Medicaid Home and Community Based (HCBS) Developmental Disabilities Waivers

Public Comment Period
December 23, 2016 – January 24, 2017
Vision:
Grow Nebraska

Mission:
Create opportunity through more effective, more efficient, and customer focused state government

Priorities:
• Efficiency and Effectiveness
• Customer Service
• Growth
• Public Safety
• Reduced Regulatory Burden

We Value:
• The Taxpayer
• Our Team
• Simplicity
• Transparency
• Accountability
• Integrity
• Respect
It’s all about you!

• We have spent these past 15 months listening to feedback from our federal partners with the Centers for Medicare and Medicaid Services (CMS), participants, guardians, family members, advocates, state team members, trade associations and service providers on what was working and not working so well.
• We used your feedback to implement changes.
• Our newest waiver applications focus on integration, inclusion, employment, freedom and choice!
What’s new?

A transition from three to two Medicaid HCBS DD Waivers:

- **Adult Day Services Waiver (0394).** Offers supports and services to individuals that focus on employment, community integration and inclusion. This waiver expired 12/31/15, is under federal temporary extension approval as the authority to operate, and the application is being renewed.

- **Comprehensive Waiver (4154).** This waiver combines the DD Adult Comprehensive (0396) Waiver and Children’s DD (4154) Waiver and includes a lifespan array of residential and day services. This waiver expires 5/31/17 and the application is being amended to absorb the 0396 waiver.

*NOTE* The DD Adult Comprehensive Wavier (0396) expired 12/31/15, is under federal temporary extension approval as the authority to operate, and will close on 5/31/17 after full transition of individuals to the Comprehensive Wavier (4154).
Next Steps to Approval and Implementation

- Public comment period (December 23, 2016 to January 24, 2017)
- Submit our waiver applications to CMS by January 27, 2017 for review and approval
- The applications have a tentative implementation date of March 1, 2017
- The Adult Day DD Waiver (0396) has a transition plan that ends on June 30, 2017.
- The Comprehensive Waiver (4154) has a transition plan that ends on May 31, 2017.
Introduction Section

- Details the purpose of the Amendment Comprehensive Wavier (4154) and Renewal for Adult Day Services (0394):
  - Expand the waiver to include children and adults with no maximum age limitations (4154 only)
  - Unbundle Services
  - Modify Current Service Definitions
- Details the components of the approved waiver that will be affected by the amendment/renewal.
- Details the nature of the changes to the approved waiver proposed in the amendment/renewal.
- Details the state's transition plan from the currently approved waivers to the new waiver applications once approved.
Appendix A - Waiver Administration and Operation

• Clarifies that the waivers administered by the Division of Developmental Disabilities (DDD), with oversight by the Division of Medicaid and Long Term Care (MLTC).

• All providers, both independent and agency, must be enrolled through Maximus, the Medicaid provider enrollment broker.
Appendix A - Waiver Administration and Operation

• DDD is Responsible for:
  • Participant waiver enrollment
  • Level of Care evaluations
  • Development, Implementation and Monitoring of participant driven service plans
  • Prior authorization of waiver services
  • DDD Service Coordination has the primary responsibility for discovery of important to and important for the individual; identify opportunities for improvement – monitoring, conducting supervisory file reviews, reviewing incidents, and following up on complaints.
  • Monitoring the individual’s health and welfare
  • Monitor to ensure an individual resides and/or receives services in a setting that meets HCBS regulations and requirements.
  • Rules, policies, procedures and information development governing the waiver program
  • Quality assurance and quality improvement activities
  • Establishment of a statewide rate methodology
0394 - Appendix B - Participant Access and Eligibility

- Target Group: Intellectual Disability or Developmental Disability, or Both, including Autism
- Minimum Age: 21, Maximum Age Limit: No
- Reserve Capacities:
  1. Emergency
  2. Transitioning Youth from Special Education.
- Outlines number of participants and categories under which waiver participants are served.
- Includes the Medicaid categories under which waiver participants are served.
- Includes the qualifications for DDD Service Coordination Staff
- Outlines Level of Care determination criteria, instruments, and quality improvement strategies.
4154 - Appendix B - Participant Access and Eligibility

- Target Group: Intellectual Disability or Developmental Disability, or Both, including Autism
- Minimum Age: No, Maximum Age Limit: No
- Reserve Capacities:
  1. Emergency
  2. Transition from Foster Care System
  3. Transition of Institutionalized Persons
  4. Developmental Disability Court Custody Act
- Outlines number of participants and categories under which waiver participants are served.
- Includes the qualifications for DDD Service Coordination Staff
- Outlines Level of Care determination criteria, instruments, and quality improvement strategies.
Appendix C - Participant Services

Unbundling of Services

- Many of our current services include multiple billable services within one service code. This is referred to as “bundling.”
- Example: Behavioral Risk services includes:
  - Residential Services
  - Vocational Services
  - Transportation
  - Clinical Oversight
- Each of these services will be billed separately with the implementation of our new service definitions and waivers in accordance with federal rules.
Appendix C - Participant Services

- Respite cap will now be:
  - 240 hours – Adult Day Services (0394)
  - 360 hours – Comprehensive (4154)
- Services must be purchased within a participant’s annual budget, with the exception of crisis intervention and transition service.
- Independent providers may be related to the participant receiving services, as long as they are not the parent of a minor child participant, the participant’s spouse or the guardian.
- Basic child care costs for supervision, unrelated to the child participant’s disability, can no longer be coverable within a DD waiver service.
0394 - Appendix C - Participant Services

- **Day Habilitation Services** – includes:
  - Prevocational Services
  - Supported Employment
    - Enclave, Individual, and Follow-Along
  - Transitional Services
  - Habilitative Workshop
  - Habilitative Community Inclusion
- **Adult Companion Services** – drop-in, habilitative service
- **Adult Day Services** – provides social activities, supervision, and support.
- **Assistive Technology** – provides equipment to increase daily living skills and independence
- **Consultative Assessment Service** – for adults, provides assessment and recommendations for challenging behaviors.
- **Crisis Intervention Support** – for adults, provides immediate and intensive strategies to staff that support individuals
- **Environmental Modification** – determines home or vehicle modifications to meet individuals’ needs.
- **Home Modification** – to an individual’s private residence to help maintain safety and allow independence.
- **Personal Emergency Response System** – provides a device to call for help
- **Respite** – provides relief to a usual caregiver.
- **Transitional Services** – provide for household set-up expenses to help individuals move from an institution to their private home.
- **Transportation** – to and from a DD waiver service
- **Vehicle Modification** – modification to an individual’s private vehicle to ensure safe and convenient travel
4154 - Appendix C - Participant Services

- **Day Habilitation Services** – includes:
  - Prevocational Services
  - Supported Employment
    - Enclave, Individual, and Follow-Along
  - Transitional Services
  - Habilitative Workshop
  - Habilitative Community Inclusion

- **Residential Habilitation Services** – includes:
  - Residential Habilitation in a provider setting
  - Residential habilitation in-home
  - Adult Companion Services

- **Adult Day Services** – provides social activities, supervision, and support.

- **Assistive Technology** – provides equipment to increase daily living skills and independence

- **Consultative Assessment Service** – for adults, provides assessment and recommendations for challenging behaviors.

- **Crisis Intervention Support** – for adults, provides immediate and intensive strategies to staff that support individuals

- **Environmental Modification** – determines home or vehicle modifications to meet individuals’ needs.

- **Home Modification** – to an individual’s private residence to help maintain safety and allow independence.

- **Homemaker** – assistance with general household activities

- **Personal Emergency Response System** – provides a device to call for help

- **Respite** – provides relief to a usual caregiver.

- **Transitional Services** – provide for household set-up expenses to help individuals move from an institution to their private home.

- **Transportation** – to and from a DD waiver service

- **Vehicle Modification** – modification to an individual’s private vehicle to ensure safe and convenient travel.
Appendix D - Person-Centered Planning and Service Delivery

- Individuals eligible for waiver services will participate in the development of their service plans, and will have increased choice and flexibility to purchase the services and supports they need and want.
- Service Delivery planning and support will be provided by Service Coordination staff. Supports include:
  - Assistance with Service Plan development
  - Risk Assessment and Mitigation
  - Providing informed choice of providers
  - Assistance with Medicaid application/approval
  - 6-month Service Plan reviews

- Service Coordination is a Medicaid State Plan benefit and is not a waiver service.
Appendix E - Participant Direction of Services

- The Division of Developmental Disabilities embraces a self-directed, person-centered philosophy.

- More services may be self-directed and offered by either an independent or agency provider.

- Individuals have the option to choose a legal representative or advocate to assist in directing their services. Service coordination will provide monitoring to ensure that decisions are in the best interest of the participant.
Appendix F - Participant Rights

- Right to file a grievance/complaint
  - Individuals receiving supports through the waiver may register a grievance or complaint with the Division and are informed that filing a grievance or making a complaint are not a pre-requisite or substitute for a fair hearing.
  - All individual grievances/complaints are to be responded to within 24 working hours.
    - Ways responses could be received include: follow-up by phone, letter, home visit, etc.
- The informal dispute resolution (IDR) process will be eliminated, but when a participant disagrees with a decision made by the Division, they will be able to discuss the decision with DD staff and/or file an appeal.
- Right to request a fair hearing (appeal)
  - Individuals have 90 days from the date of the Notice of Decision to file a request for fair hearing.
Appendix G - Participant Safeguards

- Safeguards in the waivers include:
  - Required critical incident reporting for events such as abuse, neglect, exploitation, and injury. Extensive definitions of each are included in Appendix G.
  - Safeguards concerning the use of restraints. Restraints are permitted during the course of delivery of waiver services, however, the following components must be in place:
    - Functional Assessments
    - A safety plan
    - Prior written consent of the participant or legal representative
  - Community Based Services provided in a short or long term institution (i.e. within a hospital or nursing facility setting) cannot be provided as a Medicaid HCBS waiver service.
  - All medications (including psychotropic medications) prescribed PRN/as needed basis, may be used as prescribed by a clinician, within their scope of practice, without review by Human Right Committee.
Appendix H - Quality Improvement Strategy

• Quality monitoring and analysis are conducted by the Division on a quarterly and annual basis. The waiver notes that the department can conduct these on a more frequent basis, as determined by the Division QI committee or if mandated by the Division Director.

• Specific QI activities include:
  • Process of Aggregating Data and Monitoring Data Trends
  • Reports
  • Communicating Results
  • Using data for Implementing Improvement
  • Assessment of the Effectiveness of the QI Process
Appendix I - Financial accountability

- There will be 4 tiers of funding levels for services:
  - **Basic**
    - Requires limited staff supports and personal attention to a participant daily due to a moderately high level of independence and functioning.
  - **Intermediate**
    - Requires full-time supervision with staff available on-site within line of sight due to significant functional limitations, medical and/or behavioral needs.
  - **High**
    - Requires full-time supervision with staff available on-site within absolute line of sight and frequent staff interaction and personal attention for significant functional limitations, medical and/or behavioral needs.
  - **Advanced**
    - Requires full-time supervision with sole staff (not shared) which must be conducted by at least line of sight, with much of the staff’s time within close proximity providing direct support during all waking hours.

- This will replace the current 1-11 levels
  - **Basic** = 7, 8, 9, 10, 11
  - **Intermediate** = 4, 5, 6
  - **High** = 2, 3
  - **Advanced** = 1
Appendix I - Financial accountability

- Individual budgets will not be adversely affected during the transition period.
  - Funding will continue be based on the most recent ICAP score
  - Levels will continue to be reviewed based on need

- Alternative compliance to the funding tier, may be requested when a waiver participant’s needs cannot be safely met with funding solely based on the current Objective Assessment Process.
  - A clinical review will be completed based on the alternative compliance request.

- The Division has begun a Provider Rate Rebase Study (PRRS) to develop updated payments rates for services and is redesigning the Objective Assessment Process to better/adequately determine a participant’s needs.

- Descriptions, both in text and spreadsheet form, are included to explain how the estimates for each factor in Appendix J were determined.
Appendix J - Cost Neutrality Demonstration

- Appendix J is a spreadsheet of rates and the formulas used to demonstrate cost neutrality.
- Cost neutrality is the cost of serving an individual in an institution as compared to serving an individual in the community.
Resources

Upon implementation of the CMS approved waivers, several resources will be made available to providers and stakeholders, including:

- Participant Handbook for Medicaid HCBS DD Waivers
- Participant Guide for Self Direction within a Medicaid HCBS DD Waiver
- Medicaid HCBS Waiver Provider Handbook
- Service Directory
- Medicaid HCBS DD Waiver Regulations – Title 403 NAC
Opportunities to Provide Public Comment

Interested persons are invited to submit their written comments to the Department. Comments must be postmarked or received by 5:00pm on January 24, 2017.

Both waivers are available for review, in their entirety, at:
http://dhhs.ne.gov/developmental_disabilities/Pages/PublicComment.aspx

A hard copy of the waiver applications are available upon request.

Please submit comments by:

Email: DHHS.DDWaiverQuestions@Nebraska.gov

Fax: (402) 471-8792

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