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DDSN Pilot to assist consumers to live and function with more independence in home and community based settings of their choice.

In keeping with policy and support from the Centers for Medicare and Medicaid Services (CMS), DDSN is interested in offering additional home and community based supported living options for persons with ID/RD. These alternatives will focus on those consumers who desire to live and function with more independence in settings of their choice, with roommates of their choice. Along with the goal to support people's choice of living arrangements, DDSN is interested in any cost savings realized from a model that does not require 24-hour paid staff to support people currently served in CTH II or ICF/ID settings. This goal is in keeping with federal and state laws which require persons with ID/RD to be supported in the least restrictive environment along with National Core Indicator data. Moreover, with the growth of the aging population, there will be fewer direct support workers to supervise and support people with lifelong disabilities.

DDSN is interested in a model that uses competency-based curricula for both the consumer and the staff who work with them. It also desires to have these components fully integrated with the person-centered planning process and with the Supports Intensity Scale (SIS). Further, DDSN desires to have fidelity checks performed to determine if the model is being implemented as intended and yields the desired results. DDSN will contract with one entity that can provide all of the components. The contractor will work with 4 providers who are interested in a new model for those people in 24-hour operated programs.

Outcomes will include:

1. Reduction in costs compared to previous living expenses – aggregated
2. Improvement in Quality of Life as expressed by persons involved in the pilot
3. Increased choice of where people want to live and with whom they wish to live

The pilot will occur over the course of 12-18 months and will be evaluated for further implementation at the end of the pilot. If outcomes are met, then consideration to expand the pilot will be addressed with Commission.