



Social Enterprises
Knowledgeable Economies
and Sustainable Communities

A New Vision for Saskatchewan

Changing Lives and Systems through Individualized Funding
for People with Intellectual Disabilities

Karen Lynch
Isobel M. Findlay

**A research report prepared for the Northern Ontario, Manitoba,
and Saskatchewan Regional Node of the Social Economy Suite**

Funded by the Social Sciences and Humanities Research Council of Canada
Conseil de recherches en sciences humaines du Canada



Entreprises sociales
économies intelligentes
et communautés durables

This paper is part of a collection of research reports prepared for the project
Linking, Learning, Leveraging:
Social Enterprises, Knowledgeable Economies, and Sustainable Communities,
the Northern Ontario, Manitoba, and Saskatchewan Regional Node
of the Social Economy Suite,
funded by the Social Sciences and Humanities Research Council of Canada.

The project is managed by four regional partners — the Centre for the Study
of Co-operatives and the Community-University Institute for Social Research
at the University of Saskatchewan, the Winnipeg Inner-City Research Alliance,
and the Community Economic and Social Development Unit
at Algoma University College.

The project also includes more than fifty community-based organizations
in four provinces, the United States, Colombia, and Belgium.

This particular research report is the result of a partnership between
the Community-University Institute for Social Research (CUISR)
and the Centre for the Study of Co-operatives.

CUISR gratefully acknowledges support from the Social Sciences
and Humanities Research Council of Canada through their
Community University Research Alliance program. CUISR also acknowledges
the support of other funding partners — the University of Saskatchewan,
the City of Saskatoon, Saskatoon Health Region, Quint Development Corporation,
and the *StarPhoenix*, as well as other community partners.
The views expressed in this report, however, are solely those of the authors.

Further acknowledgements are on the copyright page.

A New Vision for Saskatchewan

Changing Lives and Systems through Individualized Funding for People with Intellectual Disabilities

A Research Report

Karen Lynch and Isobel M. Findlay



Copyright © 2007 Karen Lynch and Isobel M. Findlay
Community-University Institute for Social Research
University of Saskatchewan

All rights reserved. No part of this publication may be reproduced in any form or by any means without the prior written permission of the publisher. In the case of photocopying or other forms of reprographic reproduction, please consult Access Copyright, the Canadian Copyright Licensing Agency, at 1-800-893-5777.

Printed in Canada by Printing Services, University of Saskatchewan

CUIR acknowledges the following for their contributions to this publication:

Judy Hannah and Dionne Miazdyck-Shield of Saskatchewan Association for
Community Living (SACL)

Robb Watts and Dennis Chubb of Intersect Solutions

Lou Hammond Ketilson, Director, Centre for the Study of Co-operatives;
Principal Investigator, Linking, Learning, Leveraging: Social Enterprises,
Knowledgeable Economies, and Sustainable Communities, funded by the
Social Sciences and Humanities Research Council of Canada (SSHRC)

Isobel Findlay, Academic Co-Director, CED Module, CUIR

Len Usiskin, Community Co-Director, CED Module, CUIR

Maria Basualdo, Community Research Liaison, CUIR

Louise Clarke and Bill Holden, Co-Directors, CUIR

Community-University Institute for Social Research
432-221 Cumberland Avenue
Saskatoon, SK S7N 1M3
phone (306) 966-2121
fax (306) 966-2122
e-mail cuisr.oncampus@usask.ca
www.usask.ca/cuisr

Centre for the Study of Co-operatives
101 Diefenbaker Place
University of Saskatchewan
Saskatoon, SK S7N 5B8
phone (306) 966-8509
fax (306) 966-8517
e-mail coop.studies@usask.ca
www.usaskstudies.coop

TABLE OF CONTENTS

Executive Summary	xi
Plain Language Summary	xviii
1.0: Overview of Report	1
1.1 Introduction	1
1.2 Purpose	3
1.3 Scope and Method	3
1.4 Organization	3
2.0. Saskatchewan Setting	5
2.1 Introduction	5
2.2 Government of Saskatchewan Disability-related Programming	5
2.2.1 Government Programs for Individuals with a Disability	5
2.2.2 Government Programs for Agencies Providing Services to Individuals with Disabilities	7
2.3 Variations on IF/IFS Models	7
2.3.1 Self-Managed Projects	7
2.3.2 Regional Health Authority (RHA) Home Care Program	8
2.4 Conclusions	8
3.0 Individualized Funding	9
3.1 Introduction	9
3.2 History of Individualized Funding	10
3.3 Principles of Individualized Funding	10
3.4 Characteristics of Individualized Funding	11
3.5 Consumers and the Market Approach in Individualized Funding	14
3.6 Conclusions	15
4.0 Role of Support Networks in IF/IFS Models	16
4.1 Introduction	16
4.2 Supported Decision-making Processes	16
4.3 Roles of Independent Planners/Service Brokers	17

4.4 Support Networks and Government Policy	19
4.5 Barriers to Creating Support Networks	19
4.6 Conclusions	20
5.0 Individualized Funding Models	21
5.1 Introduction	21
5.2 United Kingdom	21
5.2.1 What are Direct Payments?	22
5.2.2 Who is Eligible for Direct Payments?	23
5.2.3 What are Direct Payment Rates?	23
5.2.4 UK Programming Issues	24
5.2.5 Lessons Learned from the United Kingdom	26
5.3 United States	26
5.3.1 California	27
5.3.1.2 Individual Program Plan	28
5.3.1.3 Supported Living Services	29
5.3.1.4 Financial Aspects of Individual Program Plans	29
5.3.1.5 Lessons Learned from California	31
5.3.2 Wyoming	31
5.3.2.1 Wyoming Programming Initiatives	32
5.3.2.2 Lessons Learned from Wyoming	32
5.3.3 Dane County, Wisconsin	33
5.3.3.1 Programming in Dane County	33
5.3.3.2 Financial Aspects of Self-Directed Services (SDS)	34
5.3.3.3 Lessons Learned from Dane County	36
5.3.4 New Hampshire	36
5.3.4.1 The Monadnock Self-Determination Project	37
5.3.4.2 Outcomes from the Monadnock Self-Determination Project	38
5.3.4.3 Lessons Learned from New Hampshire	39
5.3.5 Conclusions from the United States	39

5.4 Programming in Canada	41
5.4.1 British Columbia	42
5.4.1.1 Community Living British Columbia	42
5.4.1.2 Lessons Learned from British Columbia	43
5.4.2 Alberta	44
5.4.2.1 Scope of the Persons with Developmental Disabilities Program	44
5.4.2.2 Lessons Learned from Alberta	46
5.4.3 Manitoba	46
5.4.3.1 History of Individualized Funding in Manitoba	46
5.4.3.2 In the Company of Friends	47
5.4.3.3 Lessons Learned from Manitoba	48
5.4.4 New Brunswick	48
5.4.5 Summary of Canadian Programs	49
5.5 Programming in Australia	49
5.5.1 Victoria	50
5.5.1.1 Lessons Learned from Victoria	50
5.5.2 Western Australia	50
5.5.2.1 History of LACs in Western Australia	52
5.5.2.2 Funding Options Offered by LACs in Western Australia	52
5.5.2.3 Evaluation of LAC Programming in Western Australia	53
5.5.2.4 Lessons Learned from Western Australia	53
5.5.3 Summary of Australian Programs	54
5.6 Conclusions	54
6.0 A “New” Funding Approach for Saskatchewan	55
6.1 Introduction	55
6.2 Proposed Approach	56
6.2.1 Principles of an Alternative Funding Model	58

6.3 Programming Components	59
6.4 Delivery Options	61
6.5 Outcomes	61
6.6 Implications of Adopting an Alternative Funding Model	62
6.7 Conclusions	64
7.0 Conclusion	65
7.1 Summary	65
7.2 Key Findings	65
7.3 Recommendations for Individual Funding in Saskatchewan	67
7.4 Areas for Further Study	68
7.5 Next Steps	68
8.0 References	69
Appendix A	77
Appendix B	80
Appendix C	86

LIST OF TABLES

Table 1: Geographic distribution of the jurisdictions covered in this report	xii
Table 2: Characteristics of Funding Models Reviewed	xiv
Table 3.1: Typical Funding Streams for Disability Supports	14
Table 4.1: Responsibilities for members of a support network	17
Table 4.2: Roles of the service broker	18
Table 5.1: Dane County’s Self-Directed Services Model	35
Table 5.2: Summary of Individual Outcomes from the Monadnock Self- Determination Project	40
Table 5.3: Supports Funded under the CLBC Individual Support Plan	43
Table 5.4: The Scope of PDD Program Funding	45
Table 5.5: Definitions of Untied and Tied Funding for the LACs in Western Australia	52
Table 6.1: Potential Expenditures for Individual Funding Plans	60
Table 6.2: Financial Management of Individual Funding by Government	60
Table 7.1: Selected Pros and Cons Related to Individual Funding	66

LIST OF FIGURES

Figure 3.1: Individualized Funding Model	12
Figure 3.2: Individually Funded Services Model	13
Figure 5.1: Recipients of Direct Payments in England, 2005–06	24
Figure 5.2: The Choice & Support Process	51

Executive Summary

1. Introduction

The purpose of this report is to highlight and analyze the existing models of individualized funding (IF) and individually funded services (IFS). IF/IFS models are examples of disability supports designed to help people with disabilities overcome societal and individual barriers or limitations so that they are able to carry out their daily activities and fulfill their daily needs. The IF/IFS models from other jurisdictions discussed in this report vary in the length of their implementation and in the number of users each program serves. Overall, the purpose of IF/IFS models is to bring to the table an alternative way of distributing monies to people with disabilities to meet their disability-related needs. Individualized funding has four principles:

Individualized funding is a term describing a process in which an individual identifies his or her needs and presents an outline of the needs including how the needs can be met in the community (a plan) to a funding body (typically government-related).

- 1) Individuals can use informal and formal support networks to develop their plans.
- 2) Funding allows individuals to purchase supports and services.
- 3) Individuals must have control over the funds.
- 4) Funding must be portable within jurisdictions.

2. Methodology

In order to obtain relevant materials on IF/IFS models, various literature searches were conducted via governmental and academic databases. In addition, a scan of internet sources was conducted to gather information from the various community-based or non-governmental organizations who are involved in lobbying local and regional policymakers for the adoption of alternative funding models. All searches were limited to English-based language materials.

3. Summary of Activities

Eleven locations were identified as jurisdictions that have adopted (or are in the process of adopting) some sort of IF/IFS models (Table 1). In the case of some jurisdictions (e.g., New Brunswick), IF/IFS models are currently being adopted and the models' scope and intent may be altered in the near future.

Table 1: Geographic Distribution of the Jurisdictions Covered in This Report

Canada	United States of America	Australia	United Kingdom
British Columbia	California	Victoria	England
Alberta	Wyoming	Western Australia	
Manitoba	Dane County Wisconsin		
New Brunswick	New Hampshire		

The IF/IFS models reviewed in this report were assessed on the best practices/qualities of existing models identified by researchers in the field of disability studies.

4. Key Findings

- Broadly speaking, the principles of individual funding models reflect the social model of disability—that is, individuals have the right to make decisions regarding their life, they have the right to participate fully in society, and hence they have the right to full citizenship.
- Individual funding allows individuals to take an active role in determining how they can reach their short-term and long-term goals.
- In order to facilitate a plan in which individuals with intellectual disabilities outline the services and supports they want to purchase, individuals can be aided by a support network and/or an independent planner (support broker) charged with aiding the individuals to secure the supports and services.
- The people who make up a support network and/or the independent planner (support broker) should accompany the individuals and be active participant(s) when the individuals negotiate the terms of their plan with government officials.
- There are many variations on individual funding models throughout the world (Table 2.0, overleaf). The impetus for the introduction of individual funding models from various jurisdictions has been pressure on government via grassroots movements (e.g. British Columbia, California); adoption of the social model of disability in policy (United Kingdom, Manitoba, Dane County, WI); and court cases (Wyoming, California).
- Best practices associated with individual funding models include:
 - o Active roles that individuals with an intellectual disability can assume to plan and select the supports and services that best suit their situation
 - o Supported-Decision Making opportunities in place in various pieces of legislation, reflecting that decisions are typically made through consultation with others

- o Funding tied to the individual rather than the service provider that the individual chooses to use
- o Funding for services and supports covering all the major components that contribute to an individual's quality of life—health, employment, social relationships, education, transportation, and housing
- o Funding portable within a jurisdiction in order to maximize access to services and supports for the individual
- o The individual remaining eligible for generic services and income supports.
- Individual funding initiatives often undergo periodic changes. The department charged with handling the programming has to remain flexible and be willing to invest in program evaluations and to ensure service providers have adequate funding to adapt their existing services to meet the needs of their clients.

5. Brief Summary of Outcomes of Consumer-Driven Services and Supports

IF/IFS models can be evaluated through the analysis of outcomes. Outcomes are meant to be objective criteria on the basis of which an individualized plan can be monitored and/or measured so that the program users and funders remain accountable for their decisions. Outcomes that can be monitored include such measures as obtaining employment, meeting personal goals as outlined in a person-centred approach to planning the organization of funds, personal satisfaction with quality of life, and satisfaction with services.

5.1 Support Networks

At the centre of IF/IFS models is the understanding that the person receiving services (a) knows what he/she needs to have a good quality of life and (b) has the right to direct his/her selection of goods and services and to express choice, or preferences. Within IF/IFS models, the individual is placed at the centre of the decision-making process and is aided by a support network made up of individuals who act as aides or advisors in decision-making. Often the support network is made up of family members and close associates. However, if the individual does not have family members who are willing to engage in this process, other people can act as aides and advisors in lieu of relatives. Central to the supported decision-making process is the view that every person has the right to self-determination. The process—centred on the person making the decision with others acting to support the decisions—is meant to enable decision-making processes and further independence within a wider community.

Table 2: Characteristics of Funding Models Reviewed

	United	United States of America					Canada			Australia	
		California	Wyoming	Dane County Wisconsin	New Hampshire	British Columbia	Alberta	Manitoba	Victoria	Western Australia	
IF available to qualified residents	X	X	X	X	X	X	X	X	X	X	
Creation of an Individual Plan (IP)	Informal	Formalized	Informal	Formalized	Formalized	Informal	Informal	Formalized	Informal	Informal	
Use of support network	Informal	Informal	Informal	Formal	Informal	Formal	Informal	Formal	Formal	Informal	
Involvement of an agent* in the (IP)	Consultant and final approval	Consultant and final approval	Final approval	Final approval	Consultant and final approval	Consultant and final approval	Consultant and final approval	Consultant and final approval	Consultant and final approval	Consultant and final approval	
Role of Support Broker		Optional		Required	Required	Optional		Required			
Funding Levels	Negotiated and based on fee schedule	Negotiated and based on fee schedule	Statistical Modelling combined with a fee schedule	Negotiated and based on fee schedule	Negotiated and based on fee schedule	Negotiated and based on fee schedule	Negotiated and based on fee schedule	Negotiated and based on fee schedule	Negotiated and based on fee schedule	Negotiated and based on fee schedule	
Method(s) of Payment of Funds	Direct to the Individual	Direct to the Individual or to a Fiscal Intermediary	Direct to service provider	Direct to the Individual or to a Fiscal Intermediary	Direct to the Individual or to a Fiscal Intermediary	Direct to Fiscal Intermediary	Direct to the Individual or to a Fiscal Intermediary	Direct to the Individual	Direct To Fiscal Intermediary or Direct To service provider	Direct to the Individual or Direct To service provider	
Funding Portability	Within the jurisdiction	Within the jurisdiction	Within the jurisdiction	Within the jurisdiction	Within the jurisdiction	Within the jurisdiction	Only within the service area	Within the jurisdiction	Within the jurisdiction	Within the jurisdiction	

Key: Formal = required component

Informal = not a required component * Agent = either a government employee or service provider employee

NB: New Brunswick is not included in this table as its programming initiative is in the trial stage

6. Recommendations for Individual Funding in Saskatchewan

In order to move the individual funding agenda forward in Saskatchewan, it is recommended that the following steps be taken:

- 1) A broad range of governmental departments (e.g., Community Resources, Health, Education) gather at a table with self-advocates, service providers, and advocates (hereafter the roundtable) to establish:
 - a. Principles of individual funding in Saskatchewan
 - b. Program eligibility criteria
 - c. The scope of program components such as what services and supports are eligible (and not eligible) for funding under this new model
 - d. Regulations concerning the release of public funds to or on behalf of an individual
 - e. Evaluation of program outcomes.
- 2) Demonstration projects be carried out in various locations within the province. It is especially important to offer the new programming initiative in a variety of settings (i.e., large urban centre, small urban centre, rural, and remote settings) in order to assess the program viability across the province.
- 3) The roundtable adopt two models of individual funding:
 - a. *Individualized funding* – This model allows individuals with the aid of their support network to develop a plan, hire staff directly, and manage the financial aspects of the individual plan. The use of an independent planner/broker or a fiscal intermediary is optional.
 - b. *Individually Funded Services* – In this model, an independent planner is contracted by the individual to carry out the development of the individual's plan in consultation with the family. In addition to the development of the individual's plan, the planner is responsible to hire and monitor the quality of services and supports purchased. The funding may flow directly to the agency contracted to carry out the plan, although it remains portable and is attached to and in reference to the individual, not the agency. The funding could also flow through a fiscal intermediary. A support network may aid the individual.

Regardless of the model individuals select, they remain eligible for basic income support and generic programs.
- 4) The funding be attached to the individual. If the individual chooses to switch service providers, the funds move with the individual to a new service provider.
- 5) Funding be portable within the province to allow individuals the freedom to move

to take advantage of opportunities that are not available within their home community.

- 6) A one-time payment be given to the individuals (or to their fiscal intermediary) to be used in case of emergency.
- 7) A yearly evaluation be undertaken of the individual plan and expenditures. Re-assessment of funding needs should be made to ensure that the level of funding reflects the actual costs of services and supports.

7. Areas for Further Study

First, study of individual funding models from other jurisdictions should continue. Models tend to change and it is beneficial to learn what works (and not) from other jurisdictions. Second, if individual funding programming moves forward in Saskatchewan, program evaluation(s) should be undertaken. These evaluations should inform best practices in Saskatchewan.

8. Next Steps

This is an exciting time in Saskatchewan as there is interest in developing and piloting individual funding projects. The Saskatchewan Association for Community Living has hosted roundtables and developed a business plan for individualized funding and individually funded services in Saskatchewan. Individuals with intellectual disabilities and their families have come forward and expressed interest in participating in a demonstration project. The Community-University Institute for Social Research has committed to undertaking an evaluation of the demonstration project. What is needed is to take advantage of this momentum so that individuals with intellectual disabilities can gain control over and have choice in the services and supports that they access in their communities. Our communities and our province will benefit once all our citizens can become fully participating citizens within our society.

Plain Language Summary

1.0 Purpose of This Report

This report is about individualized funding (IF) and individually funded services (IFS). Both IF and IFS help people with intellectual disabilities to choose and purchase the supports and services that they need to live the life they want to live. IF and IFS is all about what people want in their lives. This report tells you about the different types of IF and IFS programming available in different places around the world.

2.0 Topics found in This Report

To get the materials for this report, we searched articles, reports, and websites about IF and IFS programming from English-speaking countries. We looked at four topics for this report:

- 1) What is IF and IFS? How do IF and IFS programs work?
- 2) What roles do support networks play in IF and IFS programs?
- 3) What kind of IF and IFS programming is found in different provinces and countries?
- 4) What type of IF and IFS programming would we recommend for Saskatchewan?

3.0 Summary of Activities

What is IF and IFS?

IF and IFS are ways that public (government) monies (funds) are given to individuals with intellectual disabilities to fulfill the individuals' unmet needs and to allow them to reach their goals. In order to get public funds, individuals must come up with a plan. An individual plan includes personal goals as well as how they aim to fulfill their goals. For example, if you want to find a part-time job and need skills training, your goal could include going to school to get the skills needed to get a part-time job. Both IF and IFS programs help you reach goals.

Usually an IF program includes:

- An individual who wants an IF plan and is willing to do the work to have a plan.
- The individual has a support network of trusted family and friends who act as advisors.
- The individual with his or her support network comes up with a plan that deals with personal goals and unmet needs.

- The plan is presented to government officials who look at and ask questions about the plan. Some typical questions are: what are your goals, how will you reach your goals, what services and supports do you need to reach your goals, what services and supports are available in your community?
- Government officials review your plan and decide how much funding you will receive.
- Once the individual receives funding (money from the government), it is up to the individual to keep track of how and where the funds are spent. The individual may wish (a) to hire a person whose job it is to look after paying bills (a fiscal intermediary) or (b) to pick a person from the support network to help with the accounting. In an IF program, it is the individual's job to keep track of how the funds are spent. At the end of the year, the government requires the individual to tell them how the funds were spent.
- With the support network, the individual hires needed service and support staff.
- It is a good idea for the individual to meet with his or her support network often to discuss what is new, what is working, and what is not working.
- At the end of each year, the individual and support network meet with government officials to review the plan, and to plan for next year.

An IFS program is different from an IF program. Usually an IFS program includes:

- The individual hires an “independent planner”. The planner's jobs include:
 - o Finding out about the individual's goals and unmet needs
 - o Creating a plan so that the individual can achieve the goals
 - o Taking the plan to government officials and negotiating the agreement
 - o Hiring service and support providers
 - o Monitoring the quality of service provision
 - o Compiling reports
 - o Completing (if needed) financial duties
- The individual may have a formal support network that offers advice
- A fiscal intermediary may be hired to look after financial (money) issues
- At the end of the year, the individual and independent planner meet with government officials to discuss the plan and the upcoming year.
- The individual may still want a support network (of family and friends) to advise them

In both IF and IFS programs, the plan is based upon individual goals and unmet needs. Individuals have the choice to decide what is best for them.

Role of Support Networks in IF and IFS Programs

All of us depend on advice to make decisions. We talk to our family and friends, to a counsellor or teacher. When making important decisions, we ask and think about different options. In IF/IFS programs, support networks work in the same way. They offer opinions and advice, but do not tell you what to do. You can listen to the advice and think about how best to reach your goals and meet unmet needs. In some provinces and states (for example, Manitoba and Wisconsin), the individual must have a support network that meets regularly.

IF and IFS Programs in Other Places

Here is a summary of programming from places reviewed in the report.

United Kingdom

Name of Program	Direct Payments
Program Eligibility	Open to qualified people (based on an assessment) – no age restrictions
Expenses allowed	Personal Care Aide(s), Short-term stays in residential care homes, Day services
Who looks after the money?	The individual
Why is the program good?	Is available to all ages, and is available throughout the entire country
What needs to be improved?	The program does not use support networks or person-centred planning approaches.

United States

We looked at four different places in the United States: California, Wyoming, Dane County in Wisconsin, and New Hampshire. Here is a summary of Dane County programming.

Name of Program	Self-Directed Services
Program Eligibility	Open to qualified people (based on an assessment)
Expenses allowed	Hiring a support broker (an independent planner), Supported living programs, day support programs, Personal Care Aide(s),
Who looks after the money?	The county
Why is the program good?	Funding is based on the individual's unmet needs; the individual gets to participate in the planning process
What needs to be improved?	The program has age restrictions (not open to children or the aged).

Canada

We looked at programs in British Columbia, Alberta, Saskatchewan, Manitoba, and New Brunswick. Here is a summary of the program in New Brunswick.

Name of Program	Disability Support Program
Program Eligibility	Open to qualified people (based on an assessment) – in certain geographical areas of the province.
Expenses allowed	Home support workers, respite, personal supports, assistance in and outside the home, supports for community participation, personal living skills training, transportation, technical and assistive devices
Who looks after the money?	The government transfers money to the service provider(s) hired by the individual.
Why is the program good?	First IF-like program in New Brunswick; upholds the principles of community inclusion and self determination
What needs to be improved?	The program is in its pilot stage – outcomes are yet to be determined, and unavailable to all eligible in the province.

Australia

We looked at the IF-like programs offered by the State of Victoria and the Territory of Western Australia. Western Australia's program is summarized below.

Name of Program	Local Area Coordination (LAC)
Program Eligibility	Open to qualified people (based on assessment)– up to age of 60.
Expenses allowed	Personal Care Aide(s), day services, equipment. The LAC agent acts as a “support broker” for qualified individuals.
Who looks after the money?	There are three types of funding: untied, tied, and flexible family support funding.
Why is the program good?	It has been operating for a long time, is available throughout the Territory, and uses support networks or person-centred planning.
What needs to be improved?	Inconsistent quality from LACs across the Territory; rural LACs suffer from high turnover rates, lack of coherent appeals process.

Recommendations for IF and IFS programming for Saskatchewan

In order to move the individual funding agenda forward in Saskatchewan, it is recommended that the following steps be taken:

- 1) A range of government departments (e.g., Community Resources, Health, Education) meet with self-advocates, service providers, and advocates in order to establish:
 - a. Principles of individual funding in Saskatchewan
 - b. Program eligibility criteria
 - c. The type of program components such as what services and supports are eligible (and not eligible) for funding under this new model
 - d. Regulations concerning the release of public funds to or on behalf of an individual
 - e. Evaluation of program outcomes.
- 2) Demonstration projects be carried out in various locations within the province.
- 3) There should be two models of individual funding available:
 - a. *Individualized funding* – This model allows individuals with the aid of their support network to develop a plan, hire staff directly, and manage the financial aspects of the individual plan. The use of an independent planner/broker or a fiscal intermediary is optional.
 - b. *Individually Funded Services* – In this model, the individual contracts an independent planner to carry out the individual's plan in consultation with the family. The planner is also responsible to hire and monitor the quality of

services and supports purchased. The funding may flow directly to the agency contracted to carry out the plan, although it remains portable and is attached to and in reference to the individual, not the agency. The funding could also flow through a fiscal intermediary. A support network may aid the individual.

Regardless of the model individuals select, they remain eligible for basic income support and generic programs.

- 4) The funding go towards the individual's goals and unmet needs. If the individual chooses to switch service providers, the funds move with the individual to a new service provider.
- 5) Funding be portable within the province. "Portable" means if you move from Humboldt to North Battleford your funding moves with you to the new community. This will allow individuals the freedom to move to take advantage of opportunities that are not available within their home community.
- 6) A one-time payment be given to the individuals (or to their fiscal intermediary) to be used in case of emergency.
- 7) A yearly evaluation be undertaken of the individual plan and expenditures. Reassessment of funding be made to ensure that the level of funding reflects the actual costs of services and supports.

4.0 Conclusion

Both IF and IFS type programs offer individuals and their families more control and say in what type of services and supports are assessed. This choice is what we expect to have. Having an intellectual disability should not limit the amount of choices one has in one's life. If the Government of Saskatchewan adopts IF and IFS programming, it will mark an exciting time—a time of opportunity and choice.

1.0: Overview of Report

1.1 Introduction

Individualized funding is a term describing a process in which an individual identifies his or her needs and presents an outline of the needs including how the needs can be met in the community (a plan) to a funding body (typically government-related). Once the terms of the plan have been negotiated, public funds are released so that the individual can purchase the services outlined in the plan. Individualized funding has four principles:

- 1) Individuals can use informal and formal support networks to develop their plans.
- 2) Funding allows individuals to purchase supports and services.
- 3) Individuals must have control over the funds.
- 4) Funding must be portable within jurisdictions.

Individualized funding models are based on the principles of self-determination and community inclusion (CLTSC, 2002.). Self-determination is defined in many different ways. Even though definitions may vary, they share a number of themes or principles:

- Individuals with intellectual disabilities are able to make informed decisions and choices.
- Individuals with intellectual disabilities are able to take control of their lives.
- Individuals with intellectual disabilities can make decisions about the management of funds.
- Individuals with intellectual disabilities are able to negotiate with funders and service providers.
- Individuals with intellectual disabilities are consumers of services and, as such, they have rights and responsibilities.

Governments or service providers cannot deliver self-determination: self-determination is a birthright removed by governments (and societies) and by a medical model of disability imposed upon those with disabilities (Dowson & Salisbury, 2002; Lord, Zupho, & Hutchison, 2000).

In the medical model of disability, the individual is associated with deficiency and thus understood as requiring agency-controlled services and/or separation from society. Such presumptions draw upon outdated views of society. As Miazdyck-Shield (2006), writes:

Since the 1970s another movement began based on a social model of disability, which defines impairment as something not inherent or located within the person, but a barrier imposed on the person by society. (5)

Thus, the social model of disability understands that individuals have a right to self-determination, community inclusion, and full citizenship within society.

Today in Saskatchewan, there is acceptance of the social model of disability, although, typically, individuals do not have choice or control regarding the type of supports and services they may access. While government and service agencies incorporate a social model of disability in their mandates (e.g., see Office of Disabilities Issues), the majority of disability-related supports and services in Saskatchewan are agency-controlled in a system of block-funded services administered by a service provider and funded by the government for a certain number of person spaces filled by eligible individuals. If the province is truly committed to a social model of disability, then it follows that a form of individualized funding should be made available to its citizens in order to enable them to reach their goals.

A note about terminology in this report: individual funding is used in this report as a generic term that refers to the group of disability supports (the provision of services and supports for individuals with disabilities) that allows individuals to exert their choice over the type of supports that are accessed.

The term individualized funding programs/models is used to describe programs that require individuals to create a plan (which can be created in conjunction with a support network) and bring this plan to the government. Once the terms of the plan are negotiated, the government disburses public funds to the individuals so that they can purchase services and supports.

A variation on the individualized funding program is an individually funded services program. Individually funded services are based on the same principles of individualized funding except that the individual's plan can be co-created with a planner/broker and carried out by an agency that is contracted by the planner/individual. The job duties of the planner can be negotiated at the outset of the contract with the individual. Upholding best practices, planners cannot provide any other type of paid services to the individual; nor should the planner be associated with the funding body (Stainton & Salisbury, 2004; Dowson & Salisbury, 2002). Service brokers and independent planners often fulfill the role of planners. In an IFS model, the contracted agency follows through with the individual plan. The funding it receives on behalf of the individual is portable and follows the individual if he/she leaves, so that the agency remains accountable to the individual for carrying out his/her plan. The principle is that "services" are individually funded, rather than block funded.

Both models—individualized funding and individually funded services—may use a fiscal intermediary to hold and disburse the funds according to the individual’s plan. The fiscal intermediary can be a financial institution or a payroll service.

1.2 Purpose

The purpose of this report is to review the types of individualized funding programs or models that have been adopted by other jurisdictions within and beyond Canadian borders; to identify strengths and weaknesses as well as best practices of each model; to study the role of support networks, their strengths and challenges; to identify and address arguments for and against individualized funding programs; and to assess the potential for adoption of individualized funding in Saskatchewan.

1.3 Scope and Method

The individualized funding models reviewed in this report are from selected English-speaking jurisdictions from around the world. Models are selected based on how the model viewed the individual and enabled the individual to live within a community. Topics related to different forms of individualized funding often include:

- How self-determination and the shifting paradigms of disabilities function within societies
- What individualized funding means in terms of services and supports
- How the individual makes decisions around how to spend funding
- What implications follow for the state if an individual funding scheme is put in place.

The method of data collection for this project has two parts: first, a preliminary literature review via the internet and library databases; second, an environmental scan of government-based programming initiatives. The study has two limitations. First, the majority of programming initiatives reviewed are relatively new and therefore comprehensive program evaluations have not been completed to-date. Second, the programming search is limited to English-speaking jurisdictions. Austria, Netherlands, and France, for example, have all implemented some form of individualized funding and may be of interest.

1.4 Organization

This report is divided into seven sections. Section 1 contains information regarding the purpose and scope of the project. Section 2 reviews current Saskatchewan programming

options. Section 3 is an overview of individualized funding and individually funded models. Section 4 contains information regarding the structure and purpose of support networks within individualized funding and individually funded services models. Section 5 summarizes select funding models from the United Kingdom, the United States, Canada, and Australia. Section 6 assesses best practices from other jurisdictions that could be adopted in Saskatchewan in order to create an effective alternative funding model. Section 7 offers an overview of the key findings and next steps. Appendix A contains additional information on individual funding models; Appendix B has plan and service agreements for selected funding models; and Appendix C includes a purchase of services agreement.

2.0. Saskatchewan Setting

2.1 Introduction

Currently within Saskatchewan, the provincial government controls the distribution of monies in a system of block-funded services designed either to provide direct funding to individuals with disabilities or to provide funds to community-based organizations charged with running programs for individuals with disabilities. In some cases, there are individual contracts with agencies that fall outside the block funding agreement. Typically, block-funded services involve a program or service that is administered by a service provider and funded through the government for a certain number of person spaces filled by eligible individuals.

Whereas block funding for programming is the norm, an estimated ten individualized funding “projects” are currently funded by the Government of Saskatchewan. These projects are a result of individual efforts to request that specific services and supports be designed and delivered on an individual basis to meet the needs of individuals. The funding represents a response to unique circumstances. The government does not have any formal policies or programming for individualized funding for individuals with intellectual disabilities. This chapter provides an overview of current provincial government initiatives as well as an example of an initiative from a local Regina agency.

2.2 Government of Saskatchewan Disability-Related Programming

2.2.1 Government Programs for Individuals with a Disability

Two main government departments are involved in providing funding to individuals with disabilities: the Department of Community Resources (DCR) and the Community Care Branch (CCB). First, DCR is responsible for the income support program that is available to all Saskatchewan citizens: the Saskatchewan Social Assistance Program (SAP). For a person with disabilities, in addition to basic social assistance, SAP offers a disability allowance of \$50, a higher shelter allowance, as well as monies for transportation and laundry. Benefits are based on an intake interview, an income/asset test, and an assessment of the individual’s employability. SAP is considered a “program of last resort for families and individuals who, for various reasons, including disability, illness, low-income or unemployment, cannot meet basic living cost” (DCR, 2006). As well, if the individual is on SAP or is working and has an income lower than \$2200 per month, he/she may be eligible for the Disability Rental Housing Supplement if he/she can demonstrate a disability-related housing need. In Saskatchewan, “it is estimated that 60-70% of the SAP caseload are people with disabilities” (Miazdyck-Shield, 2006). Individuals with disabilities who require support and are living in their parents’ homes may be eligible for the Level of Care payment from SAP that ranges from \$534 to \$867 per month instead of basic assistance.

Second, the CCB of Saskatchewan Health administers funding for regional home care programs by which the provincial regional health authorities (RHAs) provide home care services based on the individual's assessed needs and availability of services. The purpose of the home care program is to "help people who need acute, palliative, and supportive care to remain independent at home" (CCB, 2006). One of the options available to consumers of the home care program is to administer the home care program via an individualized funding model (for more details, see Section 2.3.2).

In addition to the programs listed above, the Cognitive Disabilities Strategy has been operating since 2004-05. The strategy evolved from an interdepartmental working group charged with conducting a comprehensive review of information gathered on persons with cognitive disabilities. The Cognitive Disabilities Strategy continues to work as an interdepartmental initiative that involves Health, Community Resources, Office of Disability Issues, Corrections and Public Safety, Justice, Learning, First Nations and Métis Relations, and Liquor and Gaming. In 2005-06, the government committed \$1.65M dollars in funding to priority program enhancements intended to shape future policy and program direction within the strategy. In 2006-07, the budget was annualized to \$4.15M to allow for further enhancements to the initiatives.

The Cognitive Disabilities Strategy includes a range of initiatives that provide individuals and families affected by cognitive disabilities, including Fetal Alcohol Spectrum Disorder (FASD). The goal of the strategy is to facilitate better access to supports and diagnostic assessment services, initiatives related to the prevention and early intervention of FASD. The strategy is designed to improve existing supports, fill service gaps, and support front line service providers. Community Resources has taken the lead regarding the implementation of the integrated case planning processes, and the management of individualized funding support.

The Cognitive Disability Benefit provides supportive services to individuals (between 6 and 24 years of age) whose needs are not being met through existing community services and supports. Flexible funding is available for services such as respite care, parent aides, behavioural therapy, and independent living supports. Uptake of the benefit has been slow due to initial confusion about intake procedures and about how the funds would be disbursed to eligible individuals (Saskatchewan Health, 2007).

Other government departments offer the following programs to individuals with a disability:

- The Employability Assistance for People with Disabilities (EAPD) branch of Advanced Education and Employment offers funding to individuals with disabilities to enter and stay in the workforce.
- Established in 1998, the Office of Disability Issues (housed within DCR) is mandated to facilitate collaboration on disability initiatives.

2.2.2 Government Programs for Agencies Providing Services to Individuals with Disabilities

The Community Living Division's main objective is to "ensure physical, emotional, and social needs are met and the people with intellectual disabilities live and function as independently as possible within their own communities" (CLD, 2004). The division is responsible for providing community case management services (e.g. social workers); funding residential services (e.g., respite services, group homes, Valley View [a provincial institution], and private service homes); and funding vocational programs (i.e., sheltered workshops, activity centres, and activity programs). Ultimately, the funds that flow from the Community Living Division go to agencies or community-based organizations that provide programs to individuals with disabilities through block-funding agreements.

2.3 Variations on IF/IFS Models

2.3.1 Self-Managed Projects

Regina Residential Services Co-Management Committee (RRSCC) receives funds from the Community Living Division so that RRSCC can help its clients live in self-managed homes. A self-managed home is a result of the client entering into a self-managed project along these lines:

Individual with a disability lives with non-disabled roommates. The philosophy of the self-managed model is one of people sharing a home in a "non-licensed" natural home setting. Fundamentally, the homes are as unique as the individual(s) who live in them (Hjertass, 2005: 3).

According to Hjertass (2005: 3), a self-managed project has to meet the following criteria:

- It is run as a business operated by the family.
- The individual and his/her family decide what happens in the home.
- Families have to hire roommates and pay appropriate wages and benefits.

In order to secure funding for a self-managed project, the "host" agency receives money from the Community Living Division, and then in turn the agency gives the family and individual access to the funds to hire the roommates. Community support workers and other support services remain the responsibility of the host agency (Miazdyck-Shield, 2006; Hjertass, 2005).

2.3.2 Regional Health Authority (RHA) Home Care Program

As mentioned in Section 2.2.1, RHAs in Saskatchewan offer clients who are eligible for the home care program the option to use individualized funding to arrange and manage support services best suited to the individual's situation. Clients (both adults and children are eligible) are assessed and, based on their assessment, they are given an amount of money for the purchase of support services that would suit their needs. Purchased services have to conform to labour practice standards and the individuals are accountable for the funds spent. In some RHAs there is a waiting list to access the Individualized Funding option of Home Care.

2.4 Conclusions

Within Saskatchewan, there are innovative programming initiatives such as RRSCC self-managed projects as well as RHA home care program. However, the majority of the programming and service delivery continues to be financed via block-funding agreements that typically act as barriers to the individualization of programs and services. When services and program delivery are tailored to suit the needs of individuals, the individuals are often able to articulate what they need and want so that dollars can be targeted to meet a particular need or set of needs rather than the generalized needs of the "disability".

3.0 Individualized Funding

3.1 Introduction

The popularity of individualized funding models is increasing in many jurisdictions here in Canada and throughout the world. The models reflect the shift in attitudes of policy makers and society, a shift away from a “medical model” of disability focusing on the individual’s deficits to the current “social model” emphasizing rights and privileges as well as individual participation within society (Mcconkey, 2005). This social model is already present in the mandates of various Saskatchewan government departments and offices.¹ However, the majority of services that support individuals with disabilities in Saskatchewan are funded via block funding whereby the service provider rather than the individual determines what type of services will be provided. Typically, congregate facilities that would provide the services operate based on “rate schedules, and facility operating costs, cost caps...with little specific attention to the individual needs and characteristics of persons served” (Stancliffe & Lakin, 2004:3).

While some individuals and their families are satisfied with the current system, others are calling for an alternative way of allocating public funds. Based on an individual’s strengths and needs, the alternative model would offer individuals and their families control over the funds (that would otherwise flow directly from the provincial government to

service providers without reference to the person) in order to ensure that the individuals can live as full citizens within the community.

In order to gain

“Individualized funding is not a panacea; rather it is simply a different type mechanism to disburse public funds. Instead of money going to providers to decide who to serve, and how, public funding goes to individuals based on demonstrated, disability related needs, and people themselves who decide how to spend their allocated funding to meet their needs. There is a developing body of research to suggest that IF is in fact more empowering, and more cost efficient, than block funded services, simply because people themselves are empowered to make their own decisions about how needs are met” (Dowson & Salisbury, 2002: 15).

control over funding dollars, various individuals and community-based groups have advocated for a model, such as individualized funding, which allows the individual control over the types of services that can be accessed in order to enhance his/her quality of life and to meet personal goals. According to Salisbury and Collins (1999) “individualized funding is ... a policy alternative that can respond to the unique needs of individuals, while providing meaningful choices and control in their daily lives” (1).

This section explores the history, principles, and characteristics of individualized funding models.

¹ For example, see Office of Disability Issues: <http://www.gov.sk.ca/odi>; or see the Department of Community Resources Strategic Plan: <http://www.cr.gov.sk.ca/newdir/index.html>

3.2 History of Individualized Funding

The concept of individualized funding (as opposed to block-funding) models developed on the west coast of North America. The one site of innovation was at Berkeley, CA, when in 1972 disability activists established the first Center for Independent Living. Within the year, additional centres were established in other locales in California. Subsequently, Massachusetts, Texas, and Michigan established centres. Today in California alone, there are over 50 Centres for Independent Living. A reaction against the medical model, which associated people with disabilities with deficits, the centres stressed civil rights, equal access within society, and equal opportunities for individuals with disabilities (Community Resources for Independence, Inc, 2002). The independent living movement gained national momentum in the early to mid-1970s as a result of “a series of landmark court decisions, along with sustained advocacy by people with disabilities for legislation such as the Rehabilitation Act of 1973, and the Individuals with Disabilities Education Act of 1975”. These events/activities aided in shifting the mindset of policy makers away from the medical model of disability (UC, 2006).

The second site of innovation was in British Columbia. In the mid-1970s when the Woodlands Institution was slated to close, some of the parents who had sons/daughters in the institution formed the Woodlands Parents Group. The purpose of the group was to secure community resources for their sons/daughters. A problem that the parents encountered was that service providers repeatedly told the parents that their sons/daughters would not fit into existing programming. Hence, the best place for them was back in the institution (Stainton, 2007; Gordon, 2005). In response, the parents’ group began to advocate for a citizenship model that highlighted the need for their adult children to be full-fledged citizens of society and for the children to be supported in their endeavours.

There were two components to the citizenship model: first, the concept of individual funding based on the individual’s needs so that the adult children could purchase appropriate services; second, the provision of “service brokerage,” which is the “provision of information, advice, and planning support that is independent from both funders and service agencies” (Stainton, 2007). Because of the efforts of the Woodlands Parents Group, the concepts of individual funding and service brokerage (which contributed to the evolution of person-centred planning) are found in numerous jurisdictions around the world today.

3.3 Principles of Individualized Funding

The underlying principle of a true individualized funding model is that funding is in direct reference to and based on the needs of the individual (Gordon, 2005; Harman, n.d.). As such, funds allocated to the individual are used to pay for the services and programs that the individual chooses to access. Alternatively, the funds can go to a

fiscal intermediary (e.g. a credit union) and then the funds are released to the service providers chosen by the individual. Conversely, the individual can hire an independent planner (service broker) who is charged with carrying out the individual's plan (more information on service planners can be found in Section 5). Regardless of whether an individual chooses to use a fiscal intermediary or an independent planner, the funding model is in direct reference to and is built around the individual's needs and goals. The needs and goals are articulated into a plan, which is developed by the individual with the aid of a personal support network.² In addition to placing the needs of the individual at the heart of individualized funding, other principles that individualized funding models must uphold are as follows:

- Must be accessible to the individual at all times
 - Provide financial resources necessary to enable each individual to participate as a full citizen within society
 - Be portable
 - Be needs-based
 - Satisfy personal preferences and goals, focus on the individual's strengths and needs
 - Be flexible and encourage innovative programming and/or services
 - Support an individual to set up and manage his/her plan
 - Include mutually agreed upon processes associated with the funding
- (Stainton, 2007; Dane County, 2005; Dowson & Salisbury, 2002;
AFSFNSCR, 1998).

The principles of individualized funding allow the individual to set and reach goals through planning and purchasing services. The ability to reach one's goals helps to facilitate the right to self-determination and to participation within society.

3.4 Characteristics of Individualized Funding

Individual funding models are distinct from traditional block funding or congregate facilities in these ways:

- Funding amounts given or allotted to the individual are relative to the individual's need.

² Personal support networks (or circle of friends) are a group of people that come to together to aid the individual in creating his/her plan. The network acts as advisors offering opinions and advice; however, the final decision in regards to the plan rests with the individual. For more information on support networks, see Section 5.

- The individual is surrounded by a formalized network of advisors and supporters to the individual.
- The individual becomes the key decision-maker and as such has the ability to exercise rights and set his/her own goals.
- The individual and the personal network determine how and where the funds are to be spent.

(Stainton, 2007; Salisbury, 2002)

Figure 3.1 outlines the typical model of an individualized funding scheme, in which the individual allocates the funds for the purchase of supports and services. It is important to emphasize that the individual must have a plan in place before funding is negotiated with the funding source (typically, a government department). The funds have to be used to purchase services and resources as outlined in the individual's plan.

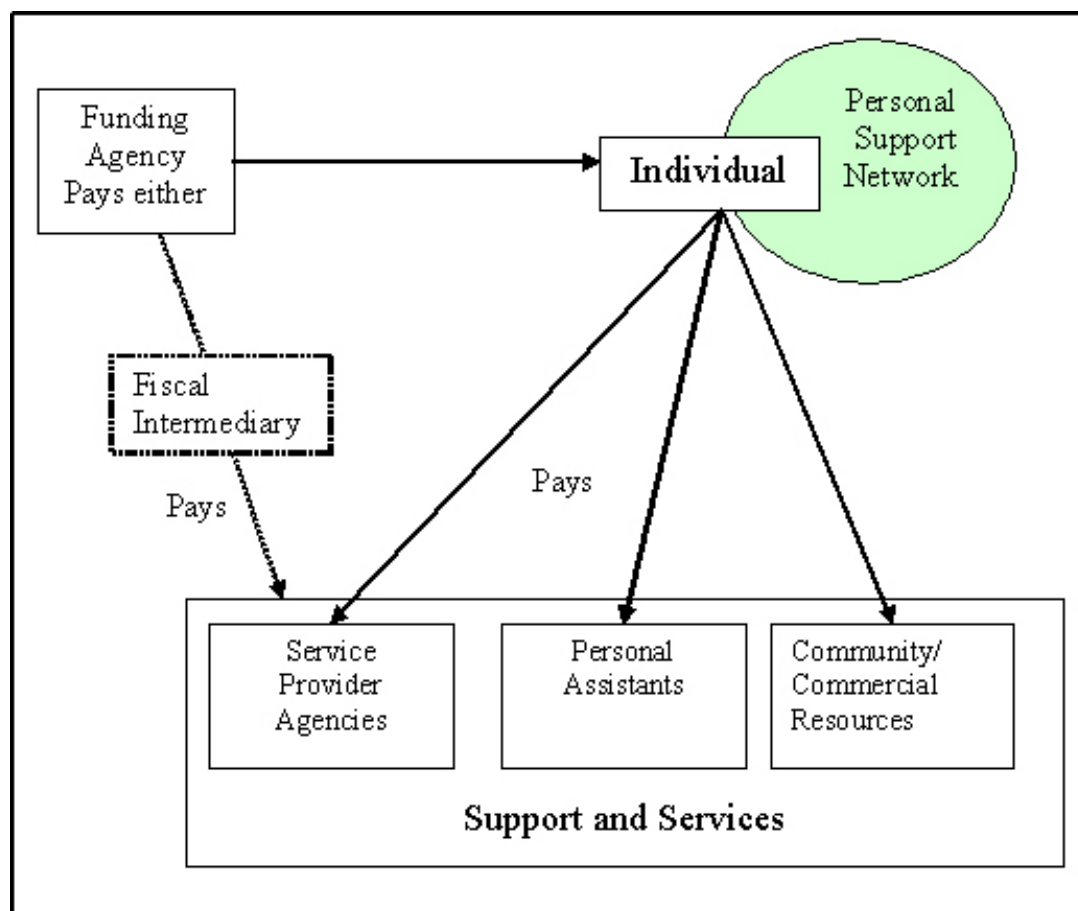


Figure 3.1: Individualized Funding Model (Adapted from: Stainton, 2006; Salisbury, 2002)

Conversely, if the individuals (or their families) and/or their network of support do not want to involve themselves in the contracting of support and services, an individual can hire an independent planner (service broker). The responsibilities of an independent planner may include: help to prepare the plan; clarify the goals of the individual's plan; assist with the negotiation of dollars received from the funder; help to select potential service providers; act as a mediator if problems arise with the service provider or the funder (Stainton, 2006; Salter, 2002).

Best practices suggest that the independent planner is a neutral person who is not associated with the funding agency; nor does he/she work for an agency/business that offers other services for hire. Often an individualized model with an independent planner contracting an agency to carry out the plan that has been created with an individual and their family is called "individually funded services". As in the case of individual funding, the individual's needs and goals dictate the services, programs, and consumer goods that are purchased (see Figure 3.2).

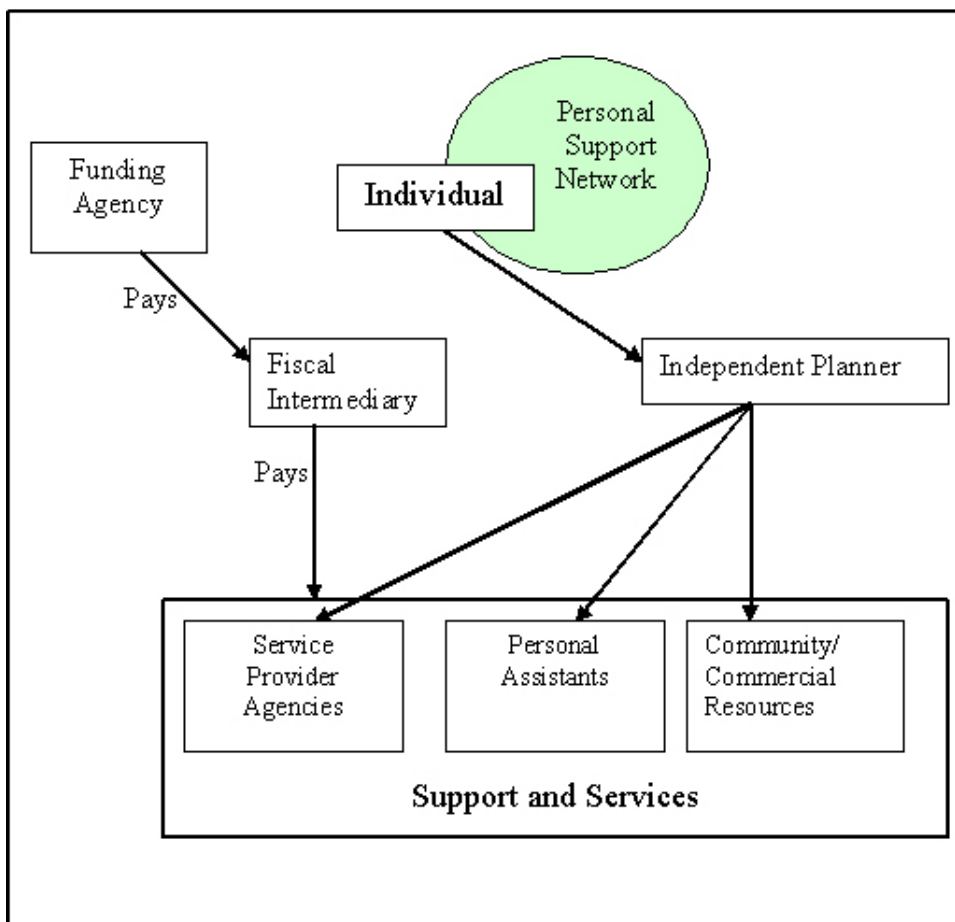


Figure 3.2: Individually Funded Services Model (Adapted from: Stainton, 2006)

With both models, it has to be understood that not all funding from government will be diverted to an individual funded model (whether it be an individualized funding or an individually funded services model). In fact, the models become one of the four existing streams of government funding that delivers monies for persons with a disability: basic income; individualized funding; program funding; generic service funding (see Table 3.1 for details). These four streams are retained because “sound public policy recognizes that there are at least 4 major funding streams that need to be maintained in order to have a flexible, cost efficient system of publicly funded disability supports” (Dowson & Salisbury 2002: 16; Salisbury 2002: 11).

Table 3.1: Typical Funding Streams for Disability Supports

Funding Stream	Purpose of Funding Stream
Basic Income	To meet an entitlement in society that allows for basic living costs
Individualized Funding	To ensure disability-related needs are satisfied
Program Funding	To support operational budgets of community service organizations
Generic Service Funding	To fund community services that are required by all citizens

Source: Salisbury, 2002.

Hence, individualized funding does not replace all other services but is one component of government funding streams. As Dowson and Salisbury (2002) conclude:

It is our view that these [four] streams must exist in a coherent policy framework, or there is a danger that IF [individualized funding] will be seen to fail, when in fact it will be likely that the real issue is under-funding in the other three areas. IF should not be expected to resolve other systemic issues. (16)

3.5 Consumers and the Market Approach in Individualized Funding

A debate is emerging in the service provision field about the nature of individualized funding, specifically around whether individualized funding promotes a valid or true market approach to service provision. With the evolution of the service delivery system from standardized (congregate) to flexible systems (individualized funding), “it was assumed that the markets will respond to consumer demand by developing high-quality innovative services to match

“The rhetoric accompanying many of these policy shifts has seen clients of intellectual disability services recast as consumers who take their place in the new market place of services. However, their power as consumers is limited by the funds made available by the bureaucratic rationing process, and the inevitable pooling of resources necessary to purchase the services required severely restricts the exercise of choice” (Bigby and Ozanne, 2001: 185).

needs” (Bigby & Ozanne, 2001:180). However, Torjman (1996) writes, “new services don’t just appear because they are in demand in a given community. It may take months or even years of work to develop suitable supports” (4). In a similar vein O’Brien (2001: 4-5) writes about four important considerations relevant to paying customers, individualized funding, and the market approach:

- 1) Existing service providers are not designed to respond to self-advocate needs.
- 2) Existing service providers are limited by central programming and are often under-funded.
- 3) There are relatively small numbers of buyers (self-advocates) and service providers.
- 4) Satisfaction with service providers is often a product of long-term relationship rather than a one-time experience while purchasing services.

The combination of choice in the selection of service provision and the ability to move to another service provider if the individual is unsatisfied with service quality is powerful for an individual with an intellectual disability. However, the freedom to pick and choose is predicated on the marketplace having two or more service providers. O’Brien (2001) concludes that the creation of individualized budgets has to be coupled with service providers receiving incentives to encourage innovative service delivery. Both the budgets and seed money for service innovation require funds for the central funding agency. The debate regarding whether or not individualized funding is a true market approach for service provision will continue as the programming options evolve and the links between demand and supply in service provision are clarified over time.

3.6 Conclusions

With provincial governmental agencies responsible for programming recognizing a need for inclusive programming and a barrier-free society, there is an opportunity to move away from traditional funding associated with the medical model of disability to a funding model associated with the empowering social model of disability. Such a funding model exists—individualized funding—that reflects the ability of individuals with disabilities to decide what they want in their lives and where they are going to purchase services to satisfy their needs. Adopting the individualized funding model as an option in accessing goods and services is a further step towards self-determination and inclusion.

4.0 Role of Support Networks in IF/IFS Models

4.1 Introduction

All individuals have a will. The expression of that will is the basis of a person's decision-making process and shapes the formation of his/her identity as an individual. In order to make decisions, individuals often consult with others before determining what is in their best interest. This inherent right is beginning to be formally recognized for individuals with disabilities. Support networks are one form of formalized network of people who provide advice and information to the individual in order to make an informed decision.

Support networks follow the principles of a person-centred planning approach that evolved out of the normalization movement of the early 1970s in Canada and the United States (Stalker and Campbell, 1998).³ Although there are many person-centred approaches, the central tenet is that the individual's desires and goals are at the centre of the plan that is developed by the individual and the group of people who act as advisors or supporters.

4.2 Supported Decision-making Processes

There are many different approaches to person-centred planning (e.g., MAPS⁴, ELP⁵, Person Futures Planning, and PATH⁶) as well as support networks. Among these approaches, language and expressions may differ, but each shares characteristics that explicitly emphasize the personal empowerment of the individual at the centre of each approach. The individual is supported in decision-making processes by a support network (support circle; circle of friends), which is typically made up of non-professionals (family and friends), and, on occasion, professionals. All of the persons involved in the support network have to be actively involved in advising and gathering information for the individual.

“Along with adequate financial resources, effective personal decision-making requires appropriate information and advice, and sometimes technical support. While people typically make simple decisions independently, most make complex, important decisions interdependently by involving family and friends. Many people also routinely use third party professional supports to increase the likelihood that decisions reflect desired outcomes. For example, a person wanting to invest their money might consult a financial planner for advice on an investment strategy. In such a case, the person consulted will likely carry out some, if not all, of the practical tasks associated with achieving identified goals” (Dowson & Salisbury, 2002: 17).

³ For a comprehensive overview of the history of person-centred planning, see Lyle-O'Brien and O'Brien, 2000.

⁴ MAPS: McGill Action Planning System

⁵ ELP: Essential Lifestyle Planning

⁶ PATH: Planning Alternative Tomorrows with Hope

The focus of an individual's group planning process is on the individual's choices, strengths, and objectives as opposed to his/her deficits (Dowling et al., 2006). The individual in any person-centred approach obtains his/her goals through supported decision-making: a "process of acting with an individual to discover their values, interests, talents, and gifts in order to support them to choose the way they want to live their life" (Bodnar & Coffin, 2004: 1).

It is within this process of decision-making that the individual is questioned about his/her plans for the future: what supports the individual needs to reach his/her goals; how the individual plans to stay healthy; how he or she would like supports and services to be managed (Duffy, 2004). The composition of the support network is not arbitrary. What is important is that the people supporting the individual realize that they have an active role to play (Table 4.1).

Table 4.1: Responsibilities for Members of a Support Network

Individuals have the right to make their own decisions regardless of the advice and information that is presented.
Individuals must be free to talk about what they want in their life.
Members have to help/aid the individual in the decision-making process if need be.
Members who make up the individual's support network should be selected based on what they can bring to the group; each member should have specific responsibilities.
Any member of the support network has to act in the individual's best interest.
One of the members from the support network should act a facilitator to convene and chair meetings.
Periodic reviews and quasi-evaluations should be undertaken by the support network in order to gauge the quality of services and programming that the individual is receiving.
Members of the support network have to make a long-term commitment to the individual.

Adapted from: Bodnar & Coffin, 2004; Duffy, 2004; Stalker & Campbell, 1998.

Essentially, the supported decision-making process is a formalized version of what typically every human being goes through in a day—processing information, listening to confidants that help to inform our decision-making processes.

4.3 Roles of Independent Planners/Service Brokers

Within individualized funding and individually funded services models, some form of support network advises the individual. Again, the purpose of the network is not to tell the individual what to do, but to offer advice, to collect and present information, and to help articulate the individual's plans for the future. Typically, within the individually funded services models, the individual (alongside the support network) hires an independent planner (service broker) to take on some of the duties that would normally

be carried out by the individual's support network and to contract services to carry out the plan. Activities of the independent planner may include:

- Clarify the individual's needs;
- Assist in developing a personal plan;
- Prepare the details and cost the personal plan;
- Assist with negotiations with the funder;
- Make sure the services and other components are in place to fulfill the individual's personal plan;
- Help the individual access generic services;
- Monitor/evaluate services based on user satisfaction;
- Modify current services, or develop new ones;
- Mediate and resolve problems;

“[Service] Brokerage refers to a process whereby a person with a disability employs a person to assist them with the processes of planning, getting resources and then hiring and reviewing the quality of service providers” (Bleasdale, 2001: 7).

(Stainton, 2006: 23)

Independent planners must be independent from government funding agencies and service providers. Essentially the planner's role is to assume responsibilities from the individual's support network. Hiring an independent planner can alleviate some of the stress on family and friends (Mansell & Beadle-Brown, 2004). Akin to a support network, the independent planner must always base any plan on the individual's goals. Although the responsibilities of the independent planner will vary from case to case, the planner or service broker has to fulfill five key roles (Table 4.2).

Table 4.2: Roles of the Service Broker

Role of the Service Broker	Scope of Role for the Service Broker
Planning	The broker may act as a facilitator in a person-centred planning process to help individuals with their circle of support, to identify what their priorities are. This plan would cover long-term as well as immediate requirements. It is essential that some sort of plan be developed before a package can be constructed
Advising	The broker is someone with the training and experience to provide advice on what sort of package of services would meet the individual's identified needs and which organizations might provide the necessary elements.

Developing services	In some cases, the services required might not already exist. The service broker will be in communication with service providers to see if it is possible to develop such a service or adapt current services. Long-term planning on behalf of the individual and service providers is key to this; new services take time to develop.
Negotiating	The service broker will negotiate on behalf of the individual for the appropriate amount of funding for the provision of the services and supports outlined in the individual's plan.
Monitoring and reviewing	Review points will be written into the contract. The performance of the service provider will be assessed against the criteria outlined in the individual's plan. Changes in circumstance or problems arising for the individual or the agency could result in renegotiations during annual reviews.

Source: Buckley, 2002: 3.

4.4 Support Networks and Government Policy

Within Canada, there are numerous examples of provinces adopting supported decision-making processes within acts and laws that deal with adult guardianship. Saskatchewan, for example, proclaimed *The Adult Guardianship and Co-decision-making Act* in 2001. The Act allows for the appointment of a co-decision maker for those adults who need decision-making assistance. Gordon and Verdun-Jones (1992) write of the “new wave” of laws that include forms of supported decision-making:

It [the adoption of co-decision-making laws] reflects new efforts to provide better ways of recognizing and meeting the needs of adults who have difficulty with certain areas of decision-making but who could make their own decisions with a little friendly help. It is a product of a new philosophy of adult guardianship and substitute decision-making that rejects benign paternalism and embraces principles such as the right to autonomy and self-determination, the right to the least restrictive alternative, and the use of stigmatizing court-ordered interventions only as an absolute last resort (Cited in Gordon 2000:71)

Such recognition of the role of supported decision-making in an individual's life is important in enshrining an approach used by advocates and self-advocates into formal governmental acts and legalisation.

4.5 Barriers to Creating Support Networks

One of the challenges that people with disabilities experience is social isolation. Studies that examined the social patterns of individuals who lived in the community found that the individuals rarely interacted with others from the community. Mansell and

Beadle-Brown write: “on average, people living in the community 12 years after deinstitutionalization had very limited social networks compared to the wider population. [It was] found that only 19% of members of these networks were unrelated to intellectual services” (2004:3). The implication is that the individual’s support network may be restricted owing to social isolation. Allowing independent planners into the individual funding model would allow those isolated individuals to affect change in their lives.

4.6 Conclusions

Every individual has the right to make decisions that affect his or her life. Some individuals need little support; others like to have extra support in making their decisions. In order to facilitate the decision-making needs of individuals with disabilities, person-centred approaches focus on facilitating the communication and means to accomplish the individual’s life goals. This process of supported decision-making increasingly recognized in acts and laws within Canada allows the individual the ability to participate actively in society. Yet barriers to supported decision-making remain, especially social isolation that affects a large proportion of individuals with disabilities. The adoption of individualized funding and individually funded services models can remedy the situation in two ways: one, the individual develops the means to articulate his or her desires for the present and the future; two, the support network helps the individual reach goals by working together.

5.0 Individualized Funding Models

5.1 Introduction

This section examines funding models tailored to meet the service needs of individuals with intellectual disabilities. One of the models is a national initiative; the remaining models are products of either regional governments (e.g., provinces or states) or of local governments (e.g., at the county level in the USA). Although the models vary in their scope, they all share one common principle; namely, that individuals with intellectual disabilities have the capacity to express their needs and to choose the services they desire in order to live within a community setting. Models from the United Kingdom; United States of America (California, Wyoming, Dane County in Wisconsin, New Hampshire); Canada (British Columbia, Alberta, Manitoba, New Brunswick); and Australia (Victoria, Western Australia) are discussed in this section.

5.2 United Kingdom

In 1996, the government of the United Kingdom⁷ passed the Community Care (Direct Payments) Act. The Act providing local authorities with the power to offer a direct payment to eligible individuals with a learning disability⁸ and community care service users led to uneven uptake of direct payments because not all local authorities offered the service to local service users. In 2000, the government removed the upper age limit of 65. In 2001, the Carers and Disabled Children Act allowed disabled young people aged 16-17, people with parental responsibility for a child, and carers to receive direct payments. Also in 2001, the White Paper *Valuing People: A New Strategy for Learning Disability for the 21st Century* expressed the government's commitment to people with learning disabilities, and to reducing social exclusion and marginalization by implementing government programs (i.e., increasing the scope of direct payments and educational opportunities).

In 2003, the government made it mandatory for local authorities (councils) to offer and make a direct payment to any community care service user who was both willing and

⁷ The United Kingdom is made up of four constituent countries: England, Scotland, Wales, and Northern Ireland. Scotland, Wales, and Northern Ireland have their own executives, separate law making, and constitutional powers in given areas. Direct Payments programs are a product of the British Parliament, which is the legislative authority in the United Kingdom. Councils are governing bodies of regional jurisdictions within the constituent countries.

⁸ The term "learning disabled" includes people with the following:

- "significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with;
- A reduced ability to cope independently (impaired social functioning);
- which started before adulthood, with lasting effect on development" (DH, 2001: 14).

A low IQ (below 70) is not sufficient for diagnosis – assessment of social functioning and communication skills in addition to physical or sensory impairments has to occur. In exceptional cases, people affected by mental illness, arthritis, or HIV/AIDS may be eligible for direct payments.

able to receive services in this manner (CSCI, n.d.; NCIL, n.d). In total, there are 215 authorities in the United Kingdom who by law are required to offer their clients a form of direct payment (DH, 2003). As of 2007, all people with disabilities as well as their carers have the right to access a direct payment through their local councils. Councils do have the right to create policies that affect the types of services and supports that are available under the direct payment scheme. Responsible for overseeing the implementation of direct payments schemes, the Social Services Branch of the Department of Health reflects the language of the Independent Living movement (Pridmore, 2006) and the principles of inclusion and self-determination in its mandate and policies.

5.2.1 What Are Direct Payments?

Direct payments are payments made in lieu of social services provisions to individuals with learning disabilities who have been assessed as needing services (DH, 2007). The individual has the right to choose to receive direct payments. The aim of a direct payment is to give more flexibility in how services are provided to the assessed individual “rather than individuals simply accepting the services provided by a local authority employed agency” (Alakeson, 2007: 6). If a direct payment is a viable option for the individual, the local authority has to ensure that the individual has the means (i.e., through the transfer of funds) to secure services that he or she needs. In order to assess if direct payment is a viable option, the local council assesses the individual’s capability to secure and manage his or her own services and supports. “Currently, for an individual to receive a direct payment, they must consent to it, and be able to manage the payment on their own or with whatever assistance is available to them” (DH, 2005:82). Once the individual accepts this responsibility, the local authority is “no longer responsible to arrange, direct, manage, or be involved in the day to day organisation of those services” (Essex County Council, 2006: 8). Individuals can be supported in their decision-making through informal networks (i.e., family and friends) or they can access planning services provided by non-profit organizations. Giving individual choices enables individuals to have greater control over their lives (DH, 2007).

“I now work full-time and my PA [personal assistant] complements, supports and enables me to live a full life. In the past, using an agency I had no control who came to my house, when, what they did or anything. Now I have control, choice and the right to live my life the way I choose”
- Service user of direct payments (SCIE, 2005: 4).

Typically, direct payments go towards the purchase of the following:

- Personal assistance at home or in the community
- Short term stays in residential care homes⁹

⁹ Stays have to be less than four weeks per calendar year with 28 days between each break.

- Day Services
- Mixed packages (combination of direct payments and direct services from council)

Other services such as equipment purchases and transportation can be included in the direct payment plan. All items must be agreed before the money is released and once the money is released into a direct payment, the money has to go towards only those items outlined in the direct payment plan.

5.2.2 Who Is Eligible for Direct Payments?

People aged 16+ as well as caregivers and parents of children with disabilities are eligible.¹⁰ People who receive direct payments have to manage the money they receive, although money management can be approached in different ways. For example, in Kent recipients of direct payments receive their payments in the form of a VISA card, which holds the balance of their eligible funds and can be topped up with personal funds as required. The benefit of the card is two-fold: first, the card is a simple payment tool for the individual to use;¹¹ second, the card transactions can be easily viewed by the cardholder as well as by authorized governmental officials. In Southampton, people who receive direct payments have money paid into a separate bank account that is used only for their direct payments. The money can be used to buy the services and help that their assessment has identified. The responsibility for the cost-effectiveness of the individual's direct payment program rests with his or her assessor. The amount of the direct payment not only covers the services needed by the individual, but also includes a reserve fund in case of emergencies. Any funds left over at the end of the year have to be returned to the local authority. Individuals who receive direct payments are eligible to receive money from the Independent Living Fund (ILF).¹² Individuals can also receive income or social security benefits while they receive direct payments (which do not count as income in this regard).

5.2.3 What Are Direct Payment Rates?

From April 2006, rates per hour for a direct payment are (Canadian funds in parenthesis):

-
- ¹⁰ People aged 16 and 17 years old are eligible based on their situation; there is an option that enables the young people to accept partial responsibility for the direct payments, with the remaining responsibilities being taken on by a parent.
 - ¹¹ If the individual finds the use of the card too difficult, the individual can authorize a person to use the card.
 - ¹² ILF is a program that provides funds to allow people with disabilities to hire personal attendant(s) that enable them to live independently in the community. Maximum payment is £785 per week. Payments are based on assessed needs.

£10.60 (\$23.30) ¹³	Hourly rate (maximum 83 hours per week)
£11.53 (\$25.34)	Hourly agency rate (maximum 83 hours per week)
£4.44 (\$9.76)	24-hour rate.

The recipient of the direct payment will usually not receive a combination of the two rates. For example, a service user whose package totals 84 hours per week typically is paid at the 24-hour rate (Essex County Council, 2006).

Within England, direct payments made up one percent of the overall gross current expenditure for social care programming (£274 million or \$602 million).¹⁴ Residential care home placements (no age restrictions) for people with learning disabilities made up 48 percent of the expenditure (£1.315 billion or \$2.89 billion). In 2005-06, 10,100 people used the Direct Payment program in England (Figure 5.1). The estimated unit cost of Direct Payment programming is significantly less than nursing or residential care settings. The average unit cost of a direct payment program for a person with a learning disability (aged 16+) is £179 (\$393.40) per week as opposed to £895 (\$1967.00) per week for a person with a learning disability in a residential care setting. It is unclear from the materials reviewed if the difference in cost of programming is due to those people receiving Direct Payments having relatively fewer needs.

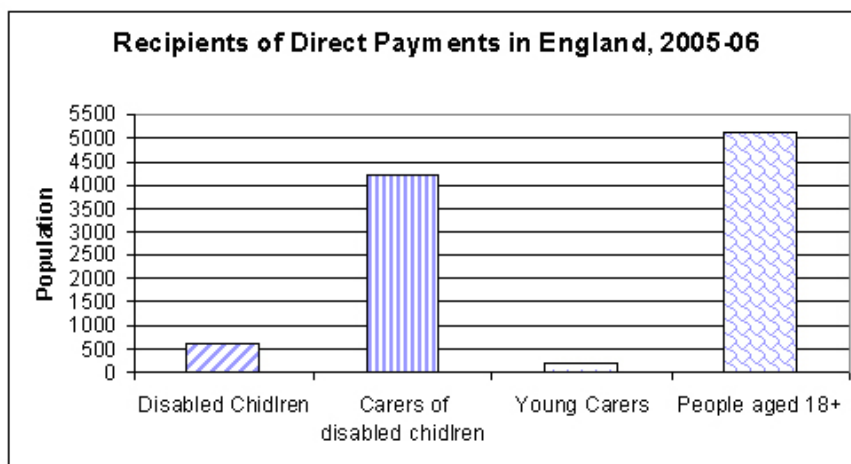


Figure 5.1 Recipients of Direct Payments in England, 2005-06

Source: Information Centre, 2007.

5.2.4 UK Programming Issues

Numerous studies of the Direct Payment program confirm that the control and the ability to choose services positively contributes to the quality of life of those individuals

¹³ As of May 10, 2007, \$1CAD= £ 0.455

¹⁴ Figures from the *Personal Social Expenditure and Unit Costs England 2005-06*.

who use the program (e.g., see Stainton & Boyce, 2002; CSCI, n.d; Scope, n.d.). The program has had numerous positive impacts such as increased independence and quality of life; however, areas need to be addressed at the national and local levels:

- A tool is needed to monitor the quality of service received (Duffy, 2007).
- Regions with few or no independent-living and self-advocate networks have had relatively little to no uptake of the Direct Payment program (JRF, 2004).
- Local authority culture and communication channels often impede uptake of the program (Mcconkey, 2005).
- The current process undervalues consultation and user-involvement (HAA, 2006).
- Commissioning and financial issues remain (JRF, 2004).
- A need for consistent policy has to be balanced with flexibility to meet the needs of clients (JRF, 2004).
- Entrenched social services practices act as a barrier to innovation (SCIE, 2005).

To increase choice and control over support arrangements for individuals receiving services, thirteen local councils are conducting individual budgeting pilot projects launched in 2005 to cover not only health-related needs from the Adult Social Services Branch of the Department of Health but also educational and employment supports in a single budget (Alakeson, 2007). Individual budgets also allow persons with disabilities to include support brokers or independent planners in decision-making and negotiation during the creation of an individual budget.

The individual budget is a departure from the direct payments in that individuals are informed of the amount of funding they are allocated before they develop their budget. It remains unclear how the funding amount is determined across councils. The individual budget program will allow a number of income streams to be brought together so that an individual budget will apply to most (if not all) areas of an individual's life: "Individual Budgets also give the individual choice over how they get the money for their support—it does not have to be a cash allocation. Most importantly, individual budgets put people in the centre of the planning process, and recognise that they are the person best placed to understand their own needs and how to meet them" (Care Services Improvement Partnership, 2006, Questions Section). Duffy (2006) comments that individual budgets have the potential to further transform the lives of individuals with learning disabilities as the budgets allow the individual to create a comprehensive plan that addresses multiple areas of needs (i.e., employment, health, and housing).

In 2005, the Social Services Branch of the Department of Health addressed the concerns and limitations of the current Direct Payments scheme in a Green Paper *Independence, Well-being, and Choice: Our Vision for the Future of Social Care for Adults*

in England (DH, 2005). The Green Paper outlines the “vision for adult social care over the next 10 to 15 years and how this might be realised” (DH, 2005: 9) by both the central government and councils. Central to the ‘new vision’ of the Social Care Branch is that over the next 10 to 15 years the central government would encourage wider use of direct payments and the expansion of the piloted individual budgets to stimulate the development of modern services delivered in the way people want.

5.2.5 Lessons Learned from the United Kingdom

Direct payments represent one way of shifting policy from a highly centralized approach to a more flexible approach designed with the individual in mind. Although there is no strong component of supported decision-making involved in direct payment, this could change as the demonstration projects begin to show the links between program success and the ability of the individual to identify the services they need for a better quality of life. A report commissioned by Scope, a community-based organization that advocates on behalf of people with disabilities in the United Kingdom, found that people who used direct payments said that their quality of life improved because the direct payments meant that they had an increase in control, flexibility, and choice in their lives (Scope, n.d.). Direct payments offer individuals flexibility in obtaining the supports and services they require to live within a community setting. The government’s realization that the Direct Payment program is not comprehensive enough led to the piloted individual budgets that reflect a comprehensive approach to the supports and services required by an individual to live within a community setting—and a step forward for full inclusion of individuals with intellectual disabilities within society.

5.3 United States

Unlike the United Kingdom, the United States does not have a federal-level individual funding model program. Funding flows from the federal level to the state level via State Councils on Developmental Disabilities and through Medicaid programming. The Developmental Disabilities Assistance Act influences the amount of funding that a State receives whereas the Bill of Rights Act of 2000 outlines the basic rights and freedoms of people with developmental disabilities. Both the Act and the Bill outline the roles of State Developmental Disability Planning Councils in supporting self-advocates. Each state plan must include the following objectives:

- (1) Establish or strengthen a program for the direct funding of a State self-advocacy organization led by individuals with developmental disabilities;
- (2) Support opportunities for individuals with developmental disabilities who are considered leaders to provide leadership training to individuals with developmental disabilities who may become leaders;
- (3) Support and expand participation of individuals with developmental disabilities in cross-disability and culturally diverse leadership coalitions.

(Bradley et al., 2001: 67)

The acts are administered by the Administration on Developmental Disabilities (ADD),¹⁵ which is part of the Administration for Children and Families, of the U.S. Department of Health and Human Services. ADD is responsible for overseeing the State Councils on Developmental Disabilities (all states and possessions have state councils). The people who sit on the state councils include self-advocates, parents, and family members of people with developmental disabilities, and employees of state agencies. The councils are meant to bring together various members of the state who are charged to make decisions regarding the administration of funds under federal laws related to individuals with disabilities, together with local and nongovernmental agencies.¹⁶ A state council sets its own agenda and distributes federal funds according to local needs. For example, in 2007, the Wisconsin Council on DD (Developmental Disabilities) announced that its focus for the upcoming year would be on self-directed services and managed long-term care. In turn, the individual states manage their disability programs usually within their health departments. Typically, supports such as personal aides and services such as transportation are covered by state plans.

The legislation (at both the federal and state levels) around development disability funding has undergone significant changes in the past fifteen years because of litigation and court challenges (e.g., *Lanterman* in California or *Staley vs. Kitzhaber* in Oregon). Results of such actions have translated into levels of funding increasing as well as new funds being designated to promote the principles of the self-determination movement. The self-determination movement upholds the principles of the social model of disability (see Section 3.1).

Individualized funding programs in various forms are found throughout many jurisdictions within the USA. In 2003 it was estimated that “the individual budget option is in place in varying forms in 75% of the USA (UM, 2002). In the following sections, programming options are examined in four states: first, California, a state that administers state-wide individualized funding programs via regional centres; second, the State of Wyoming; third, Dane County, Wisconsin; and, fourth, New Hampshire’s Consumer Directed Programs.

5.3.1 California

In California, the Department of Developmental Services (DDS) is responsible for administering services for people with developmental disabilities who are entitled to services regardless of the fiscal restraints placed on the State government. Entitlement is outlined in the *Lanterman Developmental Disabilities Services Act*. Other legislation that influences the DDS includes the *Early Intervention Services Act* whose mandate

¹⁵ For more information on the scope and mandate of ADD, see <http://www.acf.hhs.gov/programs/add/index.html>

¹⁶ For more information on the State councils, see <http://www.acf.hhs.gov/programs/add/states/councilfactsheet.html>

relates to the coordination and provision of services and supports to enable persons with developmental disabilities to lead more independent, productive, and integrated lives. Specifically, an Individual Program Plan (IPP) is the means to accomplish the aforementioned principles of community inclusion.

In 2004, DDS had a caseload of 194,769 people and a budget of 1.9 billion dollars (\$2.08 billion Cdn). Over 50% of the DDS caseload is children, a source of worry for state officials anticipating the children making the transition out of the education system:

during the children's schooling years (up to age 22 in the special education system), the majority of the needed services and supports are provided through the IEP [Individualized Education Program] process and paid for by the education system. The need to plan for a huge increase in consumers who will be aging out of the education system and turning to the regional centers for all their service and support needs is critical. (DDS, 2007a: Homepage)

It is also significant that the majority of DDS clientele are visible minorities. The DDS has tried to address this by increasing culturally appropriate programming options at its regional centers.

DDS delivers its programming via 21 community-based, non-profit corporations known as "regional centers" (RC). RCs have a contract with the DDS to provide or coordinate services and supports for individuals with developmental disabilities. RC offices are found throughout California providing a local resource to help find and access the many services and supports available to individuals and their families: day programs, education services, vocational services, living, and housing arrangements, support services, and "early start services" which relate to programs and supports aimed at parents with young children. In addition to the RCs, other state-run facilities include five state developmental centres (SDCs) and two smaller facilities, which, amongst other programming options, provide 24-hour care.¹⁷

5.3.1.2 Individual Program Plan

Individual Program Plan (IPP) is designed to serve the needs of individuals. The services are not limited to needs-based criteria. Currently, "California is the only state that mandates access to services and supports for individuals with developmental disabilities and their families as an entitlement" (CSCDD, 2002b: Overview Section). The IPP is developed at a regional centre where a caseworker works with the individual and the

¹⁷ SDCs are "facilities [that] provide services to individuals who have been determined by regional centers to require programs, training, care, treatment, and supervision in a structured health facility setting on a 24-hour basis" (DDS, 2007a).

individual's support network (or team) to develop a person-centred program/plan that will assist the individual to participate fully in the community.

Developed in a series of meetings, an IPP often focuses on developing capacities and capabilities of the individual. In addition, there is an emphasis on fulfilling the preferences of the individual (e.g., where he or she wants to live and work and what type of leisure activities he or she wants to pursue). The planning team decides what needs to be done, by whom, when, etc. The final product of the team is the IPP, which becomes the record of the decisions made by the planning team. If the team cannot reach a consensus on the plan, the team is referred to a formalized hearing process. The plan outcomes are measured periodically (i.e., what the individual hoped to accomplish versus what he or she has accomplished) and can be adjusted to reflect the changing life circumstances of the individual. Funding allocated in the IPP is portable within the state.

5.3.1.3 Supported Living Services

An individual's IPP outlines what Supported Living Services (SLS) he or she needs to live a fulfilling life in the community. In addition to assisting the individual in deciding what type of personal attendant to employ, SLS is responsible for managing daily activities such as those that encourage the individual to participate in community life as well as helping manage the individual's personal finances and any emergencies that may arise. The individual can access services and supports from outside SLS to meet the goals outlined in the IPP. The total costs for the IPP (and subsequently the services that are accessed through SLS) cannot exceed what it would cost for the "individual to reside in an appropriate licensed residential facility that offers the same types of programs and services outlined in the IPP" (DDS, 2007b, Living Arrangements Section). In 2004-05 there were 4,975 people using SLS; the branch expenditure was (US) \$164,685,380.00.

5.3.1.4 Financial Aspects of Individual Program Plans

Regional centres are required by law to provide services in the most cost-effective way possible. They must use all other resources, including generic resources, before using any regional centre funds. A generic resource is a service provided by an agency, which has a legal responsibility to provide services to the general public and receives public funds for providing those services. Some generic agencies that individuals are referred to include the local school district, county social services department, Medi-Cal, Social Security Administration, Department of Rehabilitation. Other resources may include what the department terms "natural supports" (or the aid and support one receives from one's family and friends).

There are numerous issues related to the IPP system. First is the volume of clients

that needs to be served and the relatively scarce resources that can be accessed. Second is the need to incorporate culturally appropriate services that better accommodate minorities. In addition, there are questions about who pays for which services. The RC pays for services identified in the IPP but only if they cannot be obtained through other means. The current payment process has at least three negative outcomes:

- 1) Consumers and families must go through the laborious process of receiving service denials from other agencies before a regional center will pay for services.
- 2) Necessary services are delayed.
- 3) Regional centers have no incentive to volunteer service suggestions in the IPP.

(CSCDD, 2002b Healthcare Section)

In addition to the barriers to financially viable programming listed above, RCs are facing financial crisis because of budgetary formulae:

The regional center budgets still operate today on a 1970's funding methodology based on historical expenditures and caseload growth. This budgetary formula creates a difficult balance between stewardship of the regional center's annual appropriation and development of comprehensive assessments of each consumer's service and support needs. (SCDD, 2002c, Finance Section)

In order to meet these challenges, the DDS is developing a new approach to self-directed (SD) services that combines a new model of funding allotment via the Medi-Cal Waiver system and the principles of self-determination. Below is an overview of the system that should be operational in 2009. SD Services will be based on the following values and principles:

- Freedom—to plan a life with necessary supports.
- Authority—to control a finite sum of dollars to accommodate needs.
- Support—to arrange resources and personnel to assist with living in and becoming a part of the community.
- Responsibility—to accept a valued role in the community and to be accountable for spending public dollars.
- Confirmation—to recognize the importance of leadership of self-advocates in the Self-Directed Services program.

Outcomes that are associated with programs like the proposed self-directed services program have been documented (via pilot participants):

- Improved relationships with family members.
- More positive interactions with other people.
- Increased involvement and interaction in the community.
- Improved qualities in work or day activities.

(DDS, 2007a, Overview of SD)

5.3.1.5 Lessons Learned from California

In sum, the California funding model is unique in its emphasis on entitlement and admirable in its goal to provide all citizens of the State who have developmental disabilities with an opportunity to create their service plans via an IPP process. The program suffers, however, from chronic underfunding and an antiquated funding methodology that prevents it from meeting all the needs of its clients.

5.3.2 Wyoming

A sparsely populated state with a rural-based population, Wyoming has an economy reliant on primary industries such as agriculture and mineral extraction. State programming for individuals who have a developmental disability¹⁸ changed in the 1990s because of a successful class action suit (Weston Civic Suit) against the largest state institution (Wyoming State Training School or WSTS) which had been the major source of service provision prior to the 1990s. The class action settlement influenced the programming that the state began to deliver. New programming initiatives had to respond to individuals' rights:

- To access to services tailored to their needs
- To the ability to participate fully in society
- To “services . . . provided in a manner which meets the needs of the individuals regardless of their funding eligibility or participation in any particular government program” (UM, 2002: 2).

¹⁸ The term Developmental Disability reflects the language of the State of Wyoming documents: “The term developmental disability means a severe, chronic disability of an individual 5 years of age or older that: is attributable to a mental or physical impairment or combination of mental and physical impairments; is manifested before the individual attains age 22; is likely to continue indefinitely; results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; reflects the individual’s need for a combination and sequence of special, interdisciplinary, or generic services, supports, or other assistance that is of lifelong or extended duration and is individually planned and coordinated” (DDD, 2006: Overview).

In order to provide alternative programming, the state collaborated with Medicaid to finance a new state-wide initiative, the Home and Community Based Services (HCBS) program. Shifting from financing an institutional care setting to community care was seen as “a budget neutral exercise” (UM, 2002: 1).

5.3.2.1 Wyoming Programming Initiatives

The Developmental Disabilities Division of the Department of Health in Wyoming is responsible for the provision of funding and programming guidelines. Program delivery for disability-related services and supports is the responsibility of nine state-approved service providers. The service providers are private, non-profit agencies who provide both the supports and services to clients. Wyoming programs are based on services an individual requires. In order to access state-funded services there must be an individualized, written service plan, which addresses and affirms the person’s need for the service(s). The consumer’s characteristics are measured by the *Inventory for Client and Agency Planning* (ICAP) instrument, which assesses the intensity of supports that a consumer may require (UM, 2002).¹⁹ Once the ICAP has been conducted, the results are submitted to bureaucrats who determine the individual budget allocations (IBA) via a funding modeling tool called “DOORS”. The DOORS funding model is based on a multiple regression technique that establishes the funding level that the individual requires. Once the funding level has been established, then the local planning team can develop a service plan paid for by Medicaid Home and community-based services (HCBS) waivers. (For the fee schedules associated with the DOORS program, see Appendix A.)

5.3.2.2 Lessons Learned from Wyoming

The State of Wyoming’s Developmental Disabilities Division has undergone rapid transformation of its programs in order to address issues of self-determination and to replace institutionally-based programming (e.g., WSTS) with person-centred programming. The new initiatives empower the individuals who use the programs. In addition, one of the success stories of Wyoming’s programming is that it is not limited to urban areas but extends to rural and remote areas within the State. The program is able to extend into the rural and remote areas because of the presence of regional offices. The use of the DOORS model for funding assessment has both positive and negative effects. The model is a powerful assessment tool based on statistical modelling which reduces bias and is applicable to any case. Conversely, the model is not fully responsive to the unique situations or the nuanced needs of individuals, which may affect the services and supports required by an individual.

¹⁹ ICAP is a 123-item standardized rating scale of individual functional skills, problem behaviours, and service needs.

5.3.3 Dane County, Wisconsin

Dane County located in South-Central Wisconsin includes the state capital Madison. The population is estimated to be 485,106 (2005 est.) in a county covering 1,201.89 sq. miles. Dane County's Human Services has operated an individualized funding program for people with developmental disabilities since 1998. In 2000, it was estimated that over 300 people had secured individualized funding through the county; in 2005, more than 1,100 adults were using the individualized funding program to meet their service needs. Committed to programming upholding the principles of self-determination (see Section 5.3.3.1), the county was one of 19 demonstration sites for the *Self-Determination for People with Developmental Disabilities Program* undertaken by the Robert Wood Johnson Foundation. The aim of the program was to "to help states implement a more cost-effective system for serving persons with developmental disabilities while simultaneously giving those persons and their families more choice in determining the services they receive" (Sunderland, 2004:1).²⁰

5.3.3.1 Programming in Dane County

The philosophy of the Human Services department is that people with developmental disabilities²¹ should have access to services that "promote full consumer participation in the community":

Service provision is intended to provide access to the same opportunities and responsibilities that other people the same age are experiencing. Needs and preferences about where to live and work are respected in the planning and provision of service.

(Dane County Public Health, 2007a: Overview)

To be eligible for Dane County's individualized funding model called Self-Directed Services (SDS),²² people have to be aged 18+, residents of Dane County (and intend to continue living within the county), and have a documented developmental disability(s).²³

²⁰ The national project (1996-2001) was based on the successful New Hampshire Monadnock Self-Determination Project, which was also funded by the Robert Wood Johnson Foundation. The initial NH project ran from 1993 to 1995, state-based projects typically running between two to three years. The states that ran demonstration projects were: Arizona, Connecticut, Florida, Hawaii, Iowa, Kansas, Maryland, Massachusetts, Michigan, Minnesota, Ohio, Oregon, Pennsylvania, Texas, Utah, Vermont, Washington, and Wisconsin.

²¹ The State of Wisconsin defines disability as an individual who has an illness, injury or condition that meets the legal definition of disability in the Social Security Act. This determination is based on medical records and other information that show how the individual is limited by his or her physical and/or mental conditions.

²² The County uses Self-determination interchangeably with SDS.

²³ Mental Retardation, Cerebral Palsy, Epilepsy, Autism, Traumatic Brain Injury, Prader-Willi Syndrome as well as other neurological condition "closely related to mental retardation or requiring treatment similar to that required for mental retardation." Disability is a "substantial handicap" to the person in his or her daily functioning. This is determined by an assessment of the person's functional abilities.

The SDS model has four key features (Table 5.1). The model allows the individual (or consumer) who wants to develop an individualized funding plan for services to meet with his or her personal support network (i.e., family, friends), support broker, and government representatives to decide how best to use the money allocated for needed service(s). Money is allocated based on needs and financial standing.

Any individual who receives funds through the SDS program has to hire (and have a contract with) a support broker who provides support and service coordination to ensure the individual's plan and related budget for service provision are being followed. The individual's support broker cannot provide direct services to the individual (i.e., services to fulfill the individual's plan). A support broker has to obtain training and operate under supervision. Within the county, there are numerous agencies (both non-profit organizations and professionals such as a CA) who act as support brokers. Services that can be purchased via SDS are for the provision of:

- Support and/or service coordination
- Supported living programs
- Day support programs
- Protective services

Services that the individual accesses are limited to the scope of the SDS program. (See Appendix C for a purchase of services agreement.)

5.3.3.2 Financial Aspects of Self-Directed Services (SDS)

People who receive SDS are still eligible to receive Social Security Disability Insurance (SSDI); Supplemental Security Income (SSI); Medicaid; and Medicaid Purchase Plan (MAPP). Income and assets are taken into account when the SDS budget is being determined and personal financial contributions may be required on behalf of individuals if they wish to participate in the SDS. SDS rates are based on the typical costs associated with four components: 1) 24-hour support; 2) Support Broker; 3) Housing; 4) Personal Living Funds (Dane County, 1998). For new clients of SDS, the funding allocation is based on existing service providers within the county. After the level of funding is determined, the support broker and the individual select and hire service providers, after which the support broker and individual submit signed authorizations so that administrators responsible for the fiscal administration of the SDS program (Fiscal Assistance of Dane County, Inc.) may pay the service providers. Fiscal Assistance is responsible for paying the service providers on behalf of the individual and issuing monthly statements to the individual, the service broker, and other authorized persons.²⁴ An individual's SDS program is reviewed annually and funding decisions for the upcoming year are based

²⁴ For more information on the fiscal aspects, see: <http://www.fiscalassistance.org/services.php>

Table 5.1: Dane County's Self-Directed Services Model

Features of the Self-Directed Services Model	Roles and Responsibilities
Consumer has control over an individual budget.	The county sets an annual budget for the individual based on the plan developed by the individual and his/her support team.
	The budget is based on the cost of past supports and current circumstances.
	Individuals, along with their support network, plan services within the amount of the budget (they choose where and from whom they are going to buy their services).
Consumer hires a support broker of his or her choice.	The support broker is responsible for assisting with the development and implementation of the person's plan.
	The support broker's responsibilities include: Helping identify the individual's goals and developing individualized support plans. Plans include how the individual wants to live and those elements of an individual's life that are non-negotiable Identifying informal and generic supports as well as traditional human service agencies Helping to choose supports that fulfill the goals of the individualized plan Negotiating rates and contracting for services with the chosen providers Using the allocated budget creatively Monitoring the supports for quality on an ongoing basis including making sure that plans protect consumer health and safety
Consumer can get assistance with managing his or her budget.	The broker can help arrange for a variety of methods of payment. A fiscal management agency makes sure that the money is spent as written in the individualized plan.
The budget has to ensure quality, health, and safety.	The current protective systems for the prevention of abuse and neglect will remain in place. Additional evaluation tools will be used to measure consumer satisfaction, level of consumer control, and achievement of consumer goals.

Adapted from Dane County Public Health (2007b) SDS Programs.

on the previous year's expenditures. Any adjustment to the amount of funds received is based upon legislated funding increases provided in subsequent years.

5.3.3.3 Lessons Learned from Dane County

Bradley et al. (2001) write: "[Dane County's] self-determination initiative has unfolded against the backdrop of Wisconsin's longstanding and widely recognized efforts to establish a person-centred culture system wide" (4). The state was progressive enough to realize that a shift in attitudes towards service provision had to happen in order to acknowledge every person's right to self-determination. Dane County's Human Services department has translated this shift in attitudes into its Self-Directed Services Program. The SDS program success is due to transparency, its placement of the individual's needs at the centre of the plan, and its oversight mechanism in the form of a support broker (Stancliffe and Lakin, 2004; Sunderland, 2004).

5.3.4 New Hampshire

Programming for individuals with developmental disabilities in New Hampshire is the responsibility of the Bureau of Developmental Services, Department of Health and Human Services. Its mission is as follows:

Join with local communities to support individuals of all ages with developmental disabilities²⁵ or acquired brain disorders and their families to experience as much freedom, choice, control and responsibility over the services and supports they receive as desired. (Bureau of Developmental Services, 2007a: Vision and Values)

Individuals who meet New Hampshire's criteria of developmental disability are eligible for programming options that include:

- **Service Coordination** including advocacy, facilitation and monitoring;
- **Day Services** focusing on assistance and training provided to individuals to maintain and improve their skills in personal care, vocational activities and community integration to enhance their social and personal development;
- **Employment Services** focusing on assistance and training provided to individuals to maintain and improve their skills in vocational activities and enhance their social, personal development and well-being within the context of vocational

²⁵ A developmental disability, pursuant to NH Administrative Rules, is defined as "a disability that is attributable to mental retardation, cerebral palsy, epilepsy, autism or a specific learning disability, or any other condition of an individual found to be closely related to mental retardation as it refers to general intellectual functioning or impairment in adaptive behaviour or requires treatment similar to that required for mentally retarded individuals; and originates before such individual attains age 22, has continued or can be expected to continue indefinitely, and constitutes a severe disability to such individual's ability to function normally in society."

goals. These services develop paid employment opportunities in integrated settings which offer meaningful occasions for workers to interact with non-disabled persons (co-workers or customers);

- **Personal Care Services** offering assistance and training to individuals to maintain and improve their skills in basic daily living and community integration and to enhance their social and personal development;
- **Community Support Services** that are intended for individuals who have developed or are trying to develop skills to live independently within the community. Services consist of assistance and training provided to maintain and improve skills in daily living and community integration and to enhance social and personal development;
- **Family Support Services** including respite and environmental modifications, to assist families in caring for a family member at home; and
- **Crisis Services, Assistive Technology Services and Specialty Services.**

(Bureau of Developmental Services, 2007b: Services)

All programming and services are delivered via 12 non-profit service agencies (or area agencies). The 12 area agencies are charged with delivery of programs and services to individuals and their families living in local communities and in rural areas. Each of the 12 agencies is given the leeway to develop programming and services that respond to local needs. The State of New Hampshire has had a long tradition of local control over its service delivery systems (Lord et al., 2000). One area agency, Monadnock Developmental Services, has long been recognized as a national leader in developing a person-centred approach to clientele creating individual budgets that reflect their needs (Sunderland, 2004).

5.3.4.1 The Monadnock Self-Determination Project

In 1993, the Robert Wood Johnson Foundation²⁶ funded the Monadnock Self-Determination Project administered by Monadnock Developmental Services with 45 of its clients. A service agency based in Keane, NH (population: 22,778[2005]), Monadnock Developmental Services provides services and supports for adults and children with developmental disabilities.²⁷ The self-determination project was designed to determine

²⁶ Robert Wood Johnson Foundation, a New Jersey-based foundation that funds health-related projects, provided the initial funding for the self-determination project in New Hampshire and expanded the project's scope in 1995 to include 18 states from across the USA. The national program ran from 1995 to 2001. The success of the national project is thought to be the basis of many States deciding to launch policies and programming upholding the principles of self-determination and individualized funding.

²⁷ The Monadnock Developmental Services homepage can be found at <http://www.mds-nh.org/index.htm>

if the provision of a new service delivery method (a form of individually funded services) would enable individuals with chronic developmental disabilities to gain control of their lives while increasing their quality of life and decreasing government expenditures (Conroy & Yuskas, 1996). Individuals with chronic developmental disabilities (in conjunction with their support network) specified the type of services and supports they needed so that they could participate within the community. The project had four guiding principles:

- 1) **Freedom:** the ability for individuals with freely chosen family and/or friends to plan a life with necessary support rather than purchase a program;
- 2) **Authority:** the ability for a person with a disability (with a social support network or circle if needed) to control a certain sum of dollars in order to purchase these supports;
- 3) **Support:** the arranging of resources and personnel—both formal and informal—that will assist an individual with a disability to live a life in the community rich in community association and contribution; and
- 4) **Responsibility:** the acceptance of a valued role in a person's community through competitive employment, organizational affiliations, spiritual development and general caring for others in the community, as well as accountability for spending public dollars in ways that are life-enhancing for persons with disabilities.

(Conroy and Yuskas, 1996: 4)

5.3.4.2 Outcomes from the Monadnock Self-Determination Project

An independent evaluation of the Monadnock Self-Determination Project was carried out by researchers Conroy and Yuskas (1996). The researchers evaluated eight areas of the project:

- The demographics of the participants vs. non-participants
- Self-determination scale changes via the use of the decision control inventory tool
- Analysis of face-to-face interviews with the participants to gauge their satisfaction with the project
- Analysis of relationships and integration within the community
- Planning team composition over the project's lifespan
- Behavioural changes measured via standardized instruments for the measurement of adaptive, challenging, and productive behaviour
- The Individualized Practices Scales (IPS) to measure service and support indicators
- The project cost of individual budgets tracked via categories of expenditures

Overall, the findings exceeded the expected outcomes of the project (Table 5.2, overleaf). In all areas that were evaluated, the outcomes either stayed the same or exceeded the norm.

In terms of the individual planning team composition, the researchers found change over the course of the project. The teams shifted from a team comprised mainly of paid staff from the Monadnock Developmental Services to unpaid friends and family members of the individual in the second year. Researchers found that by the second year of the project, individuals were increasingly confident to express their choices rather than accepting what was given to them by the service provider.

Another key finding was that quality of life outcomes increased although the individual's adaptive behaviour did not necessarily change. Conroy and Yuskauskas (1996) assert:

People gained sharply in a variety of qualities of life, but not because they “learned” new skills or “earned” new rights. The old way of thinking, the “readiness” model, would require people to “learn and earn” the right to make their own life choices...the Monadnock Self-Determination Project set self-determination as an inherent right, and not something that had to be earned. The Monadnock emphasis was on changing the support system, not the person. The quality of life outcomes that accrued from this were impressive, and they occurred without changes in functional abilities. (23)

Although there were significant increases in the quality of life and decreases in challenging behaviour for the individuals involved in the project, the individuals and their support networks had problems with control over service-related issues, such as the selection of case managers (who were assigned to individuals), choice of work or day programs. Even though individuals were given choices in what they wanted for services and supports, the control remained in large part with the service providers (Stancliffe & Lakin, 2004).

5.3.4.3 Lessons Learned from New Hampshire

One of the legacies of the Monadnock Self-Determination Project's success was that state legislators expanded the program to all 12 area agencies. As of 2005 in the State of New Hampshire, 3206 individuals were using some form of individualized funding to meet their needs. The federal Medicaid HCBS waiver program funds individual budgets in the State of New Hampshire. The Monadnock Self Determination Model has served as the basis of many individualized funding models in the United States.

5.3.5 Conclusions from the United States

The positive evolution of funding service models for persons with intellectual disabilities has been assisted by litigation and court challenges. In the case of California, the state's

**Table 5.2: Summary of Individual Outcomes from the
Monadnock Self-Determination Project**

Quality Dimension	Outcome
Self-Determination Scale	++
Personal Satisfaction Scale from Interview	++
Quality of Life Improvement in Past Year	++
Relationships with Family	0
Relationships with Friends	0
Circles of Friends, Number of Members	++
Integration, Outings	+
Planning Team, Proportion Invited	++
Planning Team, Proportion Unpaid	++
Adaptive Behavior	0
Challenging Behavior	++
Vocational Behavior	++
Individualized Practices in the Home	++
Physical Quality of the Home	++
Minutes of Direct Service Per Day	+
Hours of Day Program Activities Per Week	++
Earnings Per Week	+
Health and Health Care	0
Costs	12 - 15% Lower*

* This figure includes inflation-adjusted expenditure

Table Key:

--	Means a large change for the worse
-	Means a change for the worse, not statistically significant
0	Means no change
+	Means a change for the better, not statistically significant
++	Means a large change for the better

Source: Conroy and Yuskas, 1996: 22.

investment in entitlement and service plans for people with developmental disabilities is admirable, though it is struggling to keep up with its caseload. In Wyoming, the state has managed to shift its programming focus from institution-based programming to individual budget allocations that allow individuals to live within a community setting. Dane County programming offers residents the means to “hire” service providers; the self-directed services program is a locally based program, which reflects a progressive approach to self-determination and community inclusion. New Hampshire has been successful in adapting its programming to include a state-wide system of individual budgets despite the state’s relatively sparse population and small geographical size.

5.4 Programming in Canada

The federal government does not provide disability programming per se. Funding for provincial and territorial programs is based on federal-provincial agreements and protocols. Typically, the federal government is responsible to set the tone—the principles of disability-related programming and services—while the provinces or territories develop and carry out service and programming delivery. Over the past decade, the federal government has relied on *In Unison: A Canadian Approach to Disability Issues* (a document produced in 1998 by federal, provincial, and territorial ministers responsible for Social Services) as a foundation for disability-related thinking or policy.²⁸ The document based on the values of equality, inclusion, and independence describes the vision and long-term policy directions aimed at promoting the full citizenship of people with disabilities in all aspects of Canadian society. Today the Government of Canada’s Disability Agenda reads:

- A commitment to work towards the full participation and inclusion of persons with disabilities
- Engaging the disability community and all sectors of Canadian society in action on disability issues
- Recognition that achieving real progress requires shared responsibility and a commitment to action
- A commitment to work towards clear outcomes, linked to significant priorities

(HRSDC, 2007: Agenda Section)

As the provinces are responsible for their own disability programming, there is a wide variety of approaches in regards to funding the unmet service needs of individuals with disabilities. The following sections outline programming initiatives in British Columbia, Alberta, Manitoba, and New Brunswick.

²⁸ The Province of Quebec was not a signatory to *In Unison*.

5.4.1 British Columbia

Residents of British Columbia have long been world leaders in developing individualized funding schemes. In the mid-1970s, the Woodland Parents Group was responsible for calling upon the provincial government to provide the means for the parents to access services within a community setting for their institutionalized children. This push for individualized funding placed the needs of individuals with intellectual disabilities at the centre of the planning process. The Woodland Parents Group also promoted independent planners who would be charged with creating a service and support plan based on the individual needs. The parents were successful in securing public funds for their children and the individual funding scheme has evolved and is now administered by a province-wide crown corporation responsible for all services to people with intellectual disabilities: Community Living British Columbia (CLBC).

5.4.1.1 Community Living British Columbia

The reason behind the shift from a government department to a crown corporation was that, after a departmental review in 2001, it was found that the “majority of respondents who participated in the review of the department felt the systems in place to care for adults with developmental disabilities and children with special needs were rigid, overly bureaucratic and unsustainable in the long term” (CLBC, 2007a: History). Fully functional in 2005, CLBC’s mission is to “respond to the life-long needs and goals of individuals and families by recognizing their abilities and contributions, sharing leadership with communities, and funding supports that honour individual choice” (CLBC, 2007b: Overview). As of March 31, 2006, CLBC was serving the needs of 18,350 adults and children in British Columbia.

CLBC offers a form of individualized funding via its Individual Support Plan (ISP) open to both adults and parents of children with disabilities. Individual choice is at the centre of the ISP program goal to allow individuals to describe their personal goals and their disability-related needs. The development of ISPs depends on the individual who may elect to develop his or her own plan, use a support network, or approach an employee of CLBC who helps the individual/family create a plan. CLBC planners are called facilitators and intentionally work independently of the quality service analysts who approve the budget. All plans that go forward for funding consideration must include:

- A personal profile (including a statement about what the individual expects to receive through the use of the supports being requested)
- The type and costs of supports used: generic and informal supports; how their personal support network aids them; disclosure of other government funding plus personal financial standing; and what type of funded CLBC supports will be used (Table 5.3)

Once the individual completes it, the plan is sent to a CLBC quality service analyst who determines the level and availability of funding.²⁹ Once funding is approved, it is released to a fiscal intermediary. It is too early in the development of CLBC to assess whether or not the corporation can remain flexible enough to serve the individual needs of its clientele.

Table 5.3 Supports Funded under the CLBC Individual Support Plan

Types of Funded CLBC Supports	Examples of Funded CLBC Supports
Home Living	Preparing food, eating, housekeeping, personal hygiene, dressing, locating an alternative place to live, respite
Transition Supports	Participating in volunteer or training settings, learning self-management strategies, learning life skills, completing work tasks, part-time jobs, connections with school, moving from home
Community Inclusion	Learning how to use public transportation, shopping, using recreational facilities, participating in social clubs and groups, church or volunteer activities
Education and Employment	Participating in training settings, developing skills like reading signs and counting change, completing work tasks, job support including interacting with co-workers
Professional Support	Counselling, augmentative communication, service provider training, and psychological assessment
Behavioural Support	Prevention of self-injury, assistance to learn more appropriate ways to interact with others, behavioural intervention
Health Care Planning & Medical Supports	Equipment, seizure management, lifting, transferring, respiratory care, nursing support, medication management, health care protocols, and specific other areas which need to be considered for an individual
Family Supports	Parenting (with children under 19), peer and sibling support, information and resources, respite
Anticipated Need for Crisis Support	Under certain circumstances, individuals and families may be able to anticipate a potential crisis or emergent situation, particularly if there has been a pattern of crisis activity in the past. In such situations, a description of the anticipated or potential crisis is required, as well as how it will be addressed and the potential costs of crisis support

Source: CLBC, n.d.

5.4.1.2 Lessons Learned from British Columbia

One of the original sites for the development of individualized funding, British Columbia originated service brokerage which continues to be an integral component of its program-

²⁹ Support and funding guidelines can be found in Appendix B.

ming. The evolution of programming delivery in British Columbia offers two lessons: first, although programming response was small initially, with buy-in from the provincial government and service organizations, the program grew into a province-wide program. Second, the concept of service brokerage remains an important part of programming, albeit through the CLBC facilitators who are independent of the funding arm. As such, facilitators may fulfill the roles that family and friends of individuals with intellectual disabilities may not be able fill in a meaningful way owing to time constraints.

5.4.2 Alberta

In the province of Alberta the Persons with Developmental Disabilities (PDD) Program is part of the Ministry of Seniors and Community Supports. The mission of the PDD program is to create a province where adults with developmental disabilities are included in community life (PDD, 2006a: PDD Program Mission Statement). The PDD program has these purposes:

- Enable adults with developmental disabilities to sustain quality lives.
- Recognize and support communities' capacity to include persons with developmental disabilities in community life.
- Ensure the community governance system is responsive and accountable to individuals with developmental disabilities and their families/ guardians and their communities.

(PDD, 2006a:PPD Program Purpose)

5.4.2.1 Scope of the Persons with Developmental Disabilities Program

In order to fulfill the mission and purpose of the PDD program, there are three types of supports offered: residential supports, employment supports, and community supports (either specialized or access-related). Most PDD-funded services are provided by community service providers who are contracted by the six PDD community boards, or directly by individuals, families, and guardians. As of 2006, 9,100 adult Albertans were using the PDD program. (For an overview of PDD regional expenditures and fee schedules from the Northeast Region Community Board, see Appendix A.)

The Ministry oversees the development and implementation of provincial strategies and policies that address developmental disabilities, allocate funds, and aid in the coordination of the delivery of programs and services. The Ministry is also responsible for working with the provincial PDD board, who in turn oversees six community boards. The Provincial board develops, implements, and evaluates a provincial plan for the delivery of supports to adults with developmental disabilities. The Provincial board also coordinates, funds, monitors, and assesses community boards' activities. Community

boards develop, oversee, and evaluate the implementation of regional plans for the delivery of supports, based on community priorities, regional needs, and direction of the provincial board.

The six community boards throughout the province deliver local programs and work with adults with developmental disabilities, their families, and guardians to identify individuals' needs. The boards also work with local agencies to provide services.

Eligibility for the PDD program is based on IQ. If individuals qualify for the programming, they have to develop a long-term plan in which they state their goals and what type of supports they will require to live within the community. This plan is based on a person-centred approach and is completed with the aid of a circle or network of support. Typically, an employee from a local PDD office will aid in the development of the individual's plan.

The guiding principle for funding in the PDD program is that “individuals, with the assistance of their families and friends, are the primary source for identifying what is best for themselves and what kinds of support they require” (PDD, 2006b, Principles). Since the type of supports required by individuals to work and participate in the community will vary, the PDD program has set out guidelines about the scope of the funding (Table 5.4). The PDD program offers two types of funding to individuals: service funding and direct funding; individuals who access the PDD program have to decide which type of funding or combination of funding they want for their plan.

Table 5.4: The Scope of PDD Program Funding

Supports assist individuals to be fully included and live meaningful lives, in the community
Supports are adequate, flexible and individualized, while being responsive to personal and family changes, as well as community dynamics.
Supports assist individuals to maintain and build their connections and relationships with family, friends and other community members, and should not define all aspects of the person's life.
Supports recognize the potential of individuals and provide them with opportunities for continuing growth, personal development and life-long learning
Supports respond to the direction determined by individuals, their families and guardians, being careful to follow their lead, rather than taking control.

Adapted from PDD, 2006b: Principles.

If the individual chooses service funding, the funding is paid directly to the service agency via the local PDD office as a form of individually funded services. With the service funding (IFS) option, the individual still has the ability to choose who will deliver the services and the types of services desired, while the agency contracted is accountable to the individual for providing those services. If the individual chooses to use the direct funding option, the individual (or family/support network) receives the funds

from the local PDD office and is responsible to pay service provider(s) and/or personal staff members. The direct funding option “provides a high level of involvement and influence over how services are provided and who provides them” (Northeast Alberta Community Board, 2004: 11).

A combination of funding options is also available for individuals. Combination funding “is more likely to occur when two or more services or supports are required to meet the needs of the individual service plan” (Northeast Alberta Community Board, 2004: 15). An example of combination funding is if individuals want to hire their own staff for supports in their home, they would use the direct funding option and, if they want to have an employment support, they can use the service funding option (Northeast Alberta Community Board, 2004). The amount of funding each individual receives is based upon negotiations with local PDD boards.

Within each PDD, funding is portable, although moving may require individuals to re-negotiate their plan, as not all communities will offer the same supports. The range or types of services and supports available to each individual depends upon where the individual is located (i.e., typically there are more services and supports in urban areas than in rural areas). The principles of the community (local) PDD boards vary but their mandates are the same: to provide the means to allow individuals with developmental disabilities to live a full life within a community setting.

5.4.2.2 Lessons Learned from Alberta

The PDD program offers individuals with developmental disabilities the ability to state their long-term goals and to define the kinds of services and supports needed to reach the individuals goals. The PDD program also offers individuals flexibility regarding how funding is dispersed to service providers to suit their own needs. One drawback of the PDD program is the lack of funding portability within the province.

5.4.3 Manitoba

The Department of Family Services and Housing (FSH) is responsible for disability-related programming in the Province of Manitoba. FSH operates three self-managed programs: Self-Managed Home-Care Attendant Program, the Self-Managed Respite Program, and the “In the Company of Friends” Program. Provision of the self-managed programming is contingent on the availability of appropriate service providers. The self-managed programs that the FSH department oversees highlight the provincial government’s commitment to community inclusion.

5.4.3.1 History of Individualized Funding in Manitoba

In June 1990, the Minister of Family Services established a working group on community living. The working group consisted of community members and senior government

personnel from Human Resources Development and Manitoba Family Services, Adult Services Division. Members were given the task of reviewing the service system and options available at that time and making recommendations for improving the effectiveness and flexibility of supports available. In the Company of Friends was the result of their recommendations and began as a pilot project in 1993. Fifteen people moved from institutional settings, family homes, and other services to join In the Company of Friends. A thorough evaluation of the pilot project conducted over a three-year period demonstrated a number of benefits to participation including increased community connections and participation, improved quality of life, and the development of rich relationships. The evaluation also demonstrated that In the Company of Friends was cost-neutral and even yielded cost savings in some instances when compared to other services. In the year 2000, In the Company of Friends became a regular and ongoing option for people.

5.4.3.2 In the Company of Friends

In the Company of Friends,³⁰ is a progressive program built around the principles of individualized funding and supported decision-making. In the Company of Friends started as a pilot project and, as of 2006, the program has expanded to serve 47 individuals³¹ in 19 communities throughout Manitoba. The mission statement of the organization “is to enhance the quality of life of Manitobans with mental disabilities through two unique methods of support” (ICOF, 2003: 3). The program offers two support components: daytime and residential support programs. The daytime option allows individuals to develop a day program that allows them to be active within the community. The residential option provides funds to pay rent, living expenses, and supports. Both support programs are designed to meet the unmet needs of the individual.

Individuals who participate in In the Company of Friends are partnered with a Technical Resource Staff (TRS) person from LIFE (Living in Friendship Everyday). The TRS acts as an advocate for the individual, gathering information for the individual, aiding in the hiring of personal aides, and acting as a liaison with different community-based organizations. Individuals who participate in the program are required to have a support network (typically 5-10 people). The individual’s support network is comprised of people who support and assist the individual in decision-making processes: relatives, friends, and co-workers, community members—all of whom have to aid the individual in a positive and proactive way.

With the aid of the support network and the TRS, the individual submits a budget based on unmet needs to the FSH department. Budget decisions from FSH are based

³⁰ In the Company of Friends website can be found at: <http://www.icof-life.ca/>

³¹ People eligible for In the Company of Friends have to meet the criteria to receive supports from FSH. People who use In the Company of Friends retain their Community Services Worker from the FSH.

on level of priority; that is, who needs funding most urgently. Once a budget is approved, the funds are dispersed monthly directly to the individual who is required to set up a business in order to pay service providers and any associated governmental taxes such as EI. Again, the support network plays a pivotal role in aiding the individual in reaching his/her goals.

5.4.3.3 Lessons Learned from Manitoba

One the strengths of the In the Company of Friends program in Manitoba is the use of a formalized support network. The advantage of the formalized approach is that the group is a committed group of individuals aiding the individual to meet his or her short-term and long-term goals. The use of the support network in the programming reflects a formal recognition of supported decision-making processes.

5.4.4 New Brunswick

The Province of New Brunswick is currently operating a pilot project entitled the Disability Support Program. The aim of the Disability Support Program is to test new ways of providing personalized, flexible disability support plans based on individuals creating their own plans through a person-centred approach. The pilot program began in 2005 and runs to mid-2007. Two regions were selected as test sites: an urban setting (Fredericton) and a predominantly rural area (Edmundston and Grand Falls) with eligibility determined by area of residence and scope of unmet needs related to a disability. The types of disability supports that participants are able to request in their individual plans may include (although are not restricted to):

- Home worker supports
- Respite
- Personal supports and assistance within and outside the home
- Supports for community involvement and participation
- Personal living skills training
- Transportation supports that are disability specific
- Technical supports and assistive devices not covered under other programs

Other than the Disability Support Program pilot project, the Province of New Brunswick does not offer any type of self-managed or individualized funding for people with disabilities. The New Brunswick program is too new to assess its impact on the lives of individuals with intellectual disabilities. However, the Provincial Government's willingness to publicly announce a pilot of a new programming option points to its commitment to adapting disability-related programming to reflect the social model of disabilities, and to commit to real service delivery change.

5.4.5 Summary of Canadian Programs

A wide variety of funding options offered by various provincial governments is based on principles of self-determination and community inclusion. British Columbia again emerges as an innovative leader in developing a crown corporation that handles disability-related programming. It remains to be seen if the CLBC becomes efficient in its program delivery and if its policies remain flexible enough to meet individual needs. Alberta's PDD program offers individuals and their support networks a choice in the type of funding they wish to receive to fund their long-term service plans. Manitoba's In the Company of Friends program is innovative in mandating the presence of a support network coupled with a LIFE advisor to serve and support the needs of the individual.

5.5 Programming in Australia

Like the Canadian Government, the Australian Government does not offer any direct programming for individuals with intellectual disabilities.³² Like the *In Unison* document in Canada, the Commonwealth State/Territory Disability Agreement 2003 (CSTDA) outlines disability policies. In February 2007, after Senate Hearings on Disability Issues, recommendations were put to the relevant Ministerial Council(s)—and specifically Recommendation 25 that deals with individualized funding. The recommendation reads:

That a review of alternative funding arrangements be undertaken through the research and development program of the next CSTDA, which specifically considers, amongst other elements:

- The likely costs and benefits of individualized funding;
- The issues encountered in the introduction of alternative funding overseas;
- Provisions and alternatives to allow people with disabilities to choose the level of self-sufficiency with which they are comfortable;
- The provision of decision support tools and services to assist people with disabilities, their families, and carers.

(Senate Standing Committee on Community Affairs, 2007,
Recommendations)

Numerous jurisdictions operate variations on individualized funding programs in Australia. An overview of the Support & Choice initiative in Victoria and programming initiatives from Western Australia can be found in the following section.

³² The definition of disability varies in the states and territories within Australia.

5.5.1 Victoria

Support & Choice is a state-wide initiative that started in 2003. In the fiscal year 2005-06, the initiative had a budget of \$ 27.1 million (Australian dollars or 23.9 million Cdn. Dollars).³³ The initiative's goal is to allow individuals with disabilities to create their own service plans and subsequently have the service plans financed by the State of Victoria. To date more than 1,500 people with a disability³⁴ and their families have accessed the program. Support & Choice provides individually tailored support that is designed to give people more choices, control over their lives, and opportunities. The program is designed around the individual (Figure 5.2). A support network helps the individual to decide what types of supports are needed to help him or her live within the community. A facilitator or planner develops the plan that includes a variety of supports, which could be government-funded or community-oriented options. Funding decisions are made by the state. Funds are paid either directly to the individual's support provider (i.e. the agency providing the service) or to a fiscal intermediary.

5.5.1.1 Lessons Learned from Victoria

The State of Victoria is currently undertaking the Support & Choice program as a way to deliver individualized funding to state residents with disabilities. The program has many options seen in other jurisdictions (e.g., an individual plan, the use of a fiscal intermediary) that enable individuals with disabilities to gain choices and controls over the services that they access.

5.5.2 Western Australia

In the Territory of Western Australia, disability services and supports are the responsibility of the Disability Services Commission.³⁵ The Commission has 24 county and 25 metropolitan Local Area Coordinators (LACs). Each LAC operates as a service coordinator rather than a service provider, and, as such, is there to help persons with a disability and their family or carers to plan, select, and receive needed services that enable individuals to live in communities: "The aim of LAC is to make disability services and supports more personal, local and accountable, and to support local people with disabilities and their families in their local communities. The shape of the service is deliberately kept fluid to respond flexibly to the changing needs of the clients" (DSC, 2007, Aims). The LAC program has these goals (see bullets on facing page):

³³ As of May 2007, 1 Australian dollar = .884969 Canadian dollar.

³⁴ "Disability" in respect of a person, means a disability— (a) which is attributable to an intellectual, psychiatric, sensory or physical impairment or a combination of those impairments; and (b) which is permanent or likely to be permanent; and (c) which results in— (i) a substantially reduced capacity of the person for communication, learning or mobility; and (ii) the need for continuing support services; and (d) which may or may not be of a chronic episodic nature" (Victoria State Legislation, 1991: 2).

³⁵ The Disability Services Commission homepage can be found at: <http://www.dsc.wa.gov.au/>

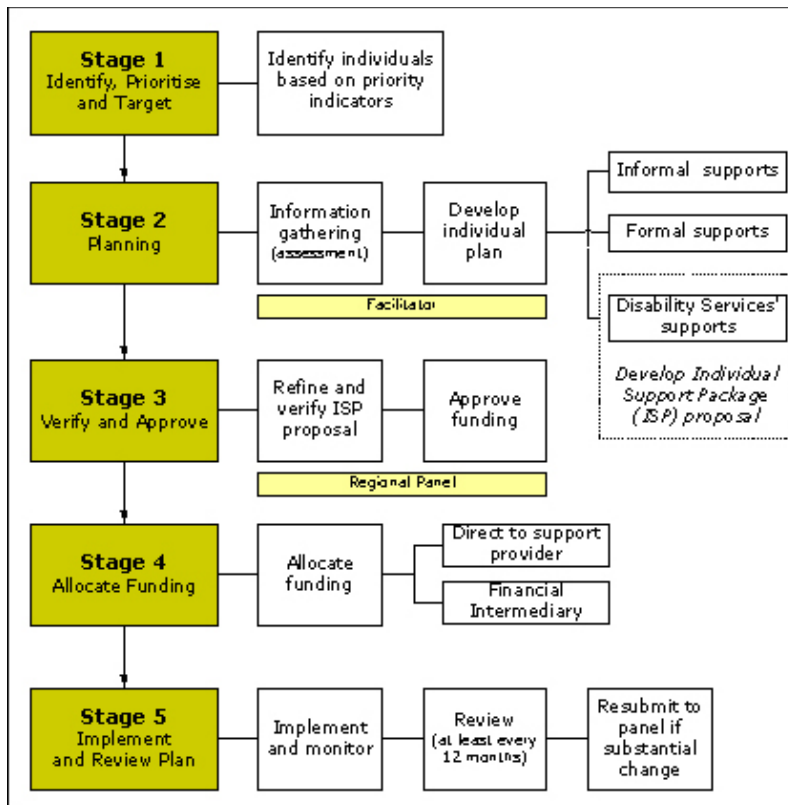


Figure 5.2: The Choice & Support Process

Source: Emslie, Ifkovich, Lowe, & Lawson, 2005: 6.

- Build and maintain effective working relationships with individuals, families and their communities.
- Provide accurate and timely information. Assist individuals, families and communities to access information through a variety of means.
- Provide individuals and families with support and practical assistance to clarify their goals, strengths and needs.
- Promote self-advocacy. Provide advocacy support and access to independent advocacy when required.
- Contribute to building inclusive communities through partnership and collaboration with individuals and families, local organizations, and the broader community.
- Assist individuals and families to utilize personal and local community networks to develop practical solutions to meet their goals and needs.
- Assist individuals and families to access the supports and services they need to pursue their identified goals and needs.

(DSC, 2007)

5.5.2.1 History of LACs in Western Australia

Each LAC provides support to between 40 and 60 clients. The use of a LAC is available to people under the age of 60 with physical, sensory, neurological, and/or intellectual disabilities.³⁶ Each person eligible is allocated to the LAC responsible for that locality. The original LAC was located in rural Western Australia in 1988. The initial programming response was to address the unmet needs of rural Western Australians. By 1994-95 all rural areas had a LAC. The Disability Services Commission set up the first metropolitan-based LACs in 1991 and by 2000 all metropolitan areas in the territory were being served.

Comparisons to national benchmarks indicate that Individual Coordination (LAC in Western Australia) is providing services for a greater proportion of service users at lesser cost per person, than for Australia as a whole. All Western Australian key output areas had a higher level of consumer satisfaction than national equivalents (DSC, 2003: iv).

5.5.2.2 Funding Options Offered by LACs in Western Australia

LACs operate two different types of direct funding—untied and tied (Table 5.5). There is also a third funding option—Flexible Family Support Funding—which provides small funding amounts for the enhancement of family capacity and family quality of life. The actual amounts received from the Flexible Family Support Fund are left to the discretion of the LAC.

Table 5.5: Definitions of Untied and Tied Funding for the LACs in Western Australia

Untied funding is made available through the application of small one-time grants for critical and urgent needs that cannot be met through the resources available to people in their local community.
Tied funding is available through a centralized application process administered by the Service Purchasing and Development Directorate. Referred to as “Program Funding” (of which there are multiple streams) this is recurrent funding based on demonstrated need as outlined in the application form, and reflected in a Tied Funding Plan developed by LACs in conjunction with the applicant after central panel approval has been gained.

Source: DSC, 2003: 39.

³⁶ DSC, 2000 states, “The *Disability Services Act 1993 (WA)* does not provide a statutory definition of intellectual disability. In the administration of the Act, however, the Disability Services Commission has adopted the internationally recognized and respected definition from the American Association on Mental Retardation” (10) which reads: “Intellectual disability refers to substantial limitations in present functioning. It is characterised [*sic*] by significantly subaverage [*sic*] intellectual functioning, existing concurrently with related limitations in two or more of the following applicable adaptive skill areas: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure and work. Intellectual disability manifests before age 18” (7).

Individuals and families are able to self-manage these various sources of funding. Self-management takes the form of individuals and families receiving funding, purchasing supports, and services and providing receipts showing where and how the funding was spent. Expenditures have to be pre-approved and have to be purchased within a certain timeframe.

An additional option is that individuals and families may choose to purchase services and supports in advance of funding approval and then seek re-imburement from the available funding.

In 2000-01 there were 912 people in receipt of \$7.8 million in direct funding. In 2001-02 this figure had grown to 1,317 people in receipt of \$11.7 million. In 2001-02 LAC provided \$629,200 in untied funding to 1,065 people in the metropolitan area in the form of 1,837 grants. In the country, LAC provided \$219,000 in untied funding to 291 people in the form of 497 grants. (DSC, 2003: 23).

5.5.2.3 Evaluation of LAC Programming in Western Australia

In 2003, the Territorial Government commissioned a review of the LAC program. Findings included that consumers (both individuals and families) identified these LAC program strengths:

- Its empowering value base, and capacity to develop flexible, respectful, personal relationships
- The local nature, accessibility and relevance of the service
- Its "hands-on" practical approach.

(DSC, 2003)

Consumers thought that these issues needed to be addressed:

- Perceived inconsistency in quality and levels of service within and across LACs
- The need for a coherent appeals process
- The high turnover rate of LAC staff in rural areas
- The reduced capacity of LACs to work on a one-on-one basis with clients in the context of increased workload.

(DSC, 2003)

5.5.2.4 Lessons Learned from Western Australia

The Western Australian LAC program has been an effective tool that enables a coordinated approach to funding and services. The program has been successful in delivering services to rural and remote residents as well as for those residents living in a metropolitan area.

5.5.3 Summary of Australian Programs

Programming options such as Victoria's Support & Choice program demonstrate the movement towards individualized funding in order to enable people with disabilities to reside within a community setting. The LAC approach in Western Australia allows the territorial government to deliver a programming option to all its residents. The Commonwealth Government has taken a monumental step forward in acknowledging individualized funding models. It will be interesting to see if Australia pursues a national program akin to Direct Payments in the United Kingdom.

5.6 Conclusions

Although the models presented in this section are products of unique historic, geographic, and cultural contexts, there are lessons to be learned from each model. First, successful models (such as the ones in Dane County and Manitoba) have placed the needs of the individual at the centre of the model. Second, regardless of the jurisdiction, the program has to have sufficient resources (both financial and personnel) to operate and successfully implement policy initiatives. Last, any new programming initiative needs time and resources in order to educate service providers, to train support staff, and to inform the public about the new programming initiatives.

6.0 A “New” Funding Approach for Saskatchewan

6.1 Introduction

The purpose of this section is to place the preceding sections in a Saskatchewan context. Specifically, this section elaborates what an alternative funding approach could look like, in terms of the principles, programming, and operational logistics. Based on the environmental scan of other jurisdictions, it is clear that an individualized, alternative funding approach has the following characteristics:

- 1) The individualized funding approach is based on the principles of community inclusion and self-determination.
- 2) The approach meets the unmet needs of the individual.
- 3) The individual is supported in his or her decision-making processes via a support-network and if need be by an individual planner.
- 4) Funding must be portable.
- 5) Funding must cover the costs of agreed services and supports.
- 6) Eligibility for the funding model is based upon assessment (e.g., a functional impact assessment).
- 7) Any pilot (demonstration) project(s) related to the “new” approach to funding needs to run for a sufficient period of time (e.g., three years) so that outcomes can be evaluated.

The introduction of the alternative approach to funding provides a means by which individuals with intellectual disabilities have choice and control over the services and supports they decide to access and/or purchase. The alternative approach is not intended to replace the existing supports and programming; it is meant to operate as a parallel system that will be accessed by individuals, as they desire. The alternative approach is a means by which government can dispense public funds. Individuals who access the alternative approach will retain their eligibility to access complementary government programs, such as basic income support and generic community services.

Numerous jurisdictions have embraced an alternative way of funding services. Over ten states in the United States, for instance, operate some form of individualized funding programs (see Section 5.3 for an overview). It is mandatory for all councils in the United Kingdom to provide the option of direct payments to eligible persons, while various territories and states in Australia offer their citizens forms of individualized funding programs. In each case, the development of alternative ways of funding services reflects the jurisdiction’s willingness to uphold the principles of self-determination and full citizenship for individuals with intellectual disabilities. In sum, self-determination is defined thus:

The belief that all citizens desire to have choice and control in their lives, especially over the disability supports they require. This would

include having voice and choice in all things in one's life including personal development, employment, recreation, and education. (Lord, Snow, & Dingwall, 2005:3)

Currently within Saskatchewan, there are programs that take an individualized approach to funding (e.g., Regina's Self-Managed Projects and Regional Health Authorities' Home Care Program), both of which empower the individuals who access them while maintaining the programs' financial viability. By offering individualized funding as an alternative approach to funding, the government will be upholding the principle of self-determination for individuals with intellectual disabilities.

6.2 Proposed Approach

At the centre of the proposed alternative approach to funding are individuals and their unmet needs. In this approach, individuals are aided by their support networks (each of six to eight people who are committed to working and enabling individuals to reach their goals). The support network works alongside the individual to develop a personal support plan. An independent planner/facilitator can be contracted by the individual to assist with planning and hiring issues that arise from the personal support plan.³⁷ Once the individual's plan is finalized (determining what services and supports will be needed and how they will be accessed), the individual and the support network meet with officials from the provincial government to discuss the "funding component" of the plan.

Government officials can take advantage of this opportunity to put a multi-sectoral team in place to deal with the funding requests. The multi-sectoral approach is one of the key components of the proposed approach, as individuals with intellectual disabilities often need to access various governmental departments to meet basic daily requirements. Having a team meet with individuals and their support network allows a coordinated approach on behalf of the government, one that can help break down policy "silos".

It is envisioned that the government officials who will make up the team would come from Community Resources (Cognitive Disability Strategy and Housing); Advanced Education and Employments (EAPD program); and Saskatchewan Health (Saskatchewan Aids to Independent Living and Extended Health Benefits and Home Care) as well as representatives from Saskatchewan Learning. It is proposed that meetings

³⁷ The independent planner has to be just that: independent from government and disability support and/or service-related provision. The role of the planner is to facilitate the process of planning (i.e., drawing up plans, cost schedules, and options); aid in the contractual components of the plan (e.g., hiring support staff); and act as an advocate on behalf of the individual. The independent planner has no decision-making authority. If need be, the planner can help to evaluate the quality of service provision. Not all individuals will require an independent planner.

will have specific goals and minutes will be taken so that decisions made in the meeting can be on the record. Funding decisions will be made in a timely manner by the team and the team will have to provide a written account of decisions. Once the funds have been approved, then the disbursement method of funds will be finalized. A one-time payment of additional emergency funds will be made in order to offset the costs if an emergency arises—a payment similar to the emergency funds provided in the direct payments scheme from the United Kingdom.

It is proposed that funds will be assessed on the unmet needs of the individual, and will be guaranteed until they are deemed insufficient. The funds will be tied to the individual rather than a specific program. Moreover, funds can be used only to purchase supports and services as outlined and agreed upon in the individual's plan. Funds will be importantly portable within the province. Portability means that individuals are not tied to one location, but can take their supports with them when they move away to seek additional employment training opportunities or education or to be with family or friends who move. Or if they are unhappy with services.

Funds can be released in the form of a monthly cheque to a designated bank account in the name of the individuals, who then pay the monthly expenses associated with their personal plans (or they can authorize a member of their support network to handle financial matters). Individuals will have to produce receipts to show where the money was spent. A fiscal intermediary—an individual charged with the responsibility of doing payroll and other financial tasks associated with the individual's plan³⁸—may also be used. The least favoured method of fund disbursement is direct payment by the government to service providers via instructions from the individual. The latter form of payment is how service providers are paid in the State of Queensland, Australia. Critics of this system have pointed out that the movement of monies from government to service providers resembles traditional block funding mechanisms and reduces individuals' control over their plans (McDonald & Zetlin, 2004).

In sum, there could be two options or models, if you will, on which an individual plan is formed. First, the individual could develop a plan in consultation with his or her support network, and, after negotiating with governmental officials; the funds can be allocated to the individual so that the individual can pay the service providers of his or her choosing directly. A variation on this model is that the monies go to a fiscal intermediary who is charged with overseeing the financial aspects of the individual's plans.

Second, the individual hires a planner (whether called an individual planner or service broker) to develop a plan. This plan is taken to the government to negotiate funding amounts. Once the terms are agreed, the planner carries out the plan for the individual. A fiscal intermediary may be used to administer the financial aspect of the plan.

³⁸ Not all individuals will require the services of a fiscal intermediary. It is valuable to have this option as some individuals and their families/support-networks may find dealing with financial matters overwhelming.

6.2.1 Principles of an Alternative Funding Model

The underlying principles that inform this new approach to funding are as follows:

- 1) Funding provides the resources that are needed to enable the individual to participate fully as a citizen.
- 2) Funding is based on the needs of the individual as defined by the individual and confirmed by his or her support network.
- 3) Funding is paid to the individual (or on behalf of the individual to a fiscal intermediary).
- 4) Funding is portable within Saskatchewan.
- 5) Individuals remain eligible for income support programs and generic services. (If the generic services are not readily available or are associated with long waiting lists, the individual should be allowed to purchase generic services and supports—the additional costs of purchases have to be reflected in an increase in their funding allotment.)

These principles form the basis of Individualized Funding in British Columbia, one of the most progressive jurisdictions within Canada. The impetus for change in British Columbia were individuals whose family members were not receiving services and supports that met their basic needs. In the United States, the lack of responsive governmental programming led to numerous court cases, whose settlements have mandated jurisdictions to respond with legislation that truly reflects the principles of self-determination and citizenship. One of the key components of the new legislation has been to include a form of funding that is self-directed, allowing individuals to choose what services and supports are needed in their lives to enable them to participate fully in society. As the Council of Canadians with Disabilities (1998) states:

Policies and programs can and must be transformed using the independent living model, replacing the more invasive, domineering, expensive rehabilitation and professional service model, to empower individuals with disabilities to determine our own needs, to manage our own funds and services (to the greatest extent possible, as determined by the individual, and with the supports as identified by the individual), and ultimately to take responsibility, and to take our own chances. In short, people with disabilities have the same right as nondisabled people to define our own destiny, and to take our own risks, with the supports we have chosen.

Section 5 highlighted the various approaches taken to individualized funding. Each model has strengths and areas that need improvement. With the exception of the newly formed models (i.e., Support & Choice in Victoria and the New Brunswick program initiative), the models have evolved to respond to client needs and to the economic

realities of governmental budget cycles. Briefly, to fulfill the alternative funding models principles, the Saskatchewan government might learn from existing programming from other jurisdictions:

- All intended that programming allow individuals to participate fully in society; however, few jurisdictions have evaluated programming to assess whether they do so effectively. One exception is the Monadnock Self-Determination program. The Conroy and Yuskas evaluation tool to assess program outcomes will help to shed light on the program outcomes of the proposed alternative funding model.
- The process for creating an individualized plan should be based on the model from either Dane County or Manitoba's In the Company of Friends. Both models use a person-centred approach and incorporate a formal support network.
- The PDD program funding delivery is ideal in its wide range of payment options—via the individual, via a fiscal intermediary, directly to the service provider, or a combination of the above—allowing individuals to select the one that best suits their needs. Even if the payment goes directly from government to the service provider, individuals retain the ability to switch service providers (within their community board jurisdiction) without affecting funding allocation.
- Portability is critical in that the ability to move to pursue opportunities is a fundamental principle of Canadian society. The State of California's system allows individuals to move within the state without affecting their funding level. One caveat is that funding (as well as funding portability) does not ensure that all services and supports are accessible in any region of a jurisdiction. This is where adequate funding to service providers is needed, and where service providers need to innovate and develop new means of service delivery.
- All the funding models examined allow individuals receiving individualized funding also to receive income support payments (if eligible) and access to generic governmental services.

6.3 Programming Components

The purpose of the individualized approach to funding is to allow the individual another service option, greater choice, and control over resources. Choice allows the individual to select the programming or service option that best suits his or her needs. Control allows the individual to make decisions in regards to how and when services and supports are used. The individual's funding plan will outline how needs will be met through the purchase of services and supports that typically fall into six categories (Table 6.1).

Each of the three options for financial management of individual funding—capping, filtering, and partnership—has merits and limitations (Table 6.2). Any financial control must reflect the principles of the individual funding model. As such, a combination of financial controls may be selected. Key to the success of the program is transparency on allowable services and supports and the basis for the funding allocation.

Table 6.1: Potential Expenditures for Individual Funding Plans

Area of Service/Support	Examples of Service/Support
Independent Living	Respite care, planning support, financial management services, family assistance and support, housing support
Health Services	Personal care, home health aide services, integrative therapies, medical equipment
Employment	Vocational services
Training and Education	Individual education programs, training and education transition services
Environmental Adaptations	Accessibility design features, emergency response systems, adaptations to living spaces
Transportation	Vehicle adaptations, access to transportation

NB: This is not an exhaustive list of the services/supports that may be provided.

Table 6.2: Financial Management of Individual Funding by Government

Financial Management Option	Definition of Option	Merit of Option	Limitation of Options	Example(s) of Jurisdictions using the option
Capping	Setting a maximum on funding allocated regardless of need Maximums may be set via category of needs (bands) or level of disability. Cost of meeting needs is often through case managers.	Ensures holding of expenditures within a budget Limitations on budgets reduce need for monitoring fund uses	Undermines the principle that allocation should be based on individual's needs Reduces ability of service providers to respond to individual needs	Wyoming
Filtering	Setting, publishing, and applying guidelines for needs, services, and supports eligible for funding.	Provides a consistent and equitable means to filter out inappropriate funding requests Promotes transparency and equality as well as a good working relationship between the funding agency and clients	Cannot be relied upon to hold expenditures within a budget (eligible services might exceed funding available) The definition of supports and services to meet needs may undermine innovative approaches to service delivery	United Kingdom Dane County British Columbia Alberta Manitoba New Brunswick Victoria Western Australia

Partnership	Developing partnerships with those requesting the funding and the funding agency Trusting those who request funding to bear in mind limited funding available (and others requiring funds) and to ask only for what they truly need	Leaves individuals and families free to identify their own needs Encourages innovation to seek out ways of meeting needs Promotes transparency and trust between funder and recipient	Leaves the system open to requests that cannot be fulfilled	California
-------------	---	--	---	------------

Source: Emprise, 2000

6.4 Delivery Options

There are a number of delivery options for programming. First, the government could have five offices spread throughout the province that would act as one-stop shops for disability services. This would be similar to the service centre approach that the State of Wyoming adopted. Second, a community-based organization could be designated as the “organization” that provides coordination and planning services so that the individuals can develop their plans. The government would be responsible for policy development and individual budget approval. This option is similar to Manitoba’s In the Company of Friends or California’s regional service centres. Third, a combination of one and two could have supports and services delivered by (or in partnership with) government and community-based organizations. This option would build upon the existing service and support infrastructure that is in place. Each entity would have to agree to service protocols, which would define the responsibilities and functions of each in addressing the individual approach to funding. The government would retain the determination of the amount of funding. Dane County, Wisconsin, uses this approach for delivering its self-directed funding program.

6.5 Outcomes

The expected outcomes from the proposed new approach will increase the participation of individuals with intellectual disabilities within their home communities, thus leading to greater independence and a reduction in dependency on residual programming such as income assistance and child welfare benefits. Greater participation in the community by individuals with intellectual disabilities allows community networks to develop, thus increasing the linkages among all members of the community. Such increased linkages among different groups are thought to lead to an increase in community cohesion, which in turn leads to community development (Dayton-Johnson, 2001).

Outcomes that can be monitored in an IF/IFS program include such measures as

obtaining employment, achieving personal goals, personal satisfaction with quality of life, and satisfaction with services (Marrone, 2002). Evaluations on self-directed or individualized funding models have found that the models based on a person-centred approach can have these outcomes:

- Help to provide self-determination and independence by shifting control from service systems to individuals using community services
- Allow service providers to become more innovative and creative, thereby increasing their ability to respond to the individual needs
- Enable the individuals to reach their personal goals by allowing them to identify their needs
- Permit the individuals to “hire” government and service providers or other individuals or groups, thus giving the individual power and control over where funding is spent
- Promote partnerships among the individuals, their support networks, and members from government, service providers, or other groups, individuals, or agencies

The costs associated with self-directed or individualized schemes vary. For example, the groundbreaking Monadnock Self-Determination Project in New Hampshire, which ran from 1993 to 1996, demonstrated cost savings between 12.4 and 15.5 percent for the state government (Conroy and Yuskas, 1996). An evaluation of California’s self-determination pilot projects found:

People and their allies [support networks] are themselves fiscally conservative, on the whole. Although exceptions do occur, the evidence shows that the great majority of people have purchased just what they need, and no more, when given real choice and control of resources. Over a three-year period of observation, purchase-of-services costs increased for the self-determination participants, but they increased less than for the comparison group of non-participants.

(Conroy et al., 2002: 5)

In sum, as costs decline or remain neutral for the government funding agencies, there is a significant gain in individual control and autonomy, which leads to higher quality of life and thus a more proactive role in the community (Conroy et al., 2002; Conroy and Yuskas, 1996; Lord, n.d).

6.6 Implications of Adopting an Alternative Funding Model

The proposed alternative approach to funding will be suitable for some individuals but not for all individuals who access disability-related programming and services from the government. The existing traditional public service system will remain in place. The new system—meant to complement the traditional system—will be accessed by those

individuals who desire more control and choice over the supports and services that enable them to live independently within Saskatchewan communities.

If a parallel funding system is adopted, a number of implications should be considered. Foremost is the adoption of new roles for government, service providers, and the individuals who participate in the new funding scheme. Government officials will have to accept that public funds will flow through individuals to pay for services and supports. Further, the new funding scheme will re-define the roles that government plays. Three distinct roles are created by the new system: the funder (the government); the provider (community-based service providers or alternative); and the purchaser (the individual) as opposed to the current situation in which the government acts as funder, provides services, and purchases select services from service providers on a contractual basis.

In addition, the government retains its role as regulator, while service providers (community-based organizations) respond with services tailored to individual needs. Thus, some economies of scale may be reduced. The individual can hold the service providers directly accountable if the contracted services do not meet the individual's needs. Therefore, service providers will have to ensure that their services are responsive to the individual's needs, which may mean developing new programming options to satisfy those needs. Rather than seeing this as a burden, service providers can take a proactive, creative approach to service delivery. Some service providers will find this change difficult or even threatening; however, good service provision is based on meeting client needs.

Individuals (and their support network) also have to assume new roles, including those of active consumer, planner, and decision-maker. Typically, in the traditional or conventional service system, the individuals are positioned as passive customers who simply take what they are given. Now with the adoption of the alternative approach to funding, the individual has to take responsibility for decisions and the disbursement of public funds. This responsibility may sound onerous for an individual but remember the role of the support network to help the individual to reach decisions and to create a plan that suits his or her needs. In order to define their roles, government officials, service providers, and individuals have to engage in a dialogue to clarify their expectations and responsibilities for the success of the new approach to funding.

Adopting a new approach may well place new demands on government infrastructure. The states of Wyoming and California established regional service centres to meet the needs of their clients. In some cases, the population density warranted the regional centres being developed as stand-alone centres. In the majority of cases, the centres are located within office spaces that deliver related programming initiatives. Regardless of the physical location of the centres, centre staff and community-based service providers have to be prepared for the changes that will occur with the alternative funding approach. Staff training is crucial to ensure that the principles of the new consumer-driven, person-centred approach as well as the parameters of the regulatory

and monitoring requirements for the program are understood. In addition, individuals and their support networks have to be aware of their responsibilities and the availability of independent planners and/or fiscal intermediaries. In all cases, training and education to facilitate the alternative approach can be a way to increase organizational and community capacities.

6.7 Conclusions

The adoption of an alternative funding approach is an important step toward fulfilling the provincial government's mandate to develop "programs and services that limit the impact of disability."³⁹ The adoption of the alternative approach involves risks and change for all those involved (individuals, service providers, and government); however, there is a greater risk involved in not offering the alternative funding model because it would be a clear signal that government and service providers are uninterested in upholding the tenets of self-determination. When individuals are able to make choices that directly influence the quality of their lives, then those individuals are a step closer to becoming full members of our society.

³⁹ See news releases from the Office of Disability Issues website at <http://www.gov.sk.ca/news?newsId=7df87c0a-eaad-4c4c-b5bf-c58ff4d2dc1b>

7.0 Conclusion

7.1 Summary

Variations on individual funding models can be found throughout the world. Individual funding models typically represent a relatively new way to administer disability services and supports. Individualized funding has four principles:

1. Individuals can use informal and formal support networks to develop their plans.
2. Funding allows the individual to purchase supports and services.
3. Individuals must have control over the funds.
4. Funding must be portable within jurisdictions.

Often, individual funding becomes a means to greater self-determination for individuals with disabilities.

The first individual funding models were developed in the 1970s in North America (British Columbia and California). At the centre of the new models was the idea that support and services for people with disabilities should be tailored to the individual rather than having the individual “fit” into existing service and support options. The individual became the focus of the plan and as a result the individual was empowered to make decisions about what services and supports best suited them. Decision-making was often based on a consultative process with family and friends. Families who were advocating for individual plans for their family members formed the concept of a service broker to develop and implement plans for individuals.

Today the concept of individual funding has been adopted by many jurisdictions. Variations on the individual funding theme range from a national strategy of Direct Payments in the United Kingdom to provincial strategies such as those found in British Columbia and Manitoba to smaller scale strategies such as Dane County’s Self-Directed Services.

There are number of pros and cons regarding each funding scheme (Table 7.1); however, as in any good innovative policy initiative, if the key players (government officials, self-advocates, advocates, and service providers) remain committed to the principles of individual funding, then their society will become a more inclusive society.

7.2 Key Findings

- Broadly speaking the principles of individual funding models reflect the social model of disability—that is, individuals have the right to make decisions regarding their life, they have the right to participate fully in society, and hence they have the right to full citizenship.

Table 7.1: Selected Pros and Cons Related to Individual Funding

Pros	<i>Benefit(s)</i>	Cons	<i>Possible Solutions</i>
Individual funding schemes allow individuals to choose and control which services and supports they use in the community.	<i>Leads to community development through greater participation within the community</i>	Service providers will have to change the services and supports they offer.	<i>Service providers who are delivering quality programming that is responsive to their client needs should not be affected; sub-par service providers will be affected.</i>
Individuals can reach their full potential because they can purchase and receive the services and supports that are needed.	<i>Services and supports that are tailored to the individual typically result in cost savings.</i>	If individuals live outside a large urban area, services and supports might not be available to them even if they receive individual funding.	<i>Two things might remedy this situation: first, allow flexibility in regards to the services and supports that are eligible for purchase; second, if the funds are portable, the individual can move to a community with appropriate services and supports.</i>

- Individual funding allows individuals to take an active role in determining how they can reach their short-term and long-term goals.
- In order to facilitate a plan in which individuals with intellectual disabilities outline the services and supports they want to purchase, individuals can be aided by a support network and/or an independent planner (support broker) charged with aiding the individuals to secure the supports and services.
- The people who make up a support network and/or the independent planner (support broker) should accompany the individuals and be active participant(s) when the individuals negotiate the terms of their plan with government officials.
- Many variations on individual funding models exist throughout the world. The impetus for the introduction of individual funding models in various jurisdictions has been pressure on government via grassroots movements (e.g. British Columbia, California); adoption of the social model of disability in policy (United Kingdom, Manitoba, Dane County, WI); and court cases (Wyoming, California).
- Best practices associated with individual funding models include:
 - o Active roles that individuals with an intellectual disability can assume to plan and select the supports and services that best suit their situation
 - o Supported Decision-Making schemes in place in various pieces of legislation, reflecting that decisions are typically made through consultation with others

- o Funding tied to the individual rather than the service provider that the individual chooses to use
- o Funding for services and supports covering all the major components that contribute to an individual's quality of life—health, employment, social relationships, education, transportation, and housing
- o Funding portable within a jurisdiction in order to maximize access to services and supports for the individual
- o The individual remaining eligible for generic services and income supports.
- Individual funding initiatives often undergo periodic changes. The department charged with handling the programming has to remain flexible and willing to invest in program evaluations and to ensure service providers have adequate funding to adapt their existing services to meet the needs of their clients.

7.3 Recommendations for Individual Funding in Saskatchewan

In order to move the individual funding agenda forward in Saskatchewan, it is recommended that the following steps be taken:

- ⇒ A broad range of governmental departments (e.g., Community Resources, Health, Education) gather at a table with self-advocates, service providers, and advocates (herein referred to as the roundtable) to establish:
 - a. Principles of individual funding in Saskatchewan
 - b. Program eligibility criteria
 - c. The scope of program components such as what services and supports are eligible (and not eligible) for funding under this new model
 - d. Regulations concerning the release of public funds to or on the behalf of an individual
 - e. Evaluation of program outcomes.
- ⇒ Demonstration projects be carried out in various locations within the province. It is important to offer the programming initiative in a variety of settings (large urban centre, small urban centre, rural, and remote settings) to assess the program viability across the province.
- ⇒ The roundtable adopt two models of individual funding:
 - a. *Individualized funding* – This model allows individuals with the aid of their support network to develop a plan, hire staff directly, and manage the financial aspects of the individual plan. The use of an independent planner/broker or a fiscal intermediary is optional.
 - b. *Individually Funded Services* – In this model, an independent planner is contracted by the individual to carry out the development of the individual's

plan in consultation with the family. In addition to the development of the individual's plan, the planner is responsible to hire and monitor the quality of services and supports purchased. The funding may flow directly to the agency contracted to carry out the plan, although it remains portable and is attached to and in reference to the individual, not the agency. The funding could also flow through a fiscal intermediary. A support network may aid the individual.

Regardless of the model individuals select, they remain eligible for basic income support and generic programs.

- ⇒ The funding be attached to the individual. If the individual chooses to switch service providers, the funds move with the individual to a new service provider.
- ⇒ Funding be portable within the province to allow individuals to move to take advantage of opportunities that are not available within their home community.
- ⇒ A one-time payment be given to the individuals (or to their fiscal intermediary) to be used in case of emergency.
- ⇒ A yearly evaluation be undertaken of the individual plan and expenditures. Reassessment of funding be made available to ensure that the level of funding reflects the actual costs of services and supports.

7.4 Areas for Further Study

First, individual funding models from other jurisdictions should continue to be examined. Models tend to change over time and it is beneficial to learn what works and what does not work from other jurisdictions. Second, if individual funding programming moves forward in Saskatchewan, program evaluation(s) should be undertaken. These evaluations should inform the best practices in Saskatchewan.

7.5 Next Steps

Interest in developing and piloting individual funding projects makes for an exciting time in Saskatchewan. The Saskatchewan Association for Community Living has hosted roundtables and developed a business plan for individualized funding and individually funded services in Saskatchewan. Individuals with intellectual disabilities and their families have come forward and expressed interest in participating in a demonstration project. The Community-University Institute for Social Research has committed to undertaking an evaluation of the demonstration project. What is needed is to take advantage of this momentum so that individuals with intellectual disabilities can gain control over and have choice in the type of services and supports that they access in their communities. Our communities and our province will benefit once all our citizens are able to become fully participating citizens within our society.

8.0 References

- Advocates & Families from South Fraser, North Shore & Capital Regions in B.C. (AFS-FNSCR). (1998). *Proposal to Implement Individualized Funding for People with Disabilities*. (No Publisher given). Retrieved February 13, 2007, from [http://members.shaw.ca/bsalisbury/IND%20\\$\\$\\$%20-%20Proposal%20-%201999.doc](http://members.shaw.ca/bsalisbury/IND%20$$$%20-%20Proposal%20-%201999.doc)
- Alakeson, V. (2007). *The Case for Extending Direct Payments into the NHS - Evidence from the US*. Washington D.C.: Office of the Assistant Secretary for Planning and Evaluation Department of Health and Human Services.
- Bigby, C., & Ozanne, E. (2001). Shifts in the Model of Service Delivery in Intellectual Disability in Victoria. *Journal of Intellectual & Developmental Disability*, 26(2), 177–190.
- Bleasdale, M. (2001). *Empowerment through Individualised Funding: Challenges for People with Disabilities, Service Providers and Governments*. Paper given at the “Sharing the Road” Conference, Brisbane: Griffith University on June 25 and 26, 2001.
- Bodnar, F., & Coflin, J. (2004). *Supported Decision Making Handbook*. Regina, SK: Regina and District Association for Community Living.
- Bradley, V., Agosta, J., Smith, G., Taub, S., Ashbaugh, J., Silver, J., & Heaviland, M. (2001). *The Robert Wood Johnson Foundation Self-Determination Initiative: Final Impact Assessment Report*. Cambridge, MA: Human Services Research Institute
- Buckley J. (2002). *Brokerage*. The Frontline of Learning Disability Bray, Co. Wicklow, Ireland: Frontline. Retrieved March 17, 2007, from <http://www.frontline-ireland.com/issue52.html>
- Bureau of Developmental Services. (2007a). *Vision and Values*. Concord, NH: New Hampshire Department of Health and Human Services. Retrieved March 17, 2007, from <http://www.dhhs.state.nh.us/DHHS/BDS/dds-vision-values.htm>
- Bureau of Developmental Services. (2007b). *Services for Adults*. Concord, NH: Services New Hampshire Department of Health and Human Services. Retrieved March 17, 2007, from <http://www.dhhs.state.nh.us/DHHS/BDS/adults.htm>
- California State Council on Developmental Disabilities (CSCDD). (2002a). *2002-2006 State Plan- Healthcare Section*. Sacramento: State of California. Retrieved April 2, 2007, from http://www.scdd.ca.gov/our_plan/Online_2002_Plan.htm#Healthcare
- California State Council on Developmental Disabilities (CSCDD) (2002b). *2002-2006 State Plan- Overview Section*. Sacramento: State of California. Retrieved April 2, 2007, from <http://www.dds.ca.gov/SDPP/Overview.cfm>
- California State Council on Developmental Disabilities (CSCDD) (2002c). *2002-2006 State Plan- Finance Section*. Sacramento: State of California. Retrieved April 2,

- 2007, from http://www.sccd.ca.gov/our_plan/Online_2002_Plan.htm#Economic
- Campbell, E., Fortune, J., & Heinlein, K. (1998). The Effects of Funding Packages on the Outcomes of Integration and Independence of Adults with Developmental Disabilities in Two Rural States. *Journal of Developmental and Physical Disabilities*, 10(3), 257-281.
- Care Services Improvement Partnership. (2006). *Questions about Individualized Budgets*. Retrieved March 13, 2007, from <http://individualbudgets.csip.org.uk/dynamic/dohpage6.jsp>
- Commission for Social Care Inspection (CSCI). (n.d.). *Direct Payments: What are the Barriers?* London: Government of Great Britain.
- Community Care Branch (CCB). (2006). *Home Care*. Regina: Department of Health, Government of Saskatchewan. Retrieved March 5, 2007, from http://www.health.gov.sk.ca/ps_home_care.html
- Community Living British Columbia (CLBC). (2007a). *History of Community Living in British Columbia*. Burnaby, BC: CLBC. Retrieved February 5, 2007, from http://www.communitylivingbc.ca/who_we_are/history.htm
- Community Living British Columbia (CLBC). (2007b). *Overview of Community Living in British Columbia*. Burnaby, BC: CLBC. Retrieved February 5, 2007, from http://www.communitylivingbc.ca/what_we_do/overview.htm
- Community Living British Columbia (CLBC). (n.d.). *Individual and Family Support Policy*. Burnaby, BC: CLBC. Retrieved February 5, 2007, from http://communitylivingbc.ca/what_we_do/pdf/Individual_and_Family_Support_Policy.pdf
- Community Living Division (CLD). (2004). *Community Living Services*. Regina: Department of Community Resources, Government of Saskatchewan. Retrieved February 15, 2007, from <http://www.cr.gov.sk.ca/services/peoplewdis/CommLivServ.html>
- Community Living Transformation Steering Committee (CLTSC). (2002). *A New Vision for Community Living... A Vision of Choice and Change*. Final Report. Tim Stainton (Chair). Vancouver, BC: CLTSC.
- Community Resources for Independence, Inc. (2002). *Independent Living Movement History*. Retrieved March 1, 2007, from <http://www.crinet.org/ilm.php>
- Conroy, J. W., Brown, M., Fullerton, A., Beamer, S., Garrow, J., & Boisot, T. (2002). *Independent Evaluation of California's Self-Determination Pilot Projects*. Narberth, PA: The Center for Outcome Analysis.
- Conroy, J., & Yuskaskas, A. (1996). *Independent Evaluation of the Monadnock Self Determination Project*. Ardmore, PA: The Centre for Outcomes Analysis.
- Council of Canadians with Disabilities. (1998). *Disability, Income, Supports and Services Project: Consultation Report*. Retrieved March 27, 2007, from <http://www>.

- ccdonline.ca/issues/income-and-benefits/consultation-report.htm
- Dane County Public Health. (2007a). *Adults with Developmental Disabilities*. Madison, WI: Dane County Department of Human Services. Retrieved February 13, 2007, from http://www.danecountypublichealth.org/dd_adult.htm
- Dane County Public Health. (2007b). *Self-Directed Supports Program*. Madison, WI: Dane County Fiscal Assistance Services Department of Human Services. Retrieved March 23, 2007, from <http://www.fiscalassistance.org/services.php>
- Dane County Public Health. (2005). *Forging a Partnership: Individualizing Funding and Increasing Choices for People with Developmental Disabilities in Dane County, Wisconsin, An Update on Progress*. Madison, WI: Dane County Department of Human Services.
- Dane County Public Health. (1998). *Forging a Partnership: Individualizing Funding and Increasing Choices for People with Developmental Disabilities in Dane County, Wisconsin*. Madison, WI: Dane County Department of Human Services.
- Dayton-Johnson, J. (2001). *Social Cohesion and Economic Prosperity*. Toronto: James Lorimer and Company.
- Department of Community Resources (DCR). (2006). *Social Assistance Program (SAP), Financial Assistance: Social Assistance Program*. Regina: Government of Saskatchewan. Retrieved March 16, 2007, from <http://www.cr.gov.sk.ca/financial/SAP/index.html>
- Department of Developmental Services (DDS). (2007a). *California State Developmental Centers Homepage*. Sacramento: State of California. Retrieved April 2, 2007, from <http://www.dds.cahwnet.gov/devctrs/InfoAboutDC.cfm>
- Department of Developmental Services (DDS). (2007b). *Supported Living Services Section*. Sacramento: State of California. Retrieved April 2, 2007, from <http://www.dds.ca.gov/livingarrang/sls.cfm>
- Department of Health (DH). (2007). *Frequently Asked Questions on Direct Payments*. London: Government of Great Britain. Retrieved April 2, 2007, from <http://www.dh.gov.uk/en/Policyandguidance/Organisationpolicy/Financeandplanning/Direct-payments/index.htm>
- Department of Health (DH). (2005). *Independence, Well-being and Choice: Our Vision for the Future of Social Care for Adults in England*. Green Paper. London: Government of Great Britain.
- Department of Health (DH). (2003). *Direct Payments Guidance: Community Care, Services for Carers and Children's Services (Direct Payments) Guidance England*. London: Government of Great Britain.
- Department of Health (DH). (2001). *Valuing People: A New Strategy for Learning Disability for the 21st Century*. White Paper. London: Government of Great Britain.

- Developmental Disabilities Division (DDD). (2007). *Home and Community Based Waivers FY-07 Services, Service Codes and Rates*. Cheyenne: DDD Department of Health, State of Wyoming. Retrieved June 5, 2007, <http://wdh.state.wy.us/Media.aspx?mediaId=806>
- Developmental Disabilities Division (DDD). (2006). *Overview*. Cheyenne: DDD Department of Health, State of Wyoming. Retrieved March 28, 2007, <http://www.wdn.state.wy.us.ddd/>
- Disability Services Commission (DSC). (2007). *Overview of Services*. Perth, Western Australia: Government of Western Australia. Retrieved April 19, 2007, from <http://www.dsc.wa.gov.au/default.aspx?et=130&subsiteID=67&ibcClientID=19434348&ibcClienttoken=554773>
- Disability Services Commission (DSC). (2003). *Review of the Local Area Coordination Program in Western Australia*. Perth, Western Australia: Government of Western Australia. Retrieved April 19, 2007, from http://www.dsc.wa.gov.au/cp-root/746/2/01_final_report_LAC_review.pdf
- Disability Services Commission (DSC). (2000). *People with an Intellectual Disability*. Perth, Western Australia: Government of Western Australia. Retrieved April 19, 2007, from http://www.dsc.wa.gov.au/cproot/623/2/81_Court_IssuesA5.pdf
- Dowling, S., Manthorpe, J., Cowley, S., King, S., Raymond, V., Perez, W., & Weinstein, P. (2006). *Person-centred Planning in Social Care: A Scoping Review*. London: King's College London, University of London, and Joseph Rowntree Foundation.
- Dowson, S., & Salisbury, B. (2002) *Individualized Funding: Changing Systems to Support Self-determination*. Melbourne, Victoria: Emprise International Training and Consultancy. Retrieved March 26, 2007, from http://www.emprise-international.com/downloads/Oz_Emp.pdf
- Dowson S., & Salisbury, B. (1999). *Individualized Funding: Emerging Policy Issues*. Toronto: Roeher Institute.
- Duffy, S. (2007). *Discussion Paper on Individual Service Design*. London: In Control- Retrieved April 19, 2007, from <http://www.in-control.org.uk/home.php>
- Duffy, S. (2006). The Implications of Individual Budgets. *Journal of Integrated Care*, 14(2), 3-10.
- Duffy, S. (2004). In Control. *Journal of Integrated Care*, 12(6), 7-13.
- Emprise International. (2000). *Managing Funding in an IF System*. (No Publication Information Given). Retrieved April 20, 2007, from <http://www.emprise-international.com/resources.htm>
- Emslie, A., Ifkovich, C., Lowe L., & Lawson H. (2005). *Evaluation of Support & Choice Implementation: A report for the Victorian Department of Human Services*. Melbourne: Lime Management Group.

- Essex County Council. (2006). *Direct Payments Interim Policy and Practice Guidance*. Chelmsford, Essex: Essex County Council.
- Family and Community Services/ Services familiaux et communautaires. (2004). *Disability Support Program*. Fredericton, NB: Government of New Brunswick Nouveau Brunswick.
- Gordon, C. (2005). *Guide to Individualized Funding*. North Vancouver, B.C.: North Shore Disability Resource Centre.
- Gordon R. (2000). The Emergence of Assisted (Supported) Decision-Making in the Canadian Law of Adult Guardianship and Substitute Decision-Making. *International Journal of Law and Psychiatry*, 23(1), 61-77.
- Harman, T. (n.d.) *Individualised Services and Empowering Individuals: The Challenges Ahead*. Sydney: Centre for Developmental Disability Studies, Faculty of Medicine, University of Sydney.
- Helen Anderson Associates (HAA). (2006). *The Impact of Person Centred Planning*. Executive Summary. London: HAA.
- Hjertaas, N. (2005). *Information Packages: Self-Managed Projects and Enhanced Supportive Independent Living Programs*. Regina: Regina Residential Resource Centre.
- Human Resources and Social Development Canada (HRSDC). (2007). *Government of Canada Disability Agenda*. Ottawa: HRSDC. Retrieved March 27, 2007, from http://www.hrsdc.gc.ca/en/hip/odi/11_goc.shtml#priorities
- In the Company of Friends (ICOF). (2004). *Self Esteem Resource Package*. Winnipeg, MB: ICOF.
- In the Company of Friends (ICOF). (2003). *Program Information and Guiding Principles*. Winnipeg, MB: ICOF.
- In the Company of Friends (ICOF). (2002). *Information Guidelines and Responsibilities*. Winnipeg, MB: ICOF.
- Information Centre, Adult Social Services Statistics. (2007). *Personal Social Services Expenditure and Unit Costs England 2005-06*. K. Anderson (Ed.). Boar Lane, England: Government Statistical Service.
- Joseph Rowntree Foundation (JRF). (2004). *Developing Direct Payments in the North East of England*. Findings Paper. York: JRF.
- Kent County Council (n.d.). *Supporting Direct Payments: The Kent Card Providers Guide*. England: Kent Country Council.
- Lord, J. (n.d.). *Moving Toward Citizenship: A Study of Individualized Funding in Ontario*. Toronto: Individualized Funding Coalition for Ontario. Retrieved March 19, 2007, from <http://www.individualizedfunding.ca/MOVING%20TOWARD%20CITIZENSHIP.pdf>

- Lord, J., Snow, J., & Dingwall, C. (2005). *Building a New Story: Transforming Disability Supports and Policies, Re-Visiting In Unison*. Toronto: Individualized Funding Coalition for Ontario.
- Lord, J., Zupko, B., & Hutchison, P. (2000). *More Choice and Control for People with Disabilities: Individualized Support and Funding A review*. Toronto: Ontario Federation for Cerebral Palsy.
- Lyle-O'Brien, C., & O'Brien, J. (2000). *The Origins of Person-Centered Planning: A Community of Practice Perspective*. Lithonia, GA: Responsive Systems Associates.
- Mansell, J., & Beadle-Brown, J. (2004). Person-centred Planning or Person-centred Action? Policy and Practice in Intellectual Disability Services. *Journal of Applied Research in Intellectual Disabilities*, 17(1), 1–9.
- Marrone, J. (2002). *Emerging Practices for Service Coordination/Case Management: Transition to What? (Individualized Funding, Service Brokerages, Personal Agents, Person Centered Planning, Microboards)*. Honolulu, HI: The National Center on Secondary Education and Transition, University of Hawaii at Manoa. Retrieved March 1, 2007, from <http://www.ncset.hawaii.edu/institutes/dec2002/papers/pdf/marrone%20cbi.pdf>
- Mcconkey, R. (2005). Multi-agency Working in Support of People with Intellectual Disabilities. *Journal of Intellectual Disabilities*, 9(3), 193-207.
- McDonald, C. & Zetlin, D. (2004). 'The more things change . . .': Barriers to Community Services Utilisation in Queensland. *Australian Social Work*, 57(2), 115-126.
- Miazdyck-Shield, D. (2006). *Putting People First: Building a Framework for Accessible, Individualized Resources for People with Disabilities*. Saskatoon, SK: Saskatchewan Association for Community Living Grassroots Alliance Initiative.
- National Centre for Independent Living (NCIL). (n.d.). *The Direct Payments Development Fund*. London: NCIL and the Department of Health.
- Northeast Alberta Community Board. (2004). *Understanding Your Funding Options*. Fort McMurray, AB.: Northeast Alberta Community Board for Persons with Developmental Disabilities.
- O'Brien, J. (2001). *Paying Customers Are Not Enough: The Dynamics of Individualized Funding*. Lithonia, GA: Responsive Systems Associates.
- Olmstead, J. (1999). *Implementing Self-Determination: Perspectives from Eleven States*. Washington, D.C.: Department of Social and Health Services.
- Persons with Developmental Disabilities (PDD). (2006a). *PDD Program*. Edmonton: Department of Seniors and Community Supports, Government of Alberta. Retrieved April 17, 2007, from <http://www.pdd.org/default.shtml>

- Persons with Developmental Disabilities (PDD). (2006b). *Principles for Determining Individual Support Needs*. Edmonton: Department of Seniors and Community Supports, Government of Alberta. Retrieved April 17, 2007, from http://www.pdd.org/policies/individual_needs/approved_principles.shtml
- Persons with Developmental Disabilities Alberta Provincial Board. (2005). *Annual Report 2004-05*. Edmonton: Department of Seniors and Community Supports, Government of Alberta.
- Persons with Developmental Disabilities Alberta Provincial Board. (2000). *Community Inclusion Supports Framework*. Edmonton: Department of Seniors and Community Supports, Government of Alberta.
- Pridmore, A. (2006). *Disability Activism, Independent Living, and Direct Payments*. Presentation to the Independent Living and Direct Payments: the National Picture Conference, March 22, 2006. Leeds, England.
- Salisbury, B. (2002). *What is Individualized Funding Anyway?* San Diego, CA: Emprise International Training & Consultancy. PowerPoint Presentation April 4, 2002.
- Salisbury, B. (1997). *Some Frequently Asked Questions about Individualized Funding & Service Brokerage*. (No Publisher given). Retrieved March 17, 2007, from <http://members.shaw.ca/bsalisbury/Frequently%20Asked%20Questions.rtf>
- Salisbury, B., & Collins, D. (1999). *Is Individualized Funding about to Come Full Circle in BC*. (No Publisher given). Retrieved March 17, 2007, from <http://members.shaw.ca/bsalisbury/Is%20Individualized%20Funding%20About%20to%20Come%20Full%20Circle%20in%20BC%20-%20revised.doc>
- Salter, S. (2002). *Changing the Rules of the Game: Individualized Funding in B.C.: Implications for Families and Social Workers*. Vancouver, BC: Faculty of Graduate Studies, University of British Columbia. Retrieved March 17, 2007, from http://members.shaw.ca/bsalisbury/Changing_the_Rules_of_the_Game.doc.
- Saskatchewan Health. (2007). *Cognitive Disabilities Strategy 2005-06 Progress Report*. Regina: Government of Saskatchewan.
- Scope. (n.d.) *The Direct Approach: Disabled People's Experience of Direct Payments: Summary of Findings and Key Recommendations*. London: Scope.
- Senate Standing Committee on Community Affairs. (2007). *Alternative Funding Arrangements for Disability Services*. Canberra: Commonwealth of Australia. Retrieved March 18, 2007, from http://www.aph.gov.au/Senate/committee/clac_ctte/cstda/report/c06.htm
- Social Care Institute for Excellence (SCIE). (2005). *Direct Payments: Answering Frequently Asked Questions*. London: SCIE.
- Stainton, T. (2007). *Individualized Funding*. PowerPoint Presentation at the Saskatchewan Association for Community Living Conference, March 29, Saskatoon, SK..

- Stainton, T. (2006). *Disability Supports*. PowerPoint presentation given at the conference Disability, Equality and Social Change: 25 years later. Vancouver, BC: Community Legal Assistance Society and University of British Columbia (hosts)
- Stainton, T., & Boyce, S. (2002). *An Evaluation of the Cardiff and Vale Independent Living Scheme and the Implementation of Direct Payments*. Swansea, Wales: Centre for Applied Social Studies, University of Wales.
- Stainton, T., & Salisbury, B. (2004). *Changing Systems...Changing Lives: The Role of Individualized Funding, Independent Planning Support and Community Governance*. PowerPoint presentation, Saskatoon and Regina: March 22 & 23.
- Stalker, K. & Campbell, V. (1998). Person-Centred Planning. *Health and Social Care in the Community*, 6(2), 130-134.
- Stancliffe, R., & Lakin, C. (2004). *Costs and Outcomes of Community Services for Persons with Intellectual and Developmental Disabilities. Policy Research Brief 14(1)*. Minneapolis: University of Minnesota, Research and Training Center on Community Living. Retrieved March 16, 2007, from <http://ici.umn.edu>
- State Government of Victoria. (2005). *Disability Services Act 1991 Act No. 80/1991 Version No. 014* Version incorporating amendments as at 5 April 2005. Melbourne: State Government of Victoria. Retrieved April 21, 2007, from [http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubLawToday.nsf/a12f6f60fbd56800ca256de500201e54/7578AF83F348BDA5CA256FD9001BA4E4/\\$FILE/91-80a014.pdf](http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubLawToday.nsf/a12f6f60fbd56800ca256de500201e54/7578AF83F348BDA5CA256FD9001BA4E4/$FILE/91-80a014.pdf)
- Sunderland, A. (2004). *Self-Determination for People with Developmental Disabilities Grant Results*. Princeton, NJ: Robert Wood Johnson Foundation.
- Torjman, S. (1996). *Dollars for Service: aka Individualized Funding*. Ottawa: Caledon Institute of Social Policy. Caledon Commentary Report.
- University of California (UC), Berkley Campus. (2006). *Disability Rights and Independent Living Movement*. Berkley: Regional Oral History Office, Bancroft Library University of California, Berkley Campus. Retrieved March 28, 2007, from <http://bancroft.berkeley.edu/collections/drilm/introduction.html>
- University of Minnesota (No authors given) (UM). (2002). *National Care Indicators from Three States*. Minneapolis: University of Minnesota.

Appendix A

State of Wyoming

Developmental Disabilities Division Home and Community Based Waivers FY-07 Services, Service Codes and Rates (US Funds)

Service	Code	ABI Rate	Child Rate	Adult Rate
Case Management	T2022	\$300/ month	\$200/month	\$200/month
Initial Assessment	T2024	Paid thru Medicaid	Paid thru Medicaid	Paid thru Medicaid
Personal Care	T1019	\$3.48/15 min	\$2.95/15 min	\$3.59/15 min
Respite Care	T1005	\$2.95/15 min	\$2.95/15 min	\$3.04/15 min
Special Family Habilitation Home	T2033	N/A	\$102.99/day	N/A
Homemaker	S1530	N/A	\$2.75/15 min	N/A
In-Home support	T2025	\$21.40/hour	N/A	\$33.07/hour
Residential Habilitation Training	T2013	N/A	\$21.40/hour	N/A
Residential Habilitation	T2016	VARIABLE <i>Average \$112.36/day</i>	VARIABLE <i>Average \$90.96/day</i>	VARIABLE <i>Average \$148.79/day</i>
Day Habilitation	T2020	VARIABLE <i>Average \$69.56/day</i>	N/A	VARIABLE <i>Average \$114.62/ day</i>
Prevocational	T2014	VARIABLE <i>Average \$69.56/day</i>	N/A	VARIABLE <i>Average \$104.70 /day</i>
Supported Employment	T2018	VARIABLE <i>Average \$69.56/day</i>	N/A	VARIABLE <i>Average \$81.56/day</i>
Skilled Nursing	T1002	\$20/15 min	\$15/15 min	\$15/15 min
Cognitive Retraining	T2013	\$7/15 min	N/A	N/A
Occupational Therapy	G0152	\$15/15 min	N/A	\$14/15 min
Speech Therapy	G0153	\$14/15 min	N/A	\$14/15 min
Physical Therapy	G0151	\$25/15 min	N/A	\$10/15 min
Dietician	S9470	\$10/15 min	\$10/15 min	\$10/15 min
Respiratory Therapy	G0238	N/A	\$6.25/15 min	\$10/15 min

- The waivers are a budget-based system, not a needs-based system. Plans of care must be developed within the individualized budgeted amount, therefore, many rates are variable.
- Children & ABI waiver: All rates that are above the average rate require a justification letter.
- Waiver Specialists may ask a provider for rate justification for any variable rate listed on a plan of care.
- On fixed rates, any request for an increase of a set rate must go to ECC for approval.

Revised 07-01-06

Source: Retrieved June 5, 2007, from <http://wdh.state.wy.us/Media.aspx?mediaId=806>

Province of Alberta

Regional Comparison of Persons with Developmental Disabilities (PDD) Programming Expenditures 2004-05

Board	Average Monthly Cases				Annual Number of People				Average Monthly Cost per Person (\$)		
	2005	2004	% Change		2005	2004	% Change		2005	2004	% Change
Northwest	340	328	3.7		370	369	0.3		4255	4039	4.6
Northeast	479	456	5.1		538	520	3.5		3946	3869	2.0
Edmonton	2471	2334	5.9		2712	2597	4.4		4504	4501	0.1
Central	1706	1683	1.4		1839	1834	0.3		5812	5660	2.7
Calgary	2257	2115	6.7		2611	2390	9.2		4214	4164	1.2
South	1027	992	3.5		1110	1047	6.0		4137	4054	2.0
Net Provincial	8280	7908	4.7		9107	8696	4.7		4686	4621	1.4

Source: Persons with Developmental Disabilities Alberta Provincial Board, *Annual Report 2004-05*: 23.

Province of Alberta
Northwest Community Board
PDD Funding Formula

- *Applicable to both IFA and Contract*
- *Funding Formula amounts include 13% benefits*
- *Relief costs to be negotiated on a case by case basis*
- *Rates effective April 1, 2006*

Community Rehabilitation Careers Project Positions	NW PDD Funding Level per position (Cdn. Funds)
Team Leader	\$ 18.67
Job Developer	\$ 17.34
Instructor/Job Coach	\$ 17.34
Community Rehab. Worker 11	\$ 17.34
Community Rehab. Worker 1A	\$ 15.32
Community Rehab. Worker 1B	\$ 13.99
Sleepover	\$8.07

October 6, 2006

Source: Retrieved May 5, 2007, from http://www.pdd.org/docs/nw/FundingFormula_Apr2006.pdf

Appendix B

Community Living BC
Suite 101 - 3705 Willingdon Avenue, Burnaby, BC V5G 3H3
(604) 660-5011 Phone (604) 660-5035 Fax
www.communitylivingbc.ca

INDIVIDUAL AND FAMILY SUPPORT POLICY

PURPOSE

The intent of the Individual and Family Support Policy is to establish how CLBC will make decisions about the allocation of resources and what individuals and families can expect as they work with its staff to develop and implement a range of individualized supports and services.

OVERVIEW

Specifically, the objective of this policy is to:

- Provide clear guidance to staff, individuals, families and community partners about how funding will be allocated and their respective roles and responsibilities.
- Introduce an equitable and effective process for reviewing and approving requests for funding and supports; based on fair and easily understood criteria.
- Clarify what types of support are eligible for CLBC funding.

ROLES and RESPONSIBILITIES

CLBC distinguishes the role of a Facilitator who may assist an individual or family with the development of a Personal Support Plan, from that of a Quality Service Analyst who reviews and allocates the financial resources related to a plan.

Facilitators:

- Assist individuals and families to determine whether they are eligible for CLBC services and explain what is required to confirm eligibility
- Assist individuals or families as requested to develop and implement personal support plans that are tailored to each person's specific requirements
- As part of that plan, assist individuals and families to access generic community services and activities as well as CLBC funded supports.

Quality Service Analysts:

- Confirm eligibility for CLBC services prior to plan development
- Collect all the necessary information to determine whether a plan is approved or needs modification
- Determine if the request for funded supports in the plan is assigned priority and immediately funded or waitlisted.

PERSONAL SUPPORT PLANS

A personal support plan is used to identify an individual's or family's personal goals for living in community as well as their disability-related needs. A plan can be developed by the person or family on their own or with the support of a CLBC facilitator, personal network, friends or trusted advisors.

Although personal support plans may be completed in a range of formats, all plans must address the following key elements:

1) PERSONAL PROFILE

- a) A description of the individual, including age, interests, abilities, strengths and disabilities. Cultural, heritage and other relevant background information may also be included.
- b) A description of the types and extent of services and supports used by the individual or family in the past
- c) A description of the individual's situation (e.g. where they are living; who they are living with; daytime activities; how they are currently supported; if they have a Representation Agreement or Committee acting on their behalf)
- d) A clear statement about what benefits an individual or family expects to receive through the use of the supports being requested
- e) A description of how the individual, a family or others have been involved in the development of a plan.

2) TYPE and COSTS of SUPPORTS**a) Generic and Informal Supports**

A description of the role generic community programs, services and activities can play in assisting a person to achieve personal goals. For example, to what extent are local transportation services, community clubs, recreation centres or special interest or hobby clubs being used, or considered?

b) Support or Contribution by Family and Friends

A description of the role family, personal networks and friends will play

in assisting the person to achieve identified personal goals. Families are encouraged and appreciated for their efforts to support their ADULT son or daughter, but are not required to make a financial contribution, unless required to do so under a court order or other legal obligation.

c) Other Sources of Funding

An individual or family is required to disclose what other forms of government funding (Federal or Provincial) they currently receive for community living supports and whether they have a discretionary or financial trust account to cover related expenses.

d) Funded CLBC Supports

A description of what individualized supports are required in each of the following areas of the individual's life. The type, quantity and cost of supports should be detailed as well as total budget request. Please include an explanation of why the particular type of support requested has been chosen. Costs for particular services may be accessed through the Catalogue of Services. The examples provided are not intended to limit what may be included in each category.

Home Living:

Preparing food, eating, housekeeping, personal hygiene, dressing, locating an alternative place to live, respite

Transition Supports:

Participating in volunteer or training settings, learning self-management strategies, learning life skills, completing work tasks, part-time jobs, connections with school, moving from home.

Community Inclusion:

Learning how to use public transportation, shopping, using recreational facilities, participating in social clubs and groups, church or volunteer activities

Education and Employment:

Participating in training settings, developing skills like reading signs and counting change, completing work tasks, job support including interacting with co-workers.

Professional Support:

Counseling, augmentative communication, service provider training, and psychological assessment.

Behavioral Support:

Prevention of self-injury, assistance to learn more appropriate ways to interact with others, behavioral intervention.

Health Care Planning & Medical Supports:

Equipment, seizure management, lifting, transferring, respiratory care, nursing support, medication management, health care protocols, and specific other areas which need to be considered for an individual.

Family Supports:

Parenting (with children under 19), peer and sibling support, information and resources, respite.

Anticipated Need for Crisis Support:

Under certain circumstances, individuals and families may be able to anticipate a potential crisis or emergent situation, particularly if there has been a pattern of crisis activity in the past. In such situations, a description of the anticipated or potential crisis is required, as well as it will be addressed and the potential costs of crisis support.

DECISION-MAKING GUIDELINES

Requests for individualized or agency funded supports must:

- Be based on a support plan
- Reflect the most cost-effective support options without compromising quality
- Adhere to the values and principles of CLBC
- Meet standards to ensure the person will be safe
- Reflect a balance of informal supports, generic resources and funded services
- Provide a clear linkage between an individual's disability-related needs personal goals, and the supports requested to achieve the goals

Decisions regarding funded supports are subject to CLBC's financial and legal accountabilities.

SUPPORT and FUNDING GUIDELINES***Funding Requests***

CLBC reviews requests for individualized supports and funding using the following guidelines:

- Funding allocations are based on the type and amount of support being requested, taking into account standard range of costs for a particular geographic region. Information on the type, amount and cost within the total budget needs to be provided.
- Approval in principle will be given to each funding request and a maximum amount payable will be identified. The final amount will be defined in the itemized agreement the individual or family signs with CLBC.
- The cost of required assistance, within CLBC guidelines, in using and managing Individualized Funding is to be included.
- Individuals or families may need to obtain information from service providers on the estimated costs of block-funded services if these services are to be included in a plan. A budget summary sheet can be appended to the personal support plan.
- Funding allocation decisions will be equitable.
- Funding requests must relate to the disability related needs of the person and priority will be given to the most effective and efficient method of response.
- Resources will be allocated in a manner that supports the reasonable distribution of available funds while increasing an individual's or family's opportunity to be involved in their community.
- Supports and resources that are the responsibility of other ministries or agencies, such as child care; therapeutic services, education programs; early intervention; and family support for children under six will not be funded by CLBC.
- Supports and items that are typically an individual's or family's responsibility or that can be funded through alternative programs will not be covered by CLBC
- Payment to family members for the provision of supports will be funded only under the circumstances outlined in the 'Payment to Family Members' Policy.

METHODS of PAYMENT

Funding may be provided through a funded contract with a service provider.

Where individuals receive Individualized Funding, these payment methods may be available to them:

- direct transfer to a separate account established solely for the purpose of receiving and dispersing funds to service providers related to an approved plan;
- electronic transfer of approved funds to the selected service provider; or a third party
- administrator
- a combination of the above two options.

TIMELINES

Individuals or families who submit a support plan to CLBC for consideration will receive a response within 30 days. This time frame also applies to requests for a review of supports and funding due to changing needs and circumstances.

Document Available online at: http://communitylivingbc.ca/what_we_do/pdf/Individual_and_Family_Support_Policy.pdf

Appendix C

PDF Version available at: www.danecountyhumanservices.org/pdf/contract_2007_cbrf_rcac.pdf

DCDHS - COUNTY OF DANE Purchase of Services Agreement

THIS AGREEMENT is made and entered into by and between the County of Dane (hereafter referred to as “COUNTY”) and _____ (hereafter, “PROVIDER”), as of the respective dates representatives of both parties have affixed their respective signatures.

WHEREAS COUNTY, whose address is 1202 Northport Drive, Madison, Wisconsin 53704, desires to purchase services from PROVIDER, whose address is _____ for the purpose of

Self-Directed Day Services

Self-Directed Community Based Work Services

Self-Directed Facility-Based Work Services

Self-Directed Supported Living Arrangement Services

Self-Directed Daily Living Skill Training

(through the Self-Directed Support Program (SDS) for the benefit of eligible developmentally disabled participants identified by COUNTY.)

These services are more particularly described in Section 1 of Schedule A.

AND WHEREAS PROVIDER, is able and willing to provide such services;

NOW, THEREFORE, in consideration of the mutual covenants of the parties hereinafter set forth, the receipt and sufficiency of which is acknowledged by each party for itself, COUNTY and PROVIDER do agree as follows:

SECTION A

(General Terms)

I. TERM.

The term of this Agreement shall commence as of the BEGIN DATE and shall end as of the EXPIRATION DATE, both of which are set forth on page one (1) hereof. PROVIDER

shall complete its service obligations under this Agreement not later than the EXPIRATION DATE. COUNTY shall not be liable for any services performed by PROVIDER other than during the term of this Agreement. COUNTY shall never pay more than the “maximum cost” as stated above for all services.

II. SERVICES.

- A. PROVIDER agrees to provide the services detailed on the attached Schedule A, which is fully incorporated herein by reference.
- B. PROVIDER shall furnish the services contained in and comply with the performance and productivity requirements contained in the “Program Summary” document, which is attached hereto and fully incorporated herein by reference.
- C. PROVIDER agrees to cooperate with departments, agencies, employees and officers of COUNTY in providing the services described herein.
- D. PROVIDER agrees to secure at PROVIDER’s own expense all personnel necessary to carry out PROVIDER’s obligations under this Agreement. Such personnel shall not be deemed to be employees of COUNTY. PROVIDER shall ensure PROVIDER’S personnel are instructed that they will not have any direct contractual relationship with COUNTY. COUNTY shall not participate in or have any authority over any aspect of PROVIDER’S personnel policies and practices, and shall not be liable for actions arising from such policies and practices.
- E. PROVIDER warrants that it has complied with all necessary requirements to do business in the State of Wisconsin, and that the persons executing this Agreement on its behalf are authorized to do so.
- F. PROVIDER shall notify COUNTY immediately, in writing, of any change in its registered agent, his or her address, and/or PROVIDER’s legal status. For a partnership, the term ‘registered agent’ shall mean a general partner.
- G. PROVIDER understands that time is of the essence.
- H. Unless specified differently herein, a PROVIDER shall maintain a consistent volume of service delivery throughout the months of the Agreement as determined by COUNTY.

III. NON-DISCRIMINATION.

- A. During the term of this Agreement, PROVIDER agrees not to discriminate on the basis of age, race, ethnicity, religion, color, gender, disability, marital status, sexual orientation, national origin, cultural differences, ancestry, physical appearance, arrest record or conviction record, military participation or membership in the national guard,

state defense force or any other reserve component of the military forces of the United States, or political beliefs against any person, whether a recipient of services (actual or potential) or an employee or applicant for employment. Such equal opportunity shall include but not be limited to the following: employment, upgrading, demotion, transfer, recruitment, advertising, layoff, termination, training, rates of pay, and any other form of compensation or level of service(s).

- B. PROVIDER agrees to post in conspicuous places, available to all employees, service recipients and applicants for employment and services, notices setting forth the provisions of this paragraph. The listing of prohibited bases for discrimination shall not be construed to amend in any fashion state or federal law setting forth additional bases, and exceptions shall be permitted only to the extent allowable in state or federal law.

IV. CIVIL RIGHTS COMPLIANCE.

- A. If PROVIDER has 20 or more employees and receives \$20,000 in annual contracts with COUNTY, the PROVIDER shall submit to the COUNTY a current Civil Rights Compliance Plan (CRC) for Meeting Equal Opportunity Requirements under Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title VI and XVI of the Public Service Health Act, the Age Discrimination Act of 1975, the Omnibus Budget Reconciliation Act of 1981 and Americans with Disabilities Act (ADA) of 1990. PROVIDER shall also file an Affirmative Action (AA) Plan with COUNTY in accordance with the requirements of chapter 19 of the Dane County Code of Ordinances. PROVIDER shall submit a copy of its discrimination complaint form with its CRC/AA Plan. The CRC/AA Plan must be submitted prior to the effective date of this Agreement and failure to do so by said date shall constitute grounds for immediate termination of this Agreement by COUNTY. If an approved plan has been received during the previous CALENDAR year, a plan update is acceptable. The plan may cover a two-year period. Providers who have less than twenty employees, but who receive more than \$20,000 from the COUNTY in annual contracts, may be required to submit a CRC Action Plan to correct any problems discovered as the result of a complaint investigation or other Civil Rights Compliance monitoring efforts under paragraph (20) below. If PROVIDER submits a CRC/AA Plan to a Department of Workforce Development Division or to a Department of Health and Family Services Division that covers the services purchased by Dane County, a verification of acceptance by the State of PROVIDER's Plan is sufficient.
- B. PROVIDER agrees to comply with the COUNTY's civil rights compliance policies and procedures. PROVIDER agrees to comply with civil rights monitoring reviews performed by the COUNTY, including the examination of records and relevant

files maintained by the PROVIDER. PROVIDER agrees to furnish all information and reports required by the COUNTY as they relate to affirmative action and non-discrimination. The PROVIDER further agrees to cooperate with the COUNTY in developing, implementing, and monitoring corrective action plans that result from any reviews.

- C. PROVIDER shall post the Equal Opportunity Policy, the name of the PROVIDER's designated Equal Opportunity Coordinator and the discrimination complaint process in conspicuous places available to applicants and clients of services, and applicants for employment and employees. The complaint process will be according to COUNTY's policies and procedures and made available in languages and formats understandable to applicants, clients and employees. PROVIDER shall supply to the Dane County Contract Compliance Officer upon request a summary document of all client complaints related to perceived discrimination in service delivery. These documents shall include names of the involved persons, nature of the complaints, and a description of any attempts made to achieve complaint resolution.
- D. PROVIDER shall provide copies of all announcements of new employment opportunities to the Dane County Contract Compliance officer when such announcements are issued.
- E. If PROVIDER is a government entity having its own compliance plan, PROVIDER'S plan shall govern PROVIDER's activities.

V. AFFIRMATIVE ACTION.

- A. If PROVIDER has twenty (20) or more employees and receives \$20,000 in annual contracts with COUNTY, PROVIDER shall file an Affirmative Action Plan with the Dane County Contract Compliance Officer in accord with chapter 19 of the Dane County Code of Ordinances. Such plan must be filed within fifteen (15) days of the effective date of this Agreement and failure to do so by said date shall constitute grounds for immediate termination of this Agreement by COUNTY.
- B. PROVIDER shall also, during the term of this Agreement, provide copies of all announcements of employment opportunities to COUNTY's Contract Compliance office, and shall report annually the number of persons, by race, ethnicity, gender, and disability, status, who apply for employment and, similarly classified, the number hired and the number rejected.
- C. PROVIDER agrees to furnish all information and reports required by COUNTY's Contract Compliance Officer as the same relate to affirmative action and nondiscrimination, which may include any books, records, or accounts deemed appropriate to determine compliance with chapter 19, D. C. Ords., and the provisions of this Agreement.

VI. AMERICANS WITH DISABILITIES ACT COMPLIANCE; BILINGUAL SERVICES.

- A. PROVIDER and all Subcontractors agree not to discriminate on the basis of disability in accordance with The Americans with Disabilities Act (ADA) of 1990, the Wisconsin Statutes secs. 111.321 and 111.34, and Chapter 19 of the Dane County Code of Ordinances. PROVIDER agrees to post in conspicuous places, available to employees, service recipients, and applicants for employment and services, notices setting forth the provisions of this paragraph.
- B. PROVIDER shall give priority to those methods that offer programs and activities to disabled persons in the most integrated setting. Where service or program delivery is housed in an inaccessible location, and accessible alterations are not readily achievable, PROVIDER agrees to offer “programmatic accessibility” to recipients (real or potential) of said services and programs (e.g. change time/location of service).
- C. PROVIDER agrees that it will employ staff with bilingual, special translation, and sign language skills appropriate to the needs of the client population, or will purchase the services of qualified adult interpreters who are available within a reasonable time to communicate with limited English proficient and hearing impaired clients. PROVIDER agrees to refrain from the use of family members or friends as language interpreters unless specifically requested by the consumer and after a qualified agency interpreter has been offered. PROVIDER agrees to train staff in human relations techniques, sensitivity to persons with disabilities and sensitivity to cultural characteristics. PROVIDER agrees to make programs and facilities accessible, as appropriate, through outstations, authorized representatives, adjusted work hours, ramps, doorways, elevators, or ground floor rooms. PROVIDER agrees to provide, free of charge, all documents necessary to its clients’ meaningful participation in PROVIDER’s programs and services in alternative formats and languages appropriate to the needs of the client population, including, but not limited to, Braille, large print and verbally transcribed or translated taped information. PROVIDER agrees to maintain comprehensive policies to ensure compliance with Title VI of the Civil Rights Act of 1964, updated to address the needs of employees, and clients with limited English proficiency. The PROVIDER agrees that it will train its staff on the content of these policies and will invite its applicants and clients to identify themselves as persons needing additional assistance or accommodations in order to apply for or participate in PROVIDER’s programs and services.

VII. EQUAL OPPORTUNITY NOTICE.

In all solicitations for employment placed on PROVIDER’s behalf during the term of this Agreement, PROVIDER shall include a statement to the effect that PROVIDER is an “Equal Opportunity Employer.”

VIII. ASSIGNMENT AND TRANSFER.

PROVIDER shall neither assign nor transfer any interest or obligation in this Agreement without the prior written consent of COUNTY, unless otherwise provided herein. Claims for money due to PROVIDER from COUNTY under this Agreement may be assigned to a bank, trust company or other financial institution without COUNTY consent if and only if the instrument of assignment provides that the right of the assignee in and to any amounts due or to become due to PROVIDER shall be subject to prior claims of all persons, firms and corporations for services rendered or materials supplied for the performance of the work called for in this Agreement. PROVIDER shall furnish COUNTY with notice of any such assignment or transfer.

IX. TERMINATION, SUSPENSION AND /OR MODIFICATION.

This Agreement may be terminated and/or its terms may be modified or altered as follows:

- A. Either Party may terminate the Agreement, for any reason, at any time upon 90 days' written notice.
- B. Failure of PROVIDER to fill any of its obligations under Agreement in a timely manner or violation by PROVIDER of any covenants or stipulations contained in this Agreement shall constitute grounds for COUNTY to terminate this Agreement upon ten (10) days' written notice of the effective date of termination.
- C. The following shall constitute grounds for immediate termination:
 1. violation by PROVIDER of any State, Federal or local law, or failure by PROVIDER to comply with any applicable States and Federal service standards, as expressed by applicable statutes, rules and regulations.
 2. failure by PROVIDER to carry applicable licenses or certifications as required by law.
 3. failure of PROVIDER to comply with reporting requirements contained herein.
 4. inability of PROVIDER to perform the work provided for herein.
 5. exposure of a client to immediate danger when interacting with PROVIDER.
- D. In the event of cancellation or reduction of State, Federal or County funding upon which COUNTY relies to fulfill its obligations under this agreement, PROVIDER agrees and understands that COUNTY may take any of the following actions:
 1. COUNTY may terminate this Agreement, upon thirty (30) days written notice.
 2. COUNTY may suspend this Agreement without notice for purposes of evaluating the impact of changed funding.

3. COUNTY may reduce funding to PROVIDER upon thirty (30) days written notice. If COUNTY opts to reduce funding under this provision, COUNTY may, after consultation between PROVIDER and COUNTY's contract manager or designee, specify the manner in which PROVIDER accomplishes said reduction, including, but not limited to, directing PROVIDER to reduce expenditures on designated goods, services and/or costs.
- E. Failure of the Dane County Board of Supervisors or the State or Federal Governments to appropriate sufficient funds to carry out COUNTY's obligations hereunder or failure of PROVIDER to timely commence the contracted for services, shall result in automatic termination of this Agreement as of the date funds are no longer available, without notice.
- F. Termination or reduction actions taken by COUNTY under this Agreement are not subject to the review process set forth in section XIX B of this document.

X. RENEGOTIATION.

- A. This Agreement or any part thereof, may be renegotiated at the option of County in the case of: 1) increased or decreased volume of services; 2) changes required by Federal or State law or regulations or court action; 3) cancellation, increase or decrease in funding; 4) changes in service needs identified by COUNTY; 5) PROVIDER's failure to provide monthly services purchased; or 6) upon any mutual agreement. PROVIDER agrees to renegotiate in good faith if COUNTY exercises this option.
- B. Any agreement reached pursuant to renegotiation shall be acknowledged through a written Agreement addendum signed by COUNTY and PROVIDER.
- C. Changes to the number of units purchased under this Agreement pursuant to renegotiation shall be reflected by amendment to the Program Summary.
- D. If PROVIDER refuses to renegotiate in good faith as required by this section, COUNTY may either terminate the contract or unilaterally adjust payments downward to reflect COUNTY's best estimate of the volume of services actually delivered by PROVIDER under this Agreement.

XI. PENALTIES.

- A. PROVIDER shall provide immediate notice in the event it will be unable to meet any deadline, including deadlines for filing reports, set by COUNTY. Concurrent with notification, PROVIDER shall submit either a request for an alternative deadline or optional courses of action or both. COUNTY may grant or deny the request. COUNTY has the prerogative to withhold payment to PROVIDER upon denial of request or until any condition set by COUNTY is met. In the case of contracts that have been

renewed or continued from a previous contractual period, COUNTY may withhold payment in the current period for failures that occurred in a previous period.

- B. If COUNTY is liable for damages sustained as a result of breach of this Agreement by PROVIDER, COUNTY may withhold payments to PROVIDER as set off against said damages.
- C. If, through any act of or failure of action by PROVIDER, COUNTY is required to refund money to a funding source or granting agency, PROVIDER shall pay to COUNTY within ten (10) working days any such amount, along with any interest and penalties.

XII. INSURANCE.

- A. In order to protect itself and COUNTY, its officers, boards, commissions, agencies, employees and representatives under the indemnity provisions of paragraph 13 below, PROVIDER shall obtain and at all times during the term of this Agreement keep in full force and effect comprehensive general liability and auto liability insurance policies (as well as professional malpractice or errors and omissions coverage for professional service or where applicable), issued by a company or companies authorized to do business in the State of Wisconsin and licensed by the Wisconsin Insurance Department, with liability coverage provided for therein in the amounts of at least \$1,000,000.00 CSL (Combined Single Limits). Coverage afforded shall apply as primary. COUNTY shall be given ten (10) days advance notice of cancellation or nonrenewal. Upon execution of this Agreement, PROVIDER shall furnish COUNTY with a Certificate of Insurance listing COUNTY as an additional insured and, upon request, certified copies of the required insurance policies. If PROVIDER's insurance is underwritten on a Claims-Made basis, the Retroactive Date shall be prior to or coincide with the date of this agreement, the Certificate of Insurance shall state that professional malpractice or errors and omissions coverage, if the services being provided are professional services coverage is Claims- Made and indicate the Retroactive Date, PROVIDER shall maintain coverage for the duration of this Agreement and for six (6) years following the completion of this Agreement. PROVIDER shall furnish COUNTY, annually on the policy renewal date, a Certificate of Insurance as evidence of coverage. It is further agreed that PROVIDER shall furnish the COUNTY with a 30-day notice of aggregate erosion, in advance of the Retroactive Date, cancellation, or renewal. It is also agreed that on Claims-Made policies, either PROVIDER or COUNTY may invoke the tail option on behalf of the other party and that the Extended Reporting Period premium shall be paid by PROVIDER. In the event any action, suit or other proceeding is brought against COUNTY upon any matter herein indemnified against, COUNTY shall give reasonable notice thereof to PROVIDER and shall cooperate with PROVIDER's attorneys in the defense of

the action, suit or other proceeding. PROVIDER shall furnish evidence of adequate Worker's Compensation Insurance.

- B. In case of any sublet of work under this Agreement, PROVIDER shall furnish evidence that each and every subcontractor has in force and effect insurance policies providing coverage identical to that required of PROVIDER.
- C. COUNTY, acting at its sole option and through its Risk Manager, may waive any and all insurance requirements. Waiver is not effective unless in writing. Such waiver may include or be limited to a reduction in the amount of coverage required above. The extent of waiver shall be determined solely by COUNTY's Risk Manager taking into account the nature of the work and other factors relevant to COUNTY's exposure, if any, under this Agreement.
- D. The requirements of section XII are waived where PROVIDER is the State of Wisconsin.

XIII. INDEMNIFICATION BY PROVIDER.

- A. PROVIDER shall indemnify, hold harmless and defend COUNTY, its boards, commissions, agencies, officers, employees and representatives against any and all liability, loss (including, but not limited to, property damage, bodily injury and loss of life), damages, costs or expenses which COUNTY, its officers, employees, agencies, boards, commissions and representatives may sustain, incur or be required to pay by reason of PROVIDER furnishing the services or goods required to be provided under this Agreement, provided, however, that the provisions of this paragraph shall not apply to liabilities, losses, charges, costs, or expenses caused by or resulting from the acts or omissions of COUNTY, its agencies, boards, commissions, officers, employees or representatives. The obligations of PROVIDER under this paragraph shall survive the expiration or termination of this Agreement.
- B. Except as otherwise provided herein, it is understood that COUNTY assumes no control over PROVIDER's business operations, methods or procedures. PROVIDER shall indemnify hold harmless and defend COUNTY against any and all loss, including attorney fees, arising from any aspect of PROVIDER's personnel policies or practices.

XIV. NO WAIVER OF RIGHT OF RECOVERY.

In no event shall the making of any payment or acceptance of any service or product required by this Agreement constitute or be construed as a waiver by COUNTY of any breach of the covenants of this Agreement or a waiver of any default of PROVIDER. The making of any such payment or acceptance of any such service or product by

COUNTY while any such default or breach shall exist shall in no way impair or prejudice the right of COUNTY with respect to recovery of damages or other remedy as a result of such breach or default.

XV. EMERGENCY PLANNING.

- A. In order for PROVIDER and the people PROVIDER serves to be prepared for an emergency such as a tornado, blizzard, electrical blackout or other natural or man-made disaster, PROVIDER shall develop a written plan that addresses:
1. The steps PROVIDER has taken or will be taking to prepare for an emergency;
 2. Which, if any, of PROVIDER's services will remain operational during an emergency;
 3. The role of staff members during an emergency;
 4. PROVIDER's order of succession and emergency communications plan; and
 5. How PROVIDER will assist clients/consumers to individually prepare for an emergency.

A copy of the written plan should be kept at each of PROVIDER's offices.

- B. Providers who offer case management or residential care for individuals with substantial cognitive, medical, or physical needs shall assure at-risk clients/consumers are actively encouraged to develop an individualized emergency preparedness plan and have been offered any assistance they might require to complete the plan.

XVI. LIVING WAGE.

- A. PROVIDER agrees to pay all workers employed by PROVIDER in the performance of this Agreement, whether on a full-time or part-time basis, the prevailing living wage as defined in section 25.015(1)(f), Dane County Ordinances. PROVIDER agrees to make available for COUNTY inspection PROVIDER's payroll records relating to employees providing services on or under this Agreement or subcontract.
- B. If any payroll records of PROVIDER contain any false, misleading or fraudulent information, or if PROVIDER fails to comply with the provisions of section 25.015 of the Dane County Code of Ordinances, COUNTY may withhold payments on the Agreement, terminate, cancel or suspend the Agreement in whole or in part, or, after a due process hearing, deny PROVIDER the right to participate in bidding on future county contracts for a period of one year after the first violation is found and for a period of 3 years after a second violation is found.
- C. PROVIDER agrees to submit a certification as required in section 25.015(7) of the Dane County Code of Ordinances.

- D. PROVIDER agrees to display COUNTY's current living wage poster in a prominent place where it can be easily seen and read by persons employed by PROVIDER.
- E. PROVIDER shall ensure that any subcontractors conform with the provisions of this section.
- F. The following are exemptions from the requirements of this section:
 - 1. When the Maximum Cost of the Agreement is less than \$5,000;
 - 2. When the provider is a school district, a municipality, or other unit of government;
 - 3. When the County is purchasing residential services at an established per bed rate;
 - 4. When employees are persons with disabilities working in employment programs and the provider holds a current sub-minimum wage certificate issued by the U.S. Department of Labor or where such a certificate could be issued but for the fact that the employer is paying a wage higher than the minimum wage;
 - 5. When an individual receives compensation for providing services to a family member;
 - 6. When employees are student interns;
 - 7. When the provider meets any other criteria for exemption outlined in section 25.015(1)(d) of the Dane County Code of Ordinances;
 - 8. Where the contract is funded by a government agency requiring a different living wage, the higher wage requirement shall prevail.

XVII. CONFIDENTIALITY.

- A. PROVIDER agrees to comply with all pertinent Federal and State statutes, rules, regulations and county ordinances related to confidentiality. Further, COUNTY and PROVIDER agree that:
 - 1. Client specific information, including, but not limited to, information which would identify any of the individuals receiving services under this Agreement, shall at all times remain confidential and shall not be disclosed to any unauthorized person, forum, or agency except as permitted or required by law.
 - 2. PROVIDER knows and understands it is not entitled to any client specific information unless it is released to persons who have a specific need for the information which is directly connected to the delivery of services to the client under the terms of this Agreement and only where such persons require the requested information to carry out official functions and responsibilities.
 - 3. Upon request from COUNTY, client specific information, including but not limited

to treatment information, shall be exchanged between PROVIDER and COUNTY, consistent with applicable federal and state statutes, for the following purposes:

- a. Research (names and specific identifying information not to be disclosed);
- b. Fiscal and clinical audits and evaluations;
- c. Coordination of treatment or services; and
- d. Determination of conformance with court-ordered service plans.

B. Health Insurance Portability and Accountability Act of 1996 (HIPAA) Applicability.

- 1. The PROVIDER agrees to comply with the federal regulations implementing the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to the extent those regulations apply to the services the PROVIDER provides or purchases with funds provided under this contract.
- 2. In addition, certain functions included in this Agreement may be covered within HIPAA rules. As such, the COUNTY must comply with all provisions of the law. If COUNTY has determined that PROVIDER is a “Business Associate” within the context of the law, PROVIDER will sign and return the attached Business Associate Agreement, which will be included and made part of this Agreement.

XVIII. RECORD OWNERSHIP.

- A. It is understood that in the event this contract terminates for any reason, COUNTY, at its option may take ownership of all records created for the purpose of providing and facilitating provision of services under the contract.
- B. If, as the result of the expiration or termination of this Agreement, PROVIDER discontinues services provided under this Agreement to any client who continues to require such service, COUNTY shall have the right to take immediate physical custody of any of the client’s records that are necessary to facilitate the transition of services to another provider of such service, including, but not limited to, all documents, electronic data, products and services prepared or produced by PROVIDER under this Agreement.

XIX. DISPUTE RESOLUTION.

- A. **Good faith efforts.** In the event of a dispute between PROVIDER and COUNTY involving the interpretation or application of the contents of this Agreement, PROVIDER and COUNTY agree to make good faith efforts to resolve grievances informally.
- B. **Formal procedure.** In the event informal resolution is not achieved, COUNTY and PROVIDER shall follow the following procedure to resolve all disputes:

Step 1: PROVIDER's Chief Executive Officer shall present a description of the dispute and PROVIDER's position, in writing, to COUNTY's Division Manager within fifteen (15) working days of gaining knowledge of the issue. The description shall cite the provision or provisions of this Agreement that are in dispute and shall present all available factual information supporting PROVIDER's position. Failure to timely provide said document constitutes a waiver of PROVIDER's right to dispute the item.

Step 2: Both parties shall designate representatives, who shall attempt to reach a mutually satisfactory resolution within the fifteen (15) working days after mailing of the written notice.

Step 3: If resolution is not reached in Step 2, COUNTY's Division Manager shall provide by mail and in writing, an initial decision. Said decision shall be binding until and unless a different decision is reached as outlined below.

Step 4: PROVIDER's Chief Executive Officer or equivalent may request a review of the initial decision by mailing a written request to County's Human Services Director within fifteen (15) working days of the receipt of the initial decision. Failure to timely provide said request constitutes a waiver of PROVIDER's right to dispute the item.

Step 5: COUNTY's Human Services Director shall respond to the request for review by mailing a final written decision to PROVIDER within fifteen (15) working days of receipt of the request.

Step 6: PROVIDER's Chief Executive Officer or equivalent may request a review by the County Executive of the final decision by mailing said request within fifteen (15) working days of the postmarked date of the final decision. Failure to timely provide said request constitutes a waiver of PROVIDER's right to dispute the item.

Step 7: The County Executive shall provide a final decision by mailing it to PROVIDER within fifteen (15) working days following the postmarked date of the request for a review. The decision of the County Executive is final and binding on the parties.

C. Client Grievance Procedure.

1. PROVIDER shall have a written client grievance procedure approved by COUNTY, posted in its service area, at all times during the term of this Agreement.
2. Where Clients may be entitled to an administrative hearing concerning eligibility, PROVIDER will cooperate with COUNTY in providing notice of said eligibility to clients.

XX. LICENSE, CERTIFICATION AND STANDARD COMPLIANCE

- A. **Service standards.** PROVIDER agrees to meet State and Federal service standards as expressed by State and Federal statutes, rules, and regulations applicable to the services covered by this Agreement.
- B. **Licenses and certifications.** Where required by law, PROVIDER must, at all times, be licensed or certified by either the State or County as a qualified provider of the services purchased hereby. PROVIDER shall submit copies of the required licenses or certifications upon request by COUNTY.
- C. **County Standards.** Where the PROVIDER is not certified, licensed, or otherwise regulated, and COUNTY wants to apply a specific set of standards to PROVIDER, the same are specified in this Agreement.
- D. **Notification.** PROVIDER shall notify the COUNTY promptly, in writing, if it is unable to comply with any of the above State or Federal requirements.

XXI. MISCELLANEOUS PROVISIONS.

- A. **Choice Of Law.** It is expressly understood and agreed to by the parties hereto that in the event of any disagreement or controversy between the parties, Wisconsin law shall be controlling. Venue for any legal proceedings shall be in the Dane County Circuit Court.
- B. **Limitation of Agreement.** This Agreement is intended to be an agreement solely between the parties hereto and for their benefit only. No part of this Agreement shall be construed to add to, supplement, amend, abridge or repeal existing duties, rights, benefits or privileges of any third party or parties, including but not limited to employees or subcontractors of either of the parties. Except, where PROVIDER intends to meet its obligations under this or any part of this Agreement through a subcontract with another entity, PROVIDER shall first obtain the written permission of COUNTY; and further, PROVIDER shall ensure that it requires of its subcontractor the same obligations incurred by PROVIDER under this Agreement.
- C. **Entire Agreement.** The entire agreement of the parties is contained herein and this Agreement supersedes any and all oral agreements and negotiations between the parties relating to the subject matter hereof. The parties expressly agree that this Agreement shall not be amended in any fashion except in writing, executed by both parties.
- D. **Counterparts.** The parties may evidence their agreement to the foregoing upon one or several counterparts of this instrument, which together shall constitute a single instrument.

- E. **County Logo.** PROVIDER agrees to display the DCDHS logo in its waiting rooms and incorporate the logo in all PROVIDER publications and stationery that pertain to services funded by COUNTY. Costs associated with display of the logo are the responsibility of COUNTY.
- F. **Patents and Inventions.** PROVIDER may elect to retain the entire right, title and interest to any invention conceived or first actually reduced to practice in the performance of this Agreement as provided by 37 CFR 401. In the event any invention results from work performed jointly by PROVIDER and COUNTY, the invention(s) shall be jointly owned.
- G. **Severability.** The invalidity or un-enforceability of any particular provision of this Agreement shall not affect the other provisions herein, and this Agreement shall be construed, in all respects, as though all such invalid or unenforceable provisions were omitted.

XXII. DELIVERY OF NOTICES.

Notices, bills, invoices and reports required by this Agreement shall be deemed delivered as of the date of postmark if deposited in a United States mailbox, first class postage attached, addressed to a party's address as set forth in this Agreement. Any party changing its address shall notify the other party in writing within five (5) business days.

SECTION B

(Financial Terms)

XXIII. FINANCIAL PROVISIONS.

A. Accounting. PROVIDER shall adhere to the State of Wisconsin's Allowable Cost Policy Manual, including revisions and updates. PROVIDER agrees to return to COUNTY any funding paid in excess of allowable costs.

B. Method of Payment. PROVIDER shall be paid for its services as indicated below.

1. *Cost-Based Reimbursement (Monthly Expense):* Expenses incurred by PROVIDER shall be reimbursed by COUNTY on a monthly basis. Requests for payment shall be made on COUNTY's Payment Voucher (Form 014-64-05) and submitted to COUNTY within twenty-five (25) days after the month of service. This provision will be applicable to the following programs:

N/A

2. *Unit of Service Reimbursement:* Units of service provided shall be paid by COUNTY on a monthly basis. Requests for payment shall be made on COUNTY's Payment Voucher (Form 014-64-05) or a monthly billing statement and submitted to

COUNTY within twenty-five (25) days after the month of service. This provision will be applicable to the following programs:

N/A

3. *Cost-Based Reimbursement (Equal Monthly Payment)*: PROVIDER shall be advanced equal monthly payments consisting of the annual Agreement amount divided by the number of months covered under this Agreement. The last monthly payment to PROVIDER may be adjusted to actual expenses anticipated for the Agreement term. Request for payment shall be made on COUNTY's Payment Voucher (Form 014-64-05) and submitted to COUNTY by the first of the month previous to the month the payment is to be issued. This provision will be applicable to the following programs:

N/A

4. *Other*:

See Schedule B – Fiscal

C. Alternate Method of Payment. Notwithstanding the agreed upon method of payment stated above, COUNTY may at its option refuse to advance all or part of any unearned payment otherwise due to PROVIDER if COUNTY reasonably suspects any of the following:

1. PROVIDER has mismanaged any funds provided by COUNTY.
2. Funds in PROVIDER's possession are at risk of being seized by PROVIDER's creditors or other adverse interest.
3. PROVIDER appears incapable of maintaining itself as a going concern.

D. Donations. PROVIDER shall account for donations in accordance with the State of Wisconsin's Allowable Cost Policy Manual (Section III, item 12) and other applicable law.

E. Budgets And Personnel Schedules.

1. Programs paid under the unit of service reimbursement method of payment shall be exempt from the requirements of this section.
2. For each program funded by COUNTY, PROVIDER shall prepare a program budget and supporting personnel schedule and submit it to COUNTY for approval within 56 days after entering this agreement. PROVIDER agrees to submit its program budgets and personnel schedules on forms provided by COUNTY and according to guidelines provided by COUNTY. Program budgets and personnel schedules shall be considered approved when signed by both PROVIDER and COUNTY. Upon approval by COUNTY, both the program budget and personnel schedule shall be made a part of this Agreement.

3. Variances in any program account category (categories are: Personnel, Operating, Space, Special Costs, and Other Expense) in excess of \$5,000.00 or 10%, whichever is less, shall not be allowed unless PROVIDER obtains prior written approval of COUNTY.
4. Funds allocated to each program must be used as allocated in accordance with the approved program budget and may not be transferred between programs without the advanced written agreement of COUNTY.
5. If there is a change in program funding under this Agreement, PROVIDER shall submit a revised budget and personnel schedule, unless waived in writing by COUNTY.
6. In performing services required under this Agreement, PROVIDER shall not exceed either the approved program budget or the staffing level indicated in the approved personnel schedule.

F. Administrative Cost Ceiling. PROVIDER agrees to keep administrative costs for each program at or below the percentage approved by COUNTY. The approved administrative cost is that percentage most recently approved by COUNTY, whether governed by this year's contract or by a previous year's contract. No variance in excess of the approved administrative percentage will be allowed unless approved by COUNTY in advance and in writing. In no event will COUNTY approve an administrative cost percentage in excess of 15%.

G. Exemptions From Administrative Cost Ceiling. At the discretion of COUNTY, programs will be exempt from the prescribed ceiling if any of the following applies:

1. The program is 100% administrative, or
2. The program is paid monthly under the unit of service reimbursement method of payment, or
3. The program is 100% funded from Medical Assistance or another federal source; in such case the administrative expense shall be limited to the requirements of the funding source.

H. Deadline for requesting cost variances and transfers of funds between programs. Requests for approval of cost variances and transfers of funds between programs must be made in writing to COUNTY no later than January 25 of the year following the Agreement year. COUNTY will consider written requests for further revisions only if they are the result of auditing adjustments detailed in a letter from PROVIDER's auditor and submitted prior to or with the annual audit report.

I. Final Settlement.

1. If this Agreement employs Method of Payment under sections B (1), (3) or (4) above, COUNTY shall pay the lesser of net audited expenses or the annual Agree-

ment amount on a per program basis. Net audited expenses shall be determined as follows:

- a. As required by the terms of this Agreement, PROVIDER shall submit an audit which shall include a supplementary schedule identifying expenses and revenues by funding source and by program. Where there are other revenues in COUNTY program columns of the audit, except for interest and dividends, the revenues shall be deducted from the expenses in those columns to give the net expense to COUNTY.
- b. In the event the audit requirement is waived by COUNTY, PROVIDER shall provide COUNTY an unaudited supplementary schedule by program showing net County-funded expenditures by category (i.e., Personnel, Operating, Space, Special Costs, and Other Expense) compared to the most recently approved program budget for this Agreement, which shall be submitted to COUNTY no later than January 25 of the year following the agreement year. Said schedule shall include an actual vs. budget analysis of expenditures as allocated between “administrative” and “program”. The percentage actual expenses vary from the budget shall be calculated and displayed for each account category. This schedule shall be submitted on the form provided by COUNTY and COUNTY shall pay the lesser of unaudited expenses or the annual Agreement amount on a per program basis.
- c. On a per program basis, any account category or administrative cost variance not approved by COUNTY will be considered an overpayment **and** PROVIDER shall reimburse any such amount to COUNTY within ten (10) working days of notification.

J. Bond. At all times during the term of this Agreement PROVIDER shall maintain an employee dishonesty bond in an amount sufficient to hold PROVIDER harmless in the event of employee fraud or defalcation. Said bond shall insure PROVIDER against the loss of funds provided through this Agreement and the loss of client funds to which the PROVIDER or its employees has access through the services provided through this Agreement. PROVIDER shall furnish evidence of having met this requirement upon request by COUNTY.

K. Notice of Financial Instability. PROVIDER shall give COUNTY immediate notice of any of the following events:

1. That PROVIDER is unable to meet its financial obligations to its employees, to the state or federal governments, or to any creditor.
2. That PROVIDER has written a check drawn on insufficient funds.
3. That PROVIDER has received notice that it has been sued or that a lawsuit against PROVIDER is pending.
4. That PROVIDER has filed a bankruptcy action.

5. That PROVIDER has sustained or will sustain a loss for which it has insufficient financial resources.
6. Any other event that impedes PROVIDER's ability to perform under this agreement.

L. Collection Of Client Fees.

1. COUNTY shall determine which programs operated by PROVIDER are required under Wis. Stats. 46.03(18), to participate in the Wisconsin Administrative Code (HFS1) Uniform Fee System of charging clients for services provided and inform PROVIDER. PROVIDER shall assume responsibility for the billing and collection of fees, unless specified otherwise in this Agreement.
2. PROVIDER shall not delegate collection of fees to private collection firms without written permission from COUNTY.

M. Client Accounts.

1. Under no circumstances is PROVIDER permitted to commingle funds belonging to clients with PROVIDER's funds. Client funds shall be kept in separate accounts ("Client Accounts") such that all monies can be accounted for at all times.
2. Client Accounts established pursuant to this section shall be subject to audit at any time during normal business hours and without prior notice.
3. If COUNTY discovers a deficiency in any Client Account or if a formal complaint is filed pertaining to such an account, COUNTY or its representative may withhold from PROVIDER funds equivalent to the sum in dispute until settlement is reached.

N. Purchased Equipment.

1. The State of Wisconsin's Allowable Cost Policy Manual requires that any asset with an acquisition cost in excess of \$5000 be capitalized. PROVIDER shall make requests for any exceptions to this policy in writing to the appropriate Division Manager for COUNTY. These requests shall be made prior to the purchase of any such asset.
2. If COUNTY approves an exception under sub. (1), above, and any assets are expensed to COUNTY, said assets shall become the property of COUNTY upon termination or non-renewal of this or any extension or future Agreement.
3. Any item capitalized on PROVIDER's books and depreciated to COUNTY shall remain the property of PROVIDER.
4. PROVIDER agrees to maintain records that clearly identify all items expensed or depreciated to COUNTY and shall provide those records to COUNTY upon request. Where the records are unclear, it shall be assumed that COUNTY is the owner of the property upon termination or non-renewal of the Agreement.

O. Purchase Of Computer Equipment.

1. Any of PROVIDER's hardware intended to link with a COUNTY Local Area Network (LAN) and/or Wide Area Network (WAN), shall meet Dane County Department of Administration, Management Information Services standards in effect at the time the linkage is desired.
2. PROVIDER shall be responsible for the costs associated with connectivity hardware and software, including, but not limited to, installation of data lines and associated monthly costs, port patch panels (hubs), patch cables, network interface cards and network software.
3. PROVIDER shall be responsible for all maintenance of its computer equipment. Dane County Department of Administration, Management Information Services shall be responsible for maintenance of the local and wide area networks.
4. PROVIDER shall be responsible for completing and submitting current and accurate COUNTY Security Access forms to the COUNTY Security Officer for all staff who will be logging on to a Dane County Local Area Network. It is PROVIDER's responsibility to ensure accuracy of said Security Access forms. COUNTY has the discretion to refuse access to the Local Area Network for any reason.

SECTION C

(Reporting and Evaluation Requirements)

XXIV. REPORTS AND EVALUATION.

- A. **Timeliness.** PROVIDER understands that time is of the essence with respect to all reports and agrees to make all reports in a timely manner as provided below, and agrees that if PROVIDER fails to timely submit any report due under the terms of this Agreement, COUNTY may withhold payment until such report is provided, including payment due from either a previous year or the current year.
- B. **Evaluation compliance.** PROVIDER will comply with all COUNTY requirements regarding program evaluation COUNTY deems required to meet the requirements of Wis. Stats. 46.23(6m)(g).
- C. **Data gathering.** PROVIDER will cooperate with COUNTY and other providers to define common data elements to be reported to COUNTY to assist in developing baseline data about program delivery, efficiency, and effectiveness.
- D. **Copies to be supplied.** Copies of any evaluative information obtained by PROVIDER during the year such as outside evaluation or accreditation will be submitted to COUNTY at the time received.
- E. **Quarterly report.** PROVIDER will report, either in writing or verbally as required by

COUNTY, to COUNTY's designee on a quarterly basis, beginning on May 1. The final report shall be provided on April 1 of the following year. Reports shall include:

1. Information on client waiting lists.
2. Quantity of services by Agreement/client category.
3. Progress or problems in achieving Agreement goals and performance outcomes.
4. Progress or problems associated with overall PROVIDER operations.
5. Other information as may reasonably be required by COUNTY.
6. The fourth quarter report will also include a description of:
 - a. Agency and program objectives for that year;
 - b. Achievement of or progress toward those objectives;
 - c. Problems encountered in meeting the objectives.
7. Reports on services provided in specific geographical areas as identified to PROVIDER by COUNTY.

F. Reimbursable Expenses. The Wisconsin Allowable Cost Policy Manual shall determine eligible reimbursable expenses.

G. Client Reporting. PROVIDER shall submit monthly client registration and/or client service participation reports in a format provided by COUNTY. Reports for January through November are due on the tenth of the following month. The December report is due no later than January 5.

H. Expense Reports. PROVIDER shall submit expense reports on the form provided by COUNTY. The report shall be submitted on a quarterly basis and is due no later than the 25th of the month following the end of the quarter. COUNTY may require reports more frequently upon thirty (30) day notice. Programs paid under the unit of service reimbursement method of payment shall be exempt from submitting the expense reports described in this paragraph.

I. Financial And Compliance Audit By PROVIDER.

1. PROVIDER, if it receives departmental funding over \$100,000, shall submit a copy of its annual audit to COUNTY within 180 days of the end of its fiscal year. The audit shall be performed by an independent certified public accountant and shall be conducted in accordance with the applicable state and federal regulations and guidelines, including, but not limited to: OMB Circular A-133, the State of Wisconsin's Provider Agency Audit Guide, and the State of Wisconsin's Allowable Cost Policy Manual. The audit shall include the following items:
 - a. The auditor's opinion on the financial statements.
 - b. A supplementary schedule identifying expenses and revenues by funding source

and by program. This schedule shall be presented in worksheet format with programs and funding sources as columns, revenues and expenses as line items, with expenditures reflected by category (i.e., Personnel, Operating, Space, Special Costs, and Other Expenses) as allocated between “administrative” and “program” categories, and an excess or deficit computed at the foot of each column.

- c. For each program funded by COUNTY, a supplementary schedule in the form of a final expense report as prescribed by COUNTY.
 - d. The auditor’s opinion on the supplementary schedules.
 - e. The auditor’s Report on Compliance.
 - f. A Schedule of Questioned Costs, if any.
 - g. The auditor’s Report on Internal Control.
 - h. The auditor’s Letter to Management.
 - i. The auditor’s Summary of Audit Results.
2. COUNTY shall identify in writing to PROVIDER those findings or recommendations in the audit which shall require a written response and plan of corrective action by PROVIDER.
 3. Where the Agreement period and PROVIDER’s fiscal year do not coincide, the audit shall include a bridging schedule by program identifying expenses to the Agreement period. “By program” means that the bridging schedule must show each program individually.
 4. COUNTY shall accept its allocated share of the audit cost as indicated in the approved budget. COUNTY shall comment on the audit in writing to PROVIDER within 180 days of when the audit is due or received whichever is later.
- J. **Overpayment.** Any overpayment due COUNTY shall be paid within ten (10) working days of notification.
 - K. **Audits by COUNTY.** PROVIDER agrees to submit to such random audits by COUNTY as COUNTY may request during the existence of this Agreement within ten (10) days after receiving written notice of a request for such an audit.
 - L. **PROVIDER** understands and acknowledges that all reporting requirements survive the Expiration date of this Agreement.

XXV. REVIEWS BY COUNTY.

- A. **Contract Reviews.** Unless a violation of State, Federal or local law is alleged, COUNTY will give no less than ten (10) working days notice before a review or

monitoring procedure. COUNTY's review and monitoring responsibilities under the terms of this Agreement may include, but are not limited to: Agreement compliance, certification status, financial expenditures, reporting requirements, units of service provided, Affirmative Action Plan, Civil Rights Compliance Plan, American Disability Act Compliance, on-site visits by COUNTY staff and/or county board member, or both, interviews with program consumers, families and guardians, interviews with direct service and management personnel. The State and/or Federal government may also conduct program reviews in connection with their financial oversight functions. PROVIDER agrees to cooperate with COUNTY, State and Federal governments in these reviews.

B. Program Review. PROVIDER will measure consumer satisfaction at least biennially in the following way:

1. The survey instrument must address issues pertinent to PROVIDER program(s).
2. The survey instrument must be approved in writing by COUNTY POS manager before it is used, and again before any modifications are made.
3. Proposed new or modified survey instruments to be used in this Agreement year shall be submitted to COUNTY's POS manager by May 1.
4. PROVIDER will make arrangements for the survey to be administered by person(s) not employed by the program(s) and for whom there would be no conflict of interest.
5. The final report shall be tabulated, analyzed, and summarized by PROVIDER. That management data with a statement of what PROVIDER believes the data shows shall be submitted to COUNTY's POS manager no later than October 1 in each year the survey is done. PROVIDER will retain the individual questionnaires for one year after they were filled out, and COUNTY shall have access to the individual questionnaires upon request.

IN WITNESS WHEREOF, COUNTY and PROVIDER, by their respective authorized agents, have caused this Agreement and its Schedules to be executed, effective as of the date by which all parties hereto have affixed their respective signatures, as indicated below.

FOR PROVIDER:

Date Signed: _____

Print Name and Title: _____

Date Signed: _____

Print Name and Title: _____

FOR COUNTY:

Date Signed: _____

LYNN M. GREEN, Director of Human Services

(when applicable)

Date Signed: _____

KATHLEEN M. FALK, County Executive

(when applicable)

Date Signed: _____

ROBERT OHLSEN, County Clerk

(when applicable)

rev. 03/03; 6/18/03; 7/29/03; 8/19/03; 8/21/03; 10/15/03; 9/22/04; 3/21/05; 10/05/05

SCHEDULE A

PROGRAM DESCRIPTION

[One of five prepared by Dan R.]

- 1. Self-Directed Day Services*
- 2. Self-Directed Community-Based Work Services*
- 3. Self-Directed Facility-Based Work Services*
- 4. Self-Directed Supported Living Arrangement Services*
- 5. Self-Directed Daily Living Skill Training*

SCHEDULE B – FISCAL – ALL PROGRAMS

METHOD OF PAYMENT

FINANCIAL TERMS

A. Program Description

The Self-Directed Support Program (SDS) is intended to provide Participants a flexible array of services through a process that includes:

1. Support and assistance for Participants by identifying each Participant's goals; and selecting services designed to support those goals and to reflect each Participant's preferences.

2. Developing an individual budget for each Participant based on the typical service costs for those with similar needs while fairly allocating available funds; and selecting support services within the limits of each Participant's individual budget.
3. Creating individual service plans that emphasize the identification and strengthening of informal support networks and community resources to the greatest extent possible.
4. Payment for services selected by Participants according to individual service plans, rather than contracting for pre-selected services with predetermined units of service.
5. A selection and service delivery process that meets requirements set by COUNTY and the Wisconsin Department of Health and Family Services.

B. Definitions/Modifications of Agreement Terms

1. "Participant" is the person identified by COUNTY to receive services under the Self-Directed Support Program. The Participant shall be an adult resident of Dane County with a developmental disability, as defined in section 51.01(5)(a) of the Wisconsin Statutes. The term "client" elsewhere in this Agreement means "participant."
2. "Service team" is the group of persons who assist the Participant to develop a service plan and to negotiate Support and Services Agreement and Vouchers with Providers. The "service team" will consist of the Participant's broker, guardian and other selected persons the Participant considers to be of high significance. PROVIDER will recognize the authority of the broker and guardian to act on the Participant's behalf.
3. The COUNTY's "fiscal agent" shall refer to Fiscal Assistance of Dane County, Inc., unless PROVIDER is specifically directed by COUNTY to use another selected fiscal agent.
4. The "Program Summary" document referred to in Section A, term II.B. of the Agreement describes the anticipated projected use of Provider's services rather than contractual performance and productivity requirements.
5. PROVIDER may not assign or transfer any interest or obligation in this Agreement without the prior written consent of COUNTY. This section replaces Section A, term VIII. of the Agreement.
6. Because COUNTY is not purchasing a predetermined number of units of service under this Agreement, those provisions of Section A, term X. regarding renegotiations affecting the volume of services, or number of units of service, do not apply.
7. The civil rights and affirmative action compliance requirements set forth in Section A, term IV.A. and V.

- A. apply when PROVIDER has 20 or more employees, and the total aggregate sum of all individual service agreements PROVIDER holds for COUNTY's Participants under the SDS Program and all other annual contracts equal or exceed \$20,000.
- 8. The terms "annual Agreement amount," as provided in Section B, term XXIII., and the "Maximum Cost," both refer to the total aggregate sum of all individual service agreements PROVIDER holds for COUNTY's Participants under the SDS Program.
- 9. The "Support and Services Agreement and Voucher," also known as the individual service agreement, is the Participant's agreement with Provider reflecting the Participant's individual support and service plan.

C. Process

- 1. COUNTY selects qualified Participants and sets an annual budget for each Participant based on each Participant's needs and the projected costs for meeting those needs, in comparison to like participants in like situations, and subject to available state and federal funds, and county matching funds.
- 2. The Participant's support team will develop the Participant's support and service plan reflecting the Participant's needs, goals and preferences, and itemizing all services required to support the plan. Services may not be duplicated.
- 3. The Participant and his or her support team will select those Providers and negotiate rates for services that are effective, cost efficient and compatible with the Participant's support and service plan. Participants may only select those Providers whose practices comport with state and federal regulations, and with COUNTY policies and contract requirements.
- 4. Selected Providers shall be paid according to the terms of the Support and Services Agreement and Voucher through COUNTY's fiscal agent. PROVIDER will use forms provided by, and will comply with procedures directed by COUNTY.
- 5. The Support and Services Agreement and Voucher must contain the following information to be valid:
 - a. Adequate identification of the Participant and broker.
 - b. Broker, county manager and provider authorization.
 - c. A description of the services to be provided.
 - d. The rate of pay for the services, quantifying the amount of services to be received for the amount paid.
 - e. The maximum amount of compensation to PROVIDER authorized under the agreement.

6. PROVIDER will be paid according to each Support and Services Agreement and Voucher on a per month basis. A voucher may cover more than one month, but no more than twelve months. The Voucher shall be forwarded to COUNTY's fiscal agent.
 - a. When payments are variable, PROVIDER will send an invoice to the support broker at least monthly and PROVIDER will be reimbursed for the amount of the voucher.
 - b. When payments are fixed on a per month rate, PROVIDER will be paid for one month's service as provided in the Support and Services Agreement and Voucher.
 - c. COUNTY's fiscal agent will pay PROVIDER for past services rendered, or by the 5th working day of the month in which services are to be provided.
7. In negotiating rates for individual participants, PROVIDER shall adhere to the terms of this agreement, including requirements for administrative cost containment.
8. The Support and Services Agreement and Voucher may be amended by the parties as they may agree within the constraints of this Agreement. Amended agreements shall be reduced to writing.
9. PROVIDER will not be paid for services for an individual Participant until the Support and Services Agreement and Voucher is completed, nor may an increase in the level of services or increase in rate be implemented unless a revision of the Support and Services Agreement and Voucher is completed, except as follows:
 - a. If immediate services are required, the broker may initiate services with PROVIDER. However, a Support and Services Agreement and Voucher must be completed no later than thirty days after services are provided.
 - b. If there is an emergency requiring the immediate increase in services, PROVIDER may provide the necessary additional support services for up to three business days without a revision of the Support and Services Agreement and Voucher. If the Participant lacks sufficient support funds, payment for additional emergency services provided in good faith will be reimbursed directly by COUNTY. PROVIDER must contact the Participant's broker as soon as possible to renegotiate the Support and Services Agreement.

D. Goals and Performance Indicators

1. The SDS Program is structured to achieve the following goals: a) high participant satisfaction; b) a responsive services delivery system sensitive to the changing needs of the population of eligible Participants; c) program efficiencies that maximize the delivery of services and reduce administrative costs.
2. Participant satisfaction will be determined through direct feedback and through monitoring the nature and number of grievances and complaints.

3. The responsiveness of the services delivery system will be monitored over time by review of the Participants' individual support and service plans.
 4. Program efficiency will be evaluated by comparing the costs of purchased services, over time and across the Participant population.
- E. Termination of Individual Service Agreements by Participants and Providers
1. Either Participant or PROVIDER may terminate a Participant's Support and Services Agreement and Voucher for good cause upon 30 days notice. The original notice is effective when given verbally, but it shall also be reduced to writing.
 2. Good cause may include, but is not limited to, the following:
 - a. The support provided fails to ensure the health and safety of the Participant or others.
 - b. Either the Participant or PROVIDER fails to comply with the written plan of support.
 - c. The Participant moves outside of Dane County.
 - d. The Participant is no longer eligible for community supports because of long-term nursing home or institutional placement, or any other reason.
 - e. The Participant incurs a significant or substantial medical issue, or dies.
 3. Either PROVIDER or the Participant may terminate a Support and Services Agreement and Voucher for any reason or for no reason stated, upon 90 days written notice. PROVIDER's notice to the Participant must be directed to the Participant, and the Participant's guardian and broker as applicable.
 4. Notices of Termination must be provided to COUNTY and to COUNTY's fiscal agent.
 5. In anticipation of the termination or expiration of the Participant's individual service agreement, PROVIDER will work with the Participant's service team to develop a mutually agreed upon termination plan, including start and end dates, and ensuring the complete transfer of relevant current and historic information, behavior support plans, medical and other information necessary to providing a continuity of services to the Participant. COUNTY may exercise rights stated in Section A, term XVIII. of this Agreement with regard to records affecting individual Participants in order to facilitate the provision of services.
 6. Either the Participant or PROVIDER may appeal termination of an individual service agreement as follows:
 - a. PROVIDER and the Participant's service team will work together to attempt to resolve disputes amicably while respecting the Participant's preferences.
 - b. If the service team and PROVIDER cannot develop a mutually agreeable termination plan, any party to the decision may appeal to the County's Program Manager for review.

- c. If review by the Program Manager fails to resolve the dispute, any party to the decision may appeal to the County's Adult Community Services Division Administrator. The decision of the Division Administrator shall be final.
 - d. COUNTY reserves the right to negate a Participant's notice to terminate a Support and Services Agreement and Voucher that is given for an unlawful or unsound reason.
7. If the Participant is subject to court jurisdiction under a guardianship or protective placement order, and there is disagreement within the service team as to the appropriateness of services provided, COUNTY may, at its option, suspend a Participant's ability to terminate services. PROVIDER will cooperate with COUNTY in resolving any disputes, including preparing any reports or participating in any court hearings requested.

F. Termination/Modification of Agreement Between COUNTY and PROVIDER

- 1. If COUNTY or PROVIDER elects to let this Agreement expire without entering into an Agreement for the following year, or elects to terminate this Agreement pursuant to Section A, term IX., all Support and Services Agreement and Vouchers affected thereby will expire or terminate at the same time with regard to affected services, regardless of the stated term of any affected Support and Services Agreement and Voucher. Notices provided to PROVIDER under Section A, term IX. of this Agreement shall have the effect of terminating all Support and Service Agreements entered into between PROVIDER and all Participants in the SDS Program. If no notice is required under section IX. of this Agreement, COUNTY shall terminate all effected Support and Services Agreements and Vouchers by general declaration, which shall be communicated to Participants, brokers and PROVIDERS, as effectively as is possible.
- 2. Notwithstanding the terms of the Support and Services Agreement and Voucher negotiated between PROVIDER and the Participant, COUNTY reserves the right to decrease any amounts authorized resulting from the failure of the Dane County Board of Supervisors, the State or Federal Governments to appropriate sufficient funds to support the agreement. Similarly, COUNTY reserves the right to increase any amounts authorized to comply with COUNTY's Living Wage requirements or to terminate the Support and Services Agreement and Voucher according to the terms of Section A, term IX. of this Agreement.

G. Budget and Audit Requirements

- 1. COUNTY may withhold payment provided under any Support and Services Agreement and Voucher that is permitted by Section A, term XI. of the Agreement. PROVIDER will promptly address the cause of the payment withholding, without decreasing the level or quality of services provided to Participants under Individual Support and Services Agreements.

2. If PROVIDER is a for profit organization, profit shall be budgeted as a separate account category within each program budget of this Agreement and shall be limited to 4% of gross expenses. For final settlement COUNTY will pay the lesser of a) the annual Agreement amount or b) audited expenses plus 4% and minus any related revenue.
3. If PROVIDER is a nonprofit organization, it may not keep excess revenue over the approved program budget described in Section B, term XXIII, E.2. and in number 4. below.
4. In addition to providing a program budget and supporting personnel schedule within 56 days after entering this agreement, PROVIDER will also provide by January 25 of the year following, a revised budget and supporting personnel schedule if, during the year, there are variances in any program account category (categories are: Personnel, Operating, Space, Special Costs, and other Expense) in excess of \$5,000.00 or 10%, whichever is less. Further, PROVIDER will provide COUNTY an updated program budget and supporting personnel schedule within 14 days of demand. COUNTY must approve all submitted original and revised program budgets and supporting personnel schedules, and reserves the right to disallow payment for expenses based upon unapproved budgets and personnel schedules. PROVIDER may at its option provide a revised budget and supporting personnel schedule for advance COUNTY approval. PROVIDER is exempt from Section B, terms XXIII. E. 3., 5. and 6. of this agreement, however:
 - a. Variances from the last submitted and COUNTY approved program budget and supporting personnel schedule shall reasonably relate to the increase and/or decrease in the number of Participants served and resulting service needs throughout the year; and
 - b. If PROVIDER's service demands remain constant throughout the contract year, there shall be no variances in program account category in excess of \$5,000 or 10%, whichever is less and PROVIDER shall not exceed either the approved program budget or the staffing level indicated in the approved personnel schedule without approval from COUNTY.
5. Requests for reimbursement for overpayment by COUNTY shall not cause PROVIDER to decrease the level or quality of services provided to Participants, nor shall PROVIDER charge back to Participants the amount of reimbursement determined due to COUNTY.
6. PROVIDER will use funds under this contract only for COUNTY authorized Participants in the Self- Directed Support Program.

PDF Version available at: www.danecountyhumanservices.org/pdf/contract_2007_cbrf_rcac.pdf

Regional Partner Organizations



UNIVERSITY OF
SASKATCHEWAN

Centre for the Study
of Co-operatives

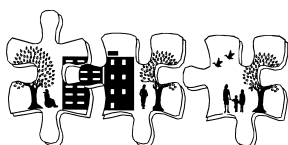


Community-University Institute
for Social Research



www.auc.ca

Community Economic and Social Development Unit
Algoma University College



Winnipeg Inner-City Research Alliance

Project Funding



Social Sciences and Humanities
Research Council of Canada

Conseil de recherches en
sciences humaines du Canada