

INDIVIDUAL budgeting tool

for Individuals with Intellectual Disabilities and Developmental Disabilities



What is the Individual Budgeting Tool?

We believe that people with disabilities and their families have the right to live, love, work and have the lives of their choice in their communities. Planning for your life requires tools to help you make decisions about the services and supports you need and the resources required to meet these needs. The Individual Budgeting Tool is part of your “toolkit” to help inform those decisions. The North Carolina Department of Health and Human Services (NC DHHS) developed the Individual Budgeting Tool to help all people who participate in the Innovations Waiver or who receive (b)(3) – Deinstitutionalization funding to further that goal.

What is the purpose of the Individual Budgeting Tool?

The Individual Budgeting Tool is important information that ensures that people served under the Innovations Waiver or who receive (b)(3) – Deinstitutionalization funding are aware of resources available to develop their Person Centered Plan to meet their unique and changing needs.

The Individual Budgeting Tool is designed to

- Ensure that funding is equitably distributed across people with similar support needs,
- Provide information to help people design their Person Centered Plans to meet and achieve their life goals and
- Offer flexible ways to change funding to meet changing life needs.

INDIVIDUAL budgeting tool

Have a SIS[®] interview

Receive an individual budget

Meet with your Care Coordinator and planning team

Start receiving services

How does the Individual Budgeting Tool work with the planning process?

1. You will participate in a Supports Intensity Scale[®] interview to assess your support needs.
2. You will receive an individual budget as a guideline to help inform the planning process. The individual budget is based on an array of services that would typically meet the needs of someone with support needs similar to yours.
3. You choose your life goals, based on your needs and wants. You choose the services that you want to include in your plan, using all of the tools in your toolkit: assessments; the individual budget; information from your friends, family and providers; and any other information you want to include to help guide the planning process. You meet with your Care Coordinator and planning team to develop your Individual Support Plan.
4. Your Individual Support Plan will be submitted and reviewed. Once approved, services will begin.

What is the Supports Intensity Scale[®] (SIS[®])?

The SIS[®] is a standardized assessment tool designed to measure your support needs. It was developed in 2004 by the American Association on Intellectual and Developmental Disabilities (AAIDD).

Everyone receiving NC Innovations Waiver services or (b)(3) – Deinstitutionalization funding participates in a

new SIS[®] assessment every two to three years, depending on their age. A new assessment can be requested sooner, if your support needs change.

This assessment includes questions about extra support you may require for medical and/or behavioral reasons, as well as supports you may require in your home and community, to allow you to live the life of your choice.

You will invite people who know you best to support you during this assessment. The SIS[®] will be conducted by an AAIDD-certified interviewer. The interview typically takes several hours to complete and will be held where you choose – in your home, your provider agency office, or any public place that offers a quiet private space.

What is the individual budget?

An individual budget is an amount of waiver funding designed to support someone with needs like yours. It is not a limit on the amount of services you can request or have approved, but it is used as a guideline in the planning process.

It is important to know that the individual budget does not guide the planning for all services. Only certain services, called “Base Budget” services, are included in the individual budget: Community Living and Support, Community Networking, Respite, Day Supports, and Supported Employment. All other services are considered “Non-Base Budget” services. The individual budget is not used to help guide the planning for those services, but those services are

still available based on your needs, wants and life goals up to the waiver limit.

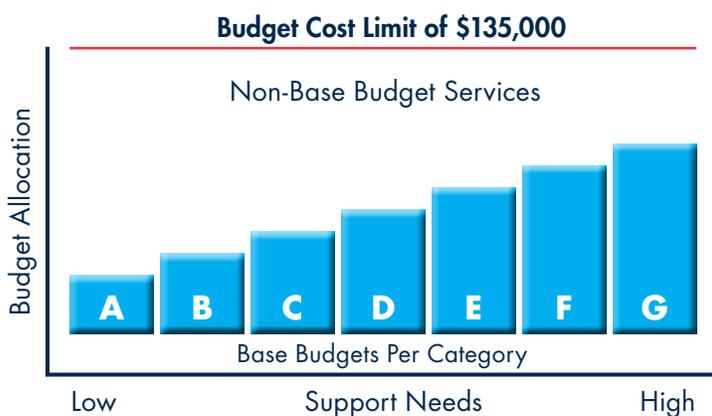
How does the Individual Budgeting Tool work?

You will be assigned a level based on your support needs. The level is developed using information from the SIS® and other assessments and helps to identify people who have similar support needs. There are seven levels in the Individual Budgeting Tool, ranging from A through G. Each level has a different description of what an individual in that level's support needs typically look like.

You will be assigned a category based on your age and living arrangement. There are four different categories, based on whether you are a child or adult, and whether you live in a non-residential setting (for example, a private home with natural supports) or a residential setting (for example, a group home or Alternative Family Living setting).

Each category has seven levels, which represent the funding needed for individuals with similar needs. Each combination has an individual budget assigned to it. The individual budget is based on an array of services that would typically be expected to meet the needs of someone with support needs, age and living arrangement similar to yours. The individual budget is used to help inform and guide the planning process.

There may be times when you need more services included in the individual budget than other similar individuals may typically need. For example, you may have had an unexpected circumstance arise, such as the loss of a primary caregiver.



You may simply have needs that cannot be met with your individual budget; for instance, a significant medical issue not typical of individuals with otherwise similar support needs. Regardless of your individual budget, if you need certain services, you will receive those services. There are safety nets that can help you receive the services you need. You may hear your Care Coordinator use the terms Temporary Change, Permanent Change or Intensive Review. Your Care Coordinator can explain more about what these terms mean, but it is important for you to know that if you have needs that cannot be met within your individual budget, you will be able to receive services to meet those needs.

How do I use the Individual Budget to plan?

The purpose of planning is to focus on the individual – what you want your life to look like. The Individual Budgeting Tool recognizes that people with similar support needs can have very different wants, needs and life goals. Consider the following important things during the planning process.

1. Think about your typical day. Consider your community of support (school, work, friends, church, clubs, etc.), and what resources and supports are currently in place. Think about what situations in which services available under the Innovations Waiver (or other Medicaid-funded and other community resources) may be able to assist in meeting your wants/needs and helping you achieve your life goals.
2. There are a variety of assessments completed by professionals that can help inform the planning process. These can help clarify your needs and provide information about how to best meet them. Some assessments commonly used during the planning process include the SIS® and the Risk Support Needs Assessment.
3. Review the individual budget. The individual budget, in combination with assessments and what you want your typical day to look like, can help provide a starting point as to what services may be able to meet your needs.
4. While there are similarities between individuals who have similar support needs, every individual has different wants, needs and life goals. Your Care Coordinator can help explain the different services available and make recommendations

about what services may be most appropriate for you. The planning team – which consists of you; your Care Coordinator; your provider and family, friends, or anyone else you would like to invite – will discuss all of the service options. The Planning Calculator is another tool to guide the planning process. You decide which services you want to request in your plan.

5. You can request an update to your plan at any time. If your needs change and you want to request additional services or a different array of services, you should contact your Care Coordinator right away to begin the discussion about how you can best be supported.

What does this mean for you right now?

The system will be implemented based on your birth month. Approximately three months in advance of your birth month, you will receive information about your individual budget to help inform the planning process for your upcoming plan year. For example, beginning in July 2016, individuals who have birthdays in October will be notified of their individual budgets. Remember, the individual budget is not a limit, but a guide that can help inform the planning process.

Changes in budgets will be gradual, or phased-in. You may already be receiving an amount of services similar to other people with needs like yours, or you may be currently receiving a lot more or a lot less services compared to people with needs like yours. In that case, you may

also receive information about “phase-in budgets.” These phase-in budgets help to ensure a gradual transition to what may be the most appropriate amount of services for you and allow you the flexibility to explore different arrays of services. Just like your individual budget, the phase-in budgets are guidelines and are not limits on the amount of services you can receive.

Your Care Coordinator can help to answer any questions you have about the Individual Budgeting Tool, your individual budget or the planning process.

