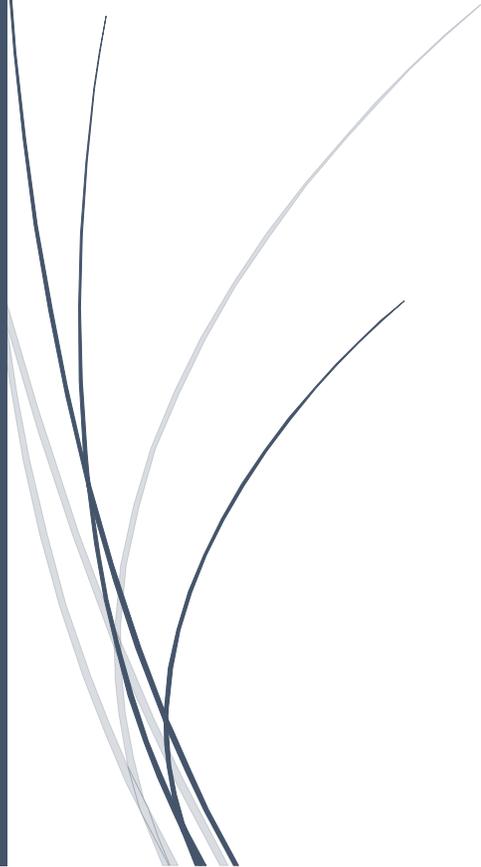


January 2017

# CIRS Manual



Community Inclusive Residential Supports (CIRS) Model  
Updated January 2017

**I. BACKGROUND /RATIONALE for NEW SERVICE MODEL**

A. CMS Key Provisions of the HCBS Settings Final Rule

1. The setting is integrated in and supports full access to the greater community;
2. Is selected by the individual from among setting options;
3. Ensures individual rights of privacy, dignity and respect;
4. Optimizes autonomy and independence in making life choices; and
5. Facilitates choice regarding services and who provides them.

B. National Core Indicator (NCI) Data

1. Percentage of people who chose or had input in choosing where they live: 53%
2. Percentage of people who chose or had some input choosing roommates: 34%
3. Community Inclusion Scale Score: SC = 9.9; NCI average = 12.7
4. Percentage who would like to live somewhere else: SC = 39%;  
NCI average = 27%

C. Workforce

This is a greater demand for direct support professionals coupled with fewer workers to support growing elderly and disability populations

**II. CIRS SERVICE MODEL OVERVIEW**

- A. Created to promote development and independence in people with disabilities by working with staff members, the individuals, and families to create a customized plan to transition from a 24-hour supervised setting to a semi-independent living arrangement. Persons with disability are the focus - they choose where they live, with whom they live, and which support staff work with them in their new home.
- B. Coordinates the transition of participants over a six (6) month period beginning at the time of acceptance into the program. The CIRS model works in partnership with the provider agencies to ensure a smooth, planned, successful transition.
- C. Systematically decreases the need for staff supervision, often using technology, while ensuring health, safety, and protection needs are consistently met.
- D. Utilizes a variety of supports including community resources, technology, electronic monitoring and self-management programs to support each person's plan and ensure each individual's ongoing success.

### **III. CIRS SERVICE MODEL: ROLES AND RESPONSIBILITIES OF CONSULTANT**

The CIRS Approved Provider will serve as the Administrator of the CIRS project. As the Administrator the CIRS Approved Provider Services will assume the role of the Project Manager both during the transition period and post placement. Responsibilities include the following:

- A. Coordinating all activities with each provider's designated "CIRS Coordinator." The CIRS Coordinator will attend all training sessions and be involved in all aspects of CIRS development and implementation.
- B. Provider agencies invite a pre-selected group based upon input from team meetings. Consumers and their families as appropriate attend an information session which outlines the project description, types of available supports, and responsibilities of the participants. The CIRS Approved Provider reviews the Support Intensity Scale Interview Reports, interviews the participants, their families and staff and conducts a record review. The CIRS Approved Provider then meets with the entire team to determine if the participant would be a good candidate for the project.
- C. Utilize current Supports Intensity Scale, team meetings and input, and supplemental assessments to develop a comprehensive transition plan.
- D. Develop programming to support the transition plan. This would include participant-specific methodologies across skill domains.
- E. Provide specific and ongoing training to participants in the CIRS project which reflects requirements identified in the transition plan. Training will support the needs of the participant outlined in the SIS interview and team discussions. Concentrated training will occur one (1) month out from the planned move and continue in the new home until completed, typically within 30-60 days. Training will be conducted by the appropriate professionals and will address needs across the following domains:
  - 1. Home Living (including selecting direct support providers – see F. below).
  - 2. Community Living.
  - 3. Lifelong Learning.
  - 4. Health and Safety.
  - 5. Social Networks.
  - 6. Protection and Advocacy.
- F. During the "Selecting Support Providers" training session participants identify a list of characteristics they would like their support providers to have. They then identify staff members who they feel meet their criteria. Provider agencies invite potential staff members to an information session which outlines the project description and the responsibilities and requirements of the DSP. Agencies follow their own internal procedures for staff participation (i.e., additional interviews, requests for transfers, etc.). Participants will conduct formal interviews with the pre-selected staff members and agree as a group who will provide services.

- G. Provide staff training and development of foundations skills supporting specific programming needs during both the preparation process and after placement. Training will serve as an enhancement to existing provider training and serve as an orientation to the CIRS Model, increase competencies with engagement and teaching skills. Additionally staff will prepare for NADD DSP Certification. They will be conducted by the appropriate professionals and review the following competency standards:
1. Assessment and Observation.
  2. Behavior Support.
  3. Health and Wellness.
  4. Community Collaboration and Teamwork.
  5. Crisis Prevention and Intervention.
- H. Facilitate discussion of coordination with community support agencies including:
1. Simply Home.
  2. Realtors.
  3. Financial Institutions.
  4. Pharmacies.
- I. The CIRS Approved Provider will perform fidelity checks approximately 30 days post transition to ensure the programs are operating as intended and to provide support and any additional training or technical assistance requested by the provider or participant. See attachment #1 for the form used to conduct these checks. It is the intention of the project for provider agencies to maintain the integrity and sustainability of the project. Initially the CIRS Approved Provider will conduct fidelity checks monthly to ensure the level of supports are adequate and appropriate and the provider has implemented CIRS as intended. If additional training to either or both the participant and staff is warranted, the CIRS Approved Provider will provide such training. At the 90-day fidelity check, the CIRS Approved Provider will evaluate whether the participant is ready to move to the next phase and the provider's readiness to implement CIRS with more independence. The CIRS Approved Provider will conduct a Train the Trainer workshop for select provider staff when the fidelity check indicates provider readiness. Upon completion of the workshop, staff will be "certified" in the CIRS Project process and will provide initial and ongoing training to staff and participants.

After the above certification in the CIRS Project process it will be the providers' responsibility to perform fidelity checks every 180 days and send the results to the DDSN CIRS Coordinator for review.

#### **IV. CIRS FUNDING & PARTICIPANT BUDGETS**

##### **A. Funding**

Participants with funding bands of G and H will be changed to funding bands K and L respectively. DDSN will automatically make the band change at day 61 from the date the participant moves into their CIRS home (this is the amount of time it will take for the CIRS Approved Provider to complete its training to the Direct Support Professionals

(DSPs) and consumers in their new CIRS homes). Exceptions for a longer period of time must be approved prior to the move of any participant and sent to DDSN for approval.

a. Once moved into a CIRS home or apartment

DDSN maintains the current band for up to 60 days. The CIRS Approved Provider will conduct a 30-day fidelity check post-move to determine, among other things, if the person is ready to move to a CIRS band – first phase. If the CIRS Approved Provider recommends that the band convert to the CIRS band prior to the 60-day timeframe, DDSN will consult with the provider. DDSN will make the final decision.

b. Transitioning to the next phase of the CIRS band

i. Higher Phase

The CIRS Approved Provider will perform fidelity checks according to the CIRS procedures (e.g., at 90-days post move, and again at 180-days, etc.) to determine, among other things, if the person is ready to move to the next phase of CIRS band funding (e.g., phase 1 to 2). If the CIRS Approved Provider recommends that the person is ready, DDSN will consult with the provider. DDSN will make the final decision.

ii. Lower Phase

Should a CIRS participant's needs change to the point where the need for on-going enhanced support is obvious, the provider may make a request to DDSN to move the person to either a lower phase of funding (e.g., phase 2 to 1) or to a higher CIRS band rate (i.e., Band K to L). In most cases an updated SIS assessment will be conducted to help justify the funding change.

c. Temporary, short-term enhanced support

In the event that a CIRS participant requires additional but temporary support, the provider may make a request to DDSN. Typically the support a person might need is in a specific area for a temporary period of time, for example, intensive nursing care for 30 days following hospital discharge or enhanced DSP support for 60 days for issues posing a threat to person's health or safety. The provider will submit a request identifying the need, the amount and duration of the additional supports, precisely how the additional support will be used, and the transition plan to previous level of funding.

B. Band Payments

Bands K and L are non-negotiable rates; however, the provider may shift individual line items in the budget wherever needed to support the participant. For example, if a person needs more adaptive equipment than the allotted amount, but less than the amount for

medical supplies, the provider has the flexibility to use the money allocated to medical supplies to pay for the adaptive equipment.

C. Day Programs

The CIRS funding bands do not include payment for day services. DDSN encourages efforts toward job placement in the community based on individual's desire. Until other sources of funding are identified, DDSN offers a budget neutral solution for individuals attending Day Programs. For CIRS participants who receive career preparation, community services, and group and/or individual employment:

- The participant must move to the next phase of CIRS funding (mutual agreement between DDSN and provider\*);
- The day service activity must be recorded on DSAL to allow DDSN to bill Medicaid;
- A retrospective payment will be made to the provider for units delivered to the CIRS participant;
- The provider will submit a monthly (or quarterly) invoice to DDSN, Director of Cost Analysis for units provided.

\*In those cases where it is not prudent to reduce a participant's funding to the next level, DDSN will review and consider a provider's request for day services funding.

D. Paying DSPs

Once certified by NADD, providers can choose between increasing their hourly rate to \$10.87 (as of July 1, 2016) or giving them a bonus of between \$1,100 - \$1,300 (rate/bonus will change as pay rates are changed by the General Assembly). If using the bonus system, the provider will give the bonus each year to the DSPs if they continue to be NADD certified and meet the required fidelity checks performed by the CIRS Approved Provider. The provider will develop its own incentive structure and receive DDSN approval to implement. After the first year the provider may choose to pro-rate the bonus amount based on the total number of hours the DSP works in the CIRS program. For example, if the DSP worked a total of 25% of his/her hours in the CIRS program, the bonus may be reduced to between \$275 - \$325. For the first year the DSP should receive the full bonus due to the time and effort used to receive the certification. DSPs not meeting NADD certification are allowed to work in CIRS homes if the participant desires such.

E. Bonus for Coordinator or Other Staff Directly Involved in Ensuring Integrity of Program and Recertification of DSPs

The provider may offer an annual bonus to the CIRS Coordinator or other staff directly involved in performing participant training and support as well as DSP training and

support to help maintain NADD certification. The provider must develop its own incentive structure and receive DDSN approval to implement.

F. Training

DDSN will pay providers for up to 40 hours of training for about 4-5 DSPs per CIRS home at the rate of \$10.11 per hour (as of July 1, 2016) plus employer's share of FICA (rate will change as pay rates are changed by the General Assembly). Training will occur both pre and post transition to enhance learning opportunities in the participant's CIRS home. Requests for reimbursement must include staff names and be sent to the CIRS Approved Provider for verification. Once verified, the CIRS Approved Provider will send to DDSN for payment.

G. Start Up

DDSN will pay \$2,000 in start-up for each CIRS participant. The participant must be involved in and assist with the decisions regarding the CIRS home furnishings and necessary household items. All furnishings remain in the CIRS home when any participant moves out.

H. Security Deposits

CIRS participants are responsible for the security deposits for home and utilities. However, if they do not have the funds to cover such expenses, the provider should notify DDSN.

I. Third Party Assistance

DDSN contracts with The Arc of South Carolina to assist any participant with the lease agreement process. If a landlord or leasing agent does not feel comfortable with only the participant being involved (and the provider does not have a relationship with the landlord/leasing agent), the provider will contact The Arc to initiate the process. The Arc will advocate for the participant by educating the landlord/leasing agent, assisting the participant with signing the actual lease, and by signing off on the lease support agreement (see Attachment # 2) with the participant and staying involved in the process until they are no longer needed.

If the participant is moving into or living in a home owned by the Residential Provider then the ARC of South Carolina should be brought in to assist and advocate for the participant when constructing and signing the lease agreement.

J. Representative Payee

It is desired for all participants to be their own representative payee; however, there are circumstances for which this is not in the best interest of the participant. Therefore, each person should be assessed to determine if this would prohibit the person from participating in CIRS. The provider will make a request to Social Security Administration three (3) months ahead of move date for this change in payee if not

already in place. Of course, this can be done later in the program, not to exceed six (6) months post transition, if it becomes too burdensome to do while transitioning to the CIRS.

K. Bridge Account

DDSN will set up a CIRS Bridge Account to be used to pay for room and board for up to 90 days when an individual leaves the program so as not to burden the remaining two individuals in the home. The bridge account can also be used to pay for room and board when the consumer's SSI representative payee is being changed from the provider to the consumer. The provider will notify The Arc of South Carolina when this occurs and the Arc will handle the payment to the landlord/leasing company.

L. Vacancies

DDSN will extend the 30 day timeframe for filling vacancies created by this program as long as the residential provider is making a conscientious effort to fill the vacancy. Every effort should be made to fill the vacancy with individuals from ICF's or other funded placements. If it becomes apparent that there are no suitable candidates from ICFs or if DDSN receives new funding for development, DDSN will explore other possibilities including placement from the Critical Needs list.

M. See Attachment #3 for the final budget.

V. LICENSING CIRS HOMES

The licensing process and criteria are different for CIRS than for CTH and SLP programs. See Attachment #4 for CIRS licensing criteria and standards.

Attachments:

Attachment 1: Fidelity Check Summary

Attachment 2: Lease Support Agreement

Attachment 3: CIRS Rates

Attachment 4: CIRS Residential Licensing Standards

## Fidelity Check Summary

Names of participants: \_\_\_\_\_

Provider Agency: \_\_\_\_\_

Observer Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Physical Environment

	YES	NO
Home is free from staff office or work area including file cabinets, bulletin boards, postings, etc.		
House and rooms are personalized	<input type="checkbox"/>	<input type="checkbox"/>
Medication is secure as per individual need	<input type="checkbox"/>	<input type="checkbox"/>
Participants have free access to all items in home unless specified in plan	<input type="checkbox"/>	<input type="checkbox"/>
Environmental resources are available and utilized as noted in plan	<input type="checkbox"/>	<input type="checkbox"/>
Did participants answer the door and/or phone?	<input type="checkbox"/>	<input type="checkbox"/>
Bedrooms meet minimum licensing requirements	<input type="checkbox"/>	<input type="checkbox"/>
Room is odor free	<input type="checkbox"/>	<input type="checkbox"/>
Linens are clean	<input type="checkbox"/>	<input type="checkbox"/>
Room is free of trash and food items	<input type="checkbox"/>	<input type="checkbox"/>
Egress is unobstructed (windows and doors)	<input type="checkbox"/>	<input type="checkbox"/>

### Participant Interviews

Who has the keys to your house?: \_\_\_\_\_

What makes this house different than your previous house?: \_\_\_\_\_

Who makes the daily decisions in the house? (i.e., what/when to eat meals, daily routine, laundry, cleaning, recreation activities, leisure time): \_\_\_\_\_

Are your decisions respected by your support providers?  Yes  No

### Staff Observations/Teaching Skills and Interactions

Describe level of engagement and teaching interactions during visit (see attached data sheet)

Are teaching interactions reflective on ongoing needs?  Yes  No

Comments

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### Level of Supports

Are level of supports appropriate and adequate?  Yes  No

Comments

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Observer scores:

P = Positive Interactions

N = Negative Interactions, Inappropriate interactions that are disrespectful, irritated, or unprofessional. These may require immediate, post-observation feedback

S = Social interactions during each interval

T = Teaching Skills based on the person's need and environmental situation.

Observer scores only once that an interaction type was observed the frequency of these interaction is not captured with this procedure. These data can provide insights into the level of engagement and the distribution across the interaction styles. The distribution of interactions should strongly favor the positive , yet acknowledging that he negative type is at times necessary (e.g., corrective feedback).

Interval	Positive	Negative	Social	Teaching
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Summary:

% Intervals Scored (P) = \_\_\_\_/15 x 100 = \_\_\_\_

% Intervals Scored (N) = \_\_\_\_/15 x 100 = \_\_\_\_

% Intervals Scored (S) = \_\_\_\_/15 x 100 = \_\_\_\_

% Intervals Scored (T) = \_\_\_\_/15 x 100 = \_\_\_\_

## Lease Support Agreement

The CIRS Project was created to promote personal development and independence in people with disabilities by creating a customized transition from 24-hour supervised living to a semi-independent living arrangement. The CIRS Project emphasizes access to all community resources including housing options. A key component to the CIRS Project is for participants to be responsible for all aspects of community living. This includes selecting support providers, house mates, and housing. A Lease Support Agreement connects participants with landlords and provides an extra level of support which might be needed to facilitate a positive landlord/tenant relationship.

This Lease Support Agreement is between the Landlord and the Arc of South Carolina. CIRS Project staff are authorized to act on behalf of the tenants. The Arc of South Carolina and CIRS Project staff will assist with the rental application process and ensure appropriate procedures are in place to facilitate monthly rent payments.

CIRS Project staff will monitor the upkeep of the property and ensure the Landlord is notified of any maintenance or repair issues in a timely manner. Landlord will notify tenant of any necessary repairs.

CIRS staff will have daily contact with the occupants. These meetings are supportive services that will insure the tenants have the necessary support to assist them in handling any challenges with their living arrangements.

If tenant fails to cure any financial or other obligation after written notice to the tenant and CIRS Project staff, ARC will be contacted in writing and will facilitate obligations are met by the tenant.

The Arc of South Carolina will assist tenants in the event the landlord fails to comply with all applicable laws providing equal housing opportunities.

### Community Supports

The Arc of South Carolina  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email : \_\_\_\_\_

### Provider Agency

Agency: \_\_\_\_\_  
Name : \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Signatures:

\_\_\_\_\_  
Landlord

Date: \_\_\_\_\_

\_\_\_\_\_  
The Arc of South Carolina

Date: \_\_\_\_\_

\_\_\_\_\_  
Provider Agency

Date: \_\_\_\_\_

**RESIDENTIAL INITIATIVE - CIRS PROJECT - RATES EFFECTIVE JULY 1, 2016**

<b>BAND L</b>	<b>Phase 1</b>	<b>Phase 2</b>
<b>Salaries</b>		
Skills Training	63,289	39,556
Substitutes @ 10%	6,329	3,956
Program Assurance	10,249	8,541
<b>Total Salaries</b>	<b>79,867</b>	<b>52,052</b>
Employer Contributions	24,120	15,720
<b>Total Personnel</b>	<b>103,987</b>	<b>67,772</b>
<b>Other Operating</b>		
Clinical	8,640	7,200
Environmental Modifications	3,000	3,000
Medical Supplies	3,900	3,900
Transportation	8,100	8,100
Adaptive Equipment and Maintenance	1,800	1,800
<b>Total Other Operating</b>	<b>25,440</b>	<b>24,000</b>
<b>Total Personnel and Other Operating</b>	<b>129,427</b>	<b>91,772</b>
Admin allocation	10,667	7,760
<b>Annual Cost per 3 Person CIRS</b>	<b>140,094</b>	<b>99,532</b>
<b>Cost per Person</b>	<b>46,698</b>	<b>33,177</b>

<b>BAND K</b>	<b>Phase 1</b>	<b>Phase 2</b>	<b>Phase 3</b>
<b>Salaries</b>			
Skills Training	39,556	28,254	16,952
Substitutes @ 10%	3,956	2,825	1,695
Program Assurance	8,541	6,833	6,833
<b>Total Salaries</b>	<b>52,052</b>	<b>37,912</b>	<b>25,480</b>
Employer Contributions	15,720	11,449	7,695
<b>Total Personnel</b>	<b>67,772</b>	<b>49,362</b>	<b>33,176</b>
<b>Other Operating</b>			
Clinical	7,200	5,760	5,760
Environmental Modifications	1,000	1,000	
Medical Supplies	3,900	3,900	3,500
Transportation	8,100	8,100	8,100
Adaptive Equipment and Maintenance	1,800	1,800	1,800
<b>Total Other Operating</b>	<b>22,000</b>	<b>20,560</b>	<b>19,160</b>
<b>Total Personnel and Other Operating</b>	<b>89,772</b>	<b>69,922</b>	<b>52,336</b>
Admin allocation	6,939	5,078	4,187
<b>Annual Cost per 3 Person CIRS</b>	<b>96,711</b>	<b>75,000</b>	<b>56,522</b>
<b>Cost per Person</b>	<b>32,237</b>	<b>25,000</b>	<b>18,841</b>

**Assumptions: Current Services = H Band**

		<b>Phase 1</b>	<b>Phase 2</b>
Skills Training (weekly hours) - Direct Care	\$ 10.87	112	70
Program Assurance(weekly hours) - Coordinator	\$ 16.43	12	10
Clinical (monthly hours ) - Psych, BSP, Nursing	\$ 60.00	12	10
Administrative Percentage		Based on provider average costs	
Adaptive Equipment and Supplies		Average monthly monitoring fee \$150	
Transportation		Based on provider average costs - \$2,700 per person	
Medical Supplies		Includes medication, copays and medical supplies	

**Assumptions: Current Services=G Band**

		<b>Phase 1</b>	<b>Phase 2</b>	<b>Year 3</b>
Skills Training (weekly hours) - Direct Care	\$ 10.87	70	50	30
Program Assurance(weekly hours) - Coordinator	\$ 16.43	10	8	8
Clinical (monthly hours ) - Psych, BSP, Nursing	\$ 60.00	10	8	8
Administrative Percentage		Based on provider average costs		
Adaptive Equipment and Supplies		Average monthly monitoring fee \$150		
Transportation		Based on provider average costs = \$2,700 per person		
Medical Supplies		Includes medication, copays, and medical supplies		

- 1 - \$2,000 start-up funding for furnishings will be provided for each individual participating in the program.
- 2 - 40 hours staff training at \$10.11/hour plus employer share of FICA will be provided for each direct support professional participating in the training for the project.
- 3 - DDSN will set up a CIRS Bridge Account to be used to pay for room and board for up to 90 days when an individual leaves the program so as not to burden the remaining two individuals in the home.
- 4 - DDSN will extend the 30 day timeframe for filling vacancies created by this program as long as the residential provider is making a conscientious effort to fill the vacancy.
- 5 - The above budget is based on \$10.87/hr. for direct support staff. Providers can opt to pay direct support staff \$10.11/hr and award a bonus upon completion of certification, fidelity check, and recertification.