living Skills
- ◆ Money Management
- ◆ Banking/Personal Finances

**EXPECTED OUTCOMES**

Measuring consumer outcomes, in the context of an individual’s person centered plan, is critical to the implementation of this evidence based service (CAET). In general, the outcomes wanted by this population of consumers and to be achieved through participation in this service, support a person’s basic needs to be as independent and self sufficient as possible.

The outcomes are based on consumers telling us they want: 1) to live and work where they choose; 2) to be engaged in meaningful day to day activities of their own choosing in the community; 3) to increase social skills; 4) to have meaningful relationships; 4) to control their own money.

An outcome monitoring system must be able to track individual information in order to track progress over time. This system must also be able to provide aggregate data for all consumers being supported. Quarterly progress/outcome reports are to be provided to the LME.

**2 Service Documentation Requirements**

- ***Is this a service that can be tracked on the basis of the individual consumer’s receipt of services that are documented in an individual consumer record?***

**Yes**     **No**            ***If “No”, please explain.***

- ***Minimum standard for frequency of note, i.e. per event, daily, weekly, monthly, etc.***

**Documentation in the individual's medical record is required as defined in the Service Records Manual APSM 45-2 (3/09).** The daily service note requirements as outlined in the Service Records Manual are: individual's name; record number; date service provided; duration of service; purpose of contact; description of the intervention/activity; assessment of individuals progress toward goals; signature of person who provided the service including (professional: credentials, degree, or licensure of clinician; paraprofessional; position of the individual).

2 **Service Exclusions**

3

- ***Identify other service(s) that are limited or cannot be provided on the same day or during the same authorization period as proposed Alternative Service***

This service cannot be provided during the same authorization period when an individual is receiving Subsidized Residential support services from the LME, Community Rehabilitation Program (CRP) services (Day Activity or Day Support) services, Psychosocial Rehabilitation or Community Support services. The service will not be available to persons in the CAP/MR/DD or CAP/DA Waiver service programs. Individuals that reside in an ICF-MR, Nursing Home or Assisted Living facility are not eligible for this service and may utilize The Money Follows the Person Demonstration Project- CAP Waiver services to transition to community based services.

For individuals receiving VR funded supported employment services, you may not bill CAET service at the same time of day you are billing VR.

It is not a requirement that an individual have Targeted Case Management (TCM) services to receive CAET services. For individuals that do receive TCM services; all services and PCP team meetings need to be coordinated with the Targeted Case Manager to ensure all services are incorporated into the PCP to prevent fragmentation or duplication of services to ensure continuity of care.

If an individual has a Person Centered Plan that also includes a state funded service such as Personal Care or Personal Assistance or a Medicaid service such as Personal Care, the goals and objectives of those services cannot duplicate goals and objectives of CAET and there must be evidence that the combination of these services are needed to support an individual increasing their level of self-sufficiency. The Person Centered Plan must include a list of all services the individual is receiving, agency, frequency of service and funding source.

2 **Service Limitations**

4

- ***Specify maximum number of service units that may be reimbursed within an established timeframe (day, week, month, quarter, year)***

Maximum number of service units is 28 units per day (7 hrs.) however, frequency of participation is driven by specific goals in the individual's person centered plan and will vary based on level of supports needed at any given time. When first becoming engaged in CAET services, up to 7 hrs per day – 35 hours per week may be utilized based on the level of supports needed for the individual, although in keeping with the Mecklenburg model, we anticipate that on average the individual will initially participate in CAET 4 hours per day, 5 days a week and that the levels of support will titrate once they have begun working, volunteering, and/or adding natural supports to their support team.

2 **Evidence-Based Support and Cost Efficiency of Proposed Alternative Service**

5

In addition to bringing about better outcomes for our consumers, the proposed service definition will allow the Guilford Center to serve more consumers with the same funding level. Since CAET has an end date for each consumer (in Mecklenburg the average consumer received 960 units of CAET services) and the current service (Day Activity) does not, over a five year time period, for example, we could serve more than four times the number of consumers for the same funding.

In Guilford County, the individuals in the CAET program would otherwise continue to receive ADVP or Day Activity services for 7 hours per day, 5 days per week, at an annual per participant cost of \$27,300. This equates to an annual cost of \$327,600 for 12 participants for day activity services. In the CAET model, while only ten consumers could be served the first year for this \$327,600, new, previously unserved clients would be enrolled whenever a consumer completed the program – or moved to a less intensive, less expensive level of service. With traditional day activity services, individuals served would continue in the program for years with no movement towards employment, no development of natural supports for community activities and no potential for a step down of service and no potential for new clients to be added to the program.

The CAET program, using the five-year funding level for Day Activity or \$1,638,000 (or 5 times \$327,600) would be able to serve 53 consumers. This is based on a per consumer cost of \$30,610. Fifty-three consumers versus the static 12 consumers under the Day Activity service results in slightly more than four times as many clients benefitting from the CAET service.

- ***Provide other organizational examples or literature citations for support of evidence base for effectiveness of the proposed Alternative Service***

Best Practices for Implementing the Recommendations of “Looking Forward: A Summit on the Developmental Disabilities System in North Carolina” Technical Report October 16, 2008, presented to the Legislative Oversight Committee.

“The Minnesota Employment First Summit” June 12, 2007.

“Employment First: It is time for North Carolina to Adopt an Employment First Policy for Adults with Disabilities” NCASPE white paper.

Make the Day Matter! Promoting Typical Lifestyles for Adults with Significant Disabilities, Pamela M. Walker & Patricia Rogan, Paul H. Brooks Publishing Company, 2007.

**2 LME Fidelity Monitoring and Quality Management Protocols for Review of Efficacy and Cost-**  
**6 Effectiveness of Alternative Service**

The LME will monitor against the outcome measures listed above and in the context of individuals achieving a quality of life, with the level of support they need, to be as independent and self sufficient as possible and to become a full citizen of their community.

As the community moves towards a support model; it is not only the cost of a specific service that needs to be evaluated, but more accurately it's the investment, and the return on that investment to the community, that will need to be measured in determining the cost effectiveness in supporting an individual to achieve a self-determined life.

**2 LME Additional Explanatory Detail (as needed)**  
**7**

Working is fundamental to adulthood, quality of life, individual productivity, and earning the means to exercise freedoms and choices available to all citizens. It leads to economic well being, a sense of personal fulfillment, enhanced self-esteem, and opportunities for social relationships and community participation. This service is the first example of the Mecklenburg community moving in the direction of creating a person-centered system of supports.

Throughout this evolution there naturally has been and will continue to be ongoing tensions between empowering individuals to be independent in the community, and the need to ensure the safety and

health of individuals. On going dialogues regarding protection vs. independence will continue. The Guilford Center LME sponsored a community forum for individuals, families, providers, and the community on Community Inclusion as a Best Practice Model in September to educate our community on the movement towards community inclusive opportunities for individuals with varying abilities. The Guilford Center Area Board supports The Guilford Center LME in utilizing IPRS funding for the implementation of a CAET model in Guilford County to facilitate the development of a best practice continuum of supports. Further direct funding away from any programs or services that house individuals in segregated settings that do not demonstrate the philosophy and principles of self determination and the concepts around the development of a person centered system of supports.