Virginia Department of Behavioral Health & Developmental Services

Waiver Redesign Update

DBHDS Settlement Agreement Stakeholder Group Meeting

11/18/14

Dawn Traver, M.Ed.
Waiver Operations Director
DBHDS Division of Developmental Services

DBHDS Vision: A life of possibilities for all Virginians

Basic Premise

Realign the current **three** waivers supporting individuals with ID/DD

- Intellectual Disability
- Day Support
- Developmental Disability

Basic Premise (cont'd)

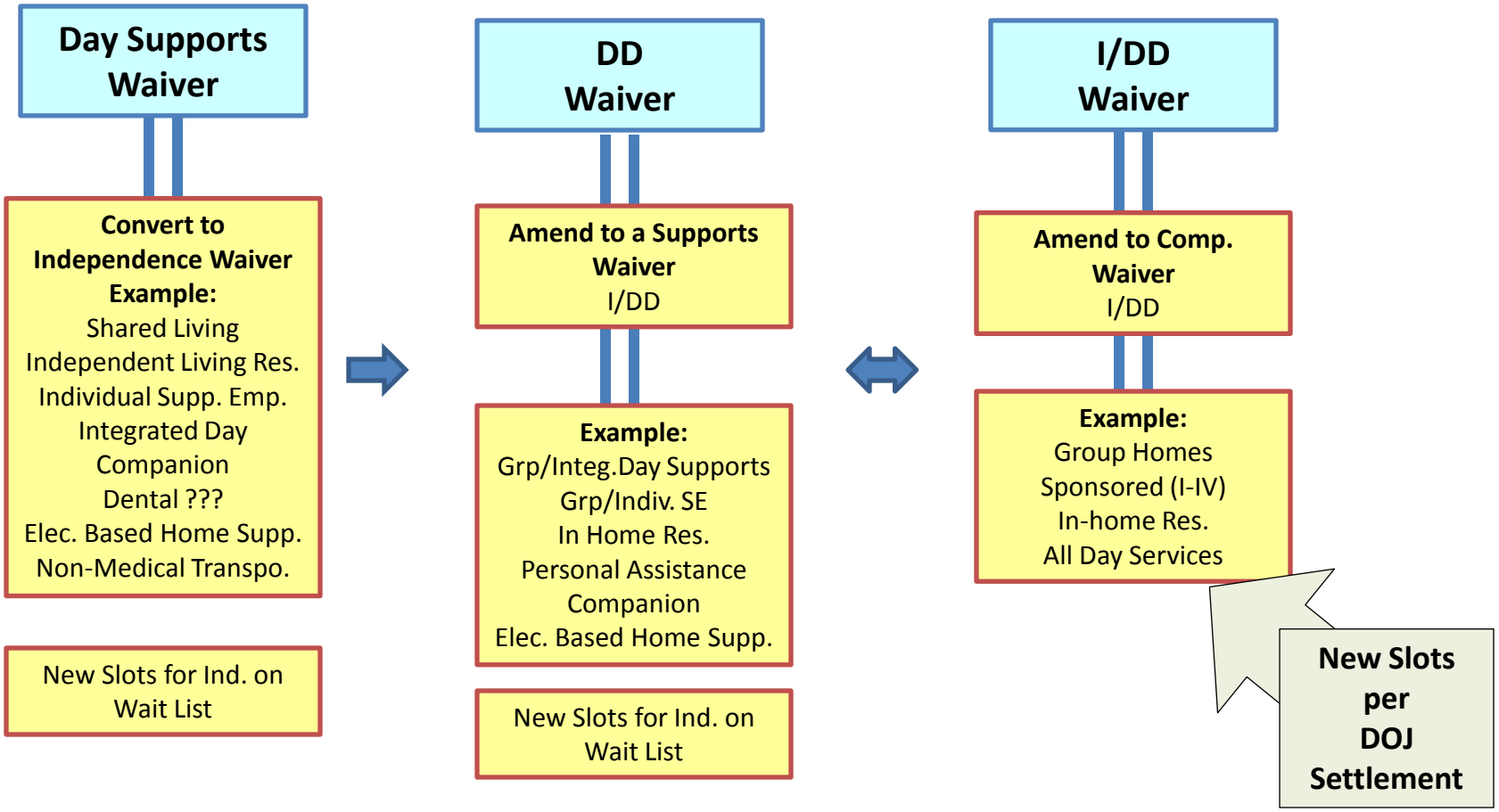
To three waivers that support both individuals with ID and DD

- An "**Independence waiver**" that provides supports for adults able to live independently in the community. Individuals own, lease or otherwise control their own living situation.

- A **Family and Individual Supports waiver** that provides supports for people (including children) living with family/friends who have some medical or behavioral needs.

- A **Comprehensive waiver** that provides 24/7 services and supports for individuals with exceptional medical and/or behavioral support needs through licensed services, including residential supports and a full array of medical, behavioral, and non-medical supports.

Waivers Revision Strategy



Groups Assisting with Waiver Redesign

- Waiver Development Advisory Committee (WDAC)
  - Eligibility Subcommittee
  - Case Management Subcommittee
  - Waiting List Subcommittee
  - Provider Advisory Committee
  - Services Array Subcommittee

Eligibility

- A single eligibility criterion for the redesigned waivers is desirable.

- The Eligibility subcommittee recommended adoption of a functional definition of DD modeled on the **Administration on Intellectual and Developmental Disabilities** [114 Stat. 1684 Public Law 106-402-Oct. 30, 2000] definition.

Eligibility (cont'd)

AIDD definition:

"The term 'developmental disability' means a severe, chronic disability of an individual 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;*

Eligibility (cont'd)

- AIDD definition (cont'd):
  - *Results in substantial functional limitations in 3 or more of the following areas of major life activity:*
    - *Self-care*
    - *Receptive and expressive language*
    - *Learning*
    - *Mobility*
    - *Self-direction*
    - *Capacity for independent living*
    - *Economic self-sufficiency; and*
  - *Reflects the individual's need for a combination and sequence of special interdisciplinary or generic services, individualized supports or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated."*

Eligibility (cont'd)

- Level of Care Consideration:
  - With a broader diagnostic criterion, a tighter functional criterion may be needed

- DBHDS staff reviewed VA's current LOC tool and those of several other states
  - Proposed an updated Level of Functioning tool to the Eligibility subcommittee for review

Eligibility (cont'd)

- Level of Care Changes/Recommendations:
  - Added an additional category: "Self Direction" – very important to individuals with DD
  - Altered language to be more person-centered and more reflective of community structures
  - DBHDS intends to pilot revised tool
  - Subcommittee recommended a guidance document and training for those who administer the revised tool

Case Management

- Recommendations to accomplish merger of the public (ID/DS waivers) and private (DD waiver) case management systems:
  - Establish the Community Services Boards (CSBs) as the single point of entry for the redesigned waivers
  - Actively promote (via the Performance Contract) CSBs contracting with private case management providers to offer individuals on either waiver choice of case management provider

Waiting List

- One set of criteria is recommended for managing the new ID/DD waivers
  - Should not involve separate waiting lists
  - Should allow movement between the waivers as necessary (i.e., as individuals' needs change)

- The subcommittee recommended a system of regional (3 – 7 regions) triage (vs. chronological basis) for assigning slots. This would require regional committees to review the scored needs of those on the waiting list when new slots come available.

Waiting List (cont'd)

- Current three waivers have three different means of wait list management
- Recommendations for redesigned waivers:
  - Provide those on the existing DD waiver waiting list the option to move to the needs-based list or to stay on the current chronological list
    - One opportunity to revisit the choice within one year of the initial decision.
  - All newly screened individuals (regardless of diagnosis) will be placed on the needs-based list
  - A percentage of newly created slots will go towards reducing the chronological list until its census is zero, at which time it will be permanently closed.

Urgent Criteria

- The ID Waiver has operated with an “urgent needs” based waiting list, while the DD Waiver has given a percentage (10%) of newly created slots to those deemed in “emergency status”

- The Waiver Design Advisory Committee asked the Waiting List subcommittee to review both and suggest modifications that would inform the future urgent needs criteria

Urgent Criteria (cont'd)

Recommended changes to the urgent category list criteria:

- *Both primary caregivers are 55 years of age or older, or if there is one primary caregiver, that primary caregiver is 55 years of age or older;*

- ***The applicant is 55 years of age or older;***

- *The applicant is living with a primary caregiver **or provider**, who is providing the ~~**service**~~ **support** voluntarily and without pay, and the primary caregiver **or provider** indicates that he**/they** can no longer care for the applicant;*

Urgent Criteria (cont'd)

- *There is a clear risk **(e.g., reports made)** for the applicant of abuse, neglect, or exploitation **or the individual has been determined by APS/CPS to have been abused, neglected or exploited**;*

- *A primary caregiver has a chronic or long-term physical or psychiatric condition or conditions that significantly limits the abilities of the primary caregiver or caregivers to care for the applicant;*

- *The applicant is aging out of publicly funded residential placement or otherwise becoming homeless (exclusive of children who are graduating from high school); or*

Urgent Criteria (cont'd)

- ~~*The applicant lives with the primary caregiver and*~~ *-There is a risk to the health or safety of the applicant, primary caregiver, or other person living in the home due to either of the following conditions:*

  (1) The applicant's behavior or behaviors present a risk to himself or others that cannot be effectively managed by the primary caregiver ***or unpaid provider*** *even with generic or specialized support arranged or provided by the CSB/BHA; or*

  (2) There are physical care needs (such as lifting or bathing) or medical needs that cannot be managed by the primary caregiver even with generic or specialized supports arranged or provided by the CSB/BHA.

- ***The individual lives in an institutional setting and has a viable discharge plan in place.***

Provider Advisory Committee

- Has worked with Burns & Associates to provide input into and review the results of the rate study.
  - Rate study response rate was typical for studies in other states:
    - 82 of 645 providers = 12.7 % overall
    - 75% of CSBs participated
    - 9% of private providers participated
    - 47% of the top 100 providers by revenue participated

Provider Advisory Committee (cont'd)

- Rate Study:
  - Confirmed that a rate/cost differential exists for the Northern Virginia area
  - Provided some insight into the challenges for some services and rates
  - Provided good data that can be used to develop tiers for certain services such as residential and day support

Provider Advisory Committee (cont'd)

- Met this month to review proposed rate models for existing services
- Proposed rate models and supporting documentation are being distributed to providers/stakeholders
- Burns & Associates receiving written public comments until 12/12/14 [at WaiverRates@burnshealthpolicy.com]
- Webinar to be scheduled this month to walk through the proposed rate models with all who wish to participate
- Webinar will be recorded and posted for those who are unable to participate in person

Services Array Subcommittee

- **Proposed** Changes to Existing Services
  - **Residential Support**
    - Make general supervision billable
    - Incorporate CMS Final Rule expectations
  - **"Group" Day Support**
    - Incorporate CMS Final Rule expectations
  - **Prevocational**
    - Eliminate/fold into Day Support

Services Array Subcommittee (cont'd)

- **Proposed** Changes to Existing Services
  - **Individual Supported Employment**
    - Incorporate CMS Final Rule expectations
  - **Group Supported Employment**
    - Add language to the definition to stress CMS Final Rule expectations
      - Small group supported employment must be provided in a manner that promotes integration into the workplace and interaction between participants and people without disabilities in the workplace.

Services Array Subcommittee (cont'd)

- **Proposed** Changes to Existing Services
  - **Companion**
    - Increase the daily limit on hours
  - **Respite**
    - Increase the annual limit
  - **Personal Assistance**
    - Enable billing at the same time as Individual Supported Employment
  - **Family/Caregiver Training**
    - Increase flexibility so that the provider of training doesn't have to be a Medicaid provider (e.g., peer mentors)
    - Enable individuals to be recipients too
  - **Transition Services**
    - Enable billing for people moving from family home to their own place

Services Array Subcommittee (cont'd)

- **Recommended** the following NEW services:
  - **Shared Living**: payment for rent and food for a person who resides in the same household as the individual.
  - **Non-medical transportation**: transportation to enable individuals to gain access to waiver and other community services or events, activities and resources, inclusive of transportation to employment or volunteer sites.
  - **Private Duty Nursing**: Individual and continuous care (in contrast to part-time or intermittent care) provided by licensed nurses at an individual's place of residence.

Services Array Subcommittee (cont'd)

- **Recommended** the following NEW services:
  - **Electronic Based Home Supports**: electronic devices, software, services, and supplies that would allow individuals to access technology that can be used in the individual's residence to support greater independence and self-determination.

    Includes oversight and monitoring through off-site electronic surveillance including
    - live video feed;
    - live audio feed;
    - motion sensing system;
    - web-based monitoring system; and
    - devices to engage in live, two-way communication with the individual being monitored.

    Also includes stand-by intervention staff prepared for prompt engagement or immediate deployment to the residential setting in critical situations.

Services Array Subcommittee (cont'd)

- **Recommended** the following NEW services:
  - **Therapy/Dental Services**
    - Physical therapy
    - Occupational therapy
    - Speech and language therapy
    - Vision services
    - Dental Services for adults, up to a maximum of $1,000 per person per year, for preventative or basic care.

Services Array Subcommittee (cont'd)

- **Recommended** the following NEW services:
  - **Integrated Day Services/Community Engagement**
    - Community education or training, retirement, recreation, and volunteer activities;
    - Should provide a wide variety of opportunities to facilitate and build relationships and natural supports in the community, while utilizing the community as a learning environment;
    - To be conducted at naturally occurring times and in a variety of natural settings in which the person actively interacts with individuals without disabilities (other than those paid to support the person).

Services Array Subcommittee (cont'd)

- **Recommended** the following NEW services:
  - **Center-based Crisis Supports**
    - The Crisis Therapeutic Home provides long-term Crisis Prevention and Stabilization in a residential setting, through utilization of assessments, close monitoring, and a therapeutic milieu.
    - Services are provided through Planned and Emergency admissions.
    - Admissions will be provided to individuals who are receiving ongoing services and need temporary, therapeutic interventions outside of their home setting in order to maintain stability.
    - Admissions will be provided to individuals who are experiencing an identified behavioral health need and/or a behavioral challenge that is preventing them from reaching stability within their home setting.

Services Array Subcommittee (cont'd)

- **Recommended** the following NEW services:
  - **Community-Based Crisis Supports**
    - Provides ongoing crisis prevention and crisis stabilization supports to individuals who may have a history of multiple psychiatric hospitalizations; frequent medication changes; enhanced staffing required due to mental health or behavioral concerns; jeopardy of losing home or work arrangement; and/or frequent setting changes.
    - Supports are provided in the individual's home and community setting. Staff work directly with and assist the individual and their current support provider or family.

Other Potential NEW Services

- **Under consideration**, but without full definitions:
  - Supported Employment Follow Along
  - Consumer Directed Supported Employment
  - Consumer Directed In-home Residential
  - Independent Living Residential Support
  - Community Guide
  - Behavior Analysis (more hands on than “consultation”)

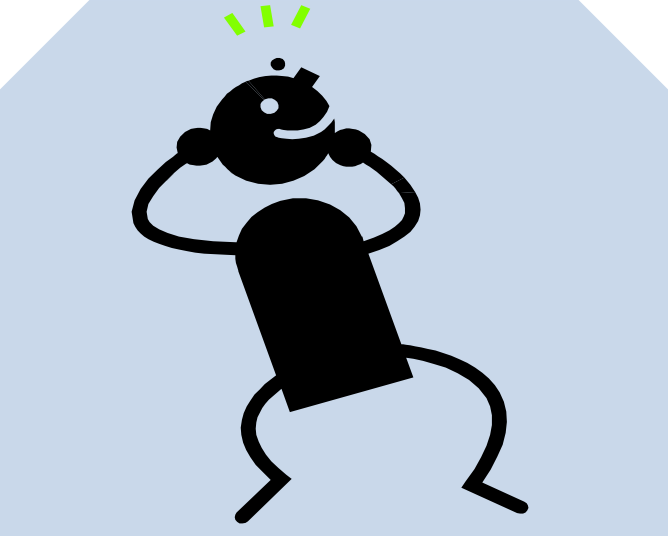
Services

The state wants to make sure that the services and budget are:

- ✓ **Fair for everybody**
- ✓ **Based on individual needs and choices**
- ✓ **Available when they are needed**

We Need to Balance Individuals' and Systems' Needs

What's important to people



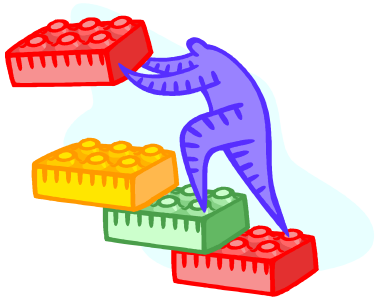
What's important to the system

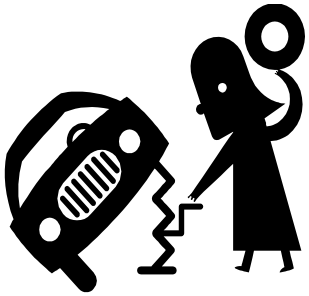
Person-centered system that can last over time

Moving Forward

To move forward and reach our goals, we must:

1. Build on the successes we've achieved
2. Be willing to change some things
3. Balance wants with the best use of the money available now & new services
4. Create new options in order to promote more integrated settings





Challenges

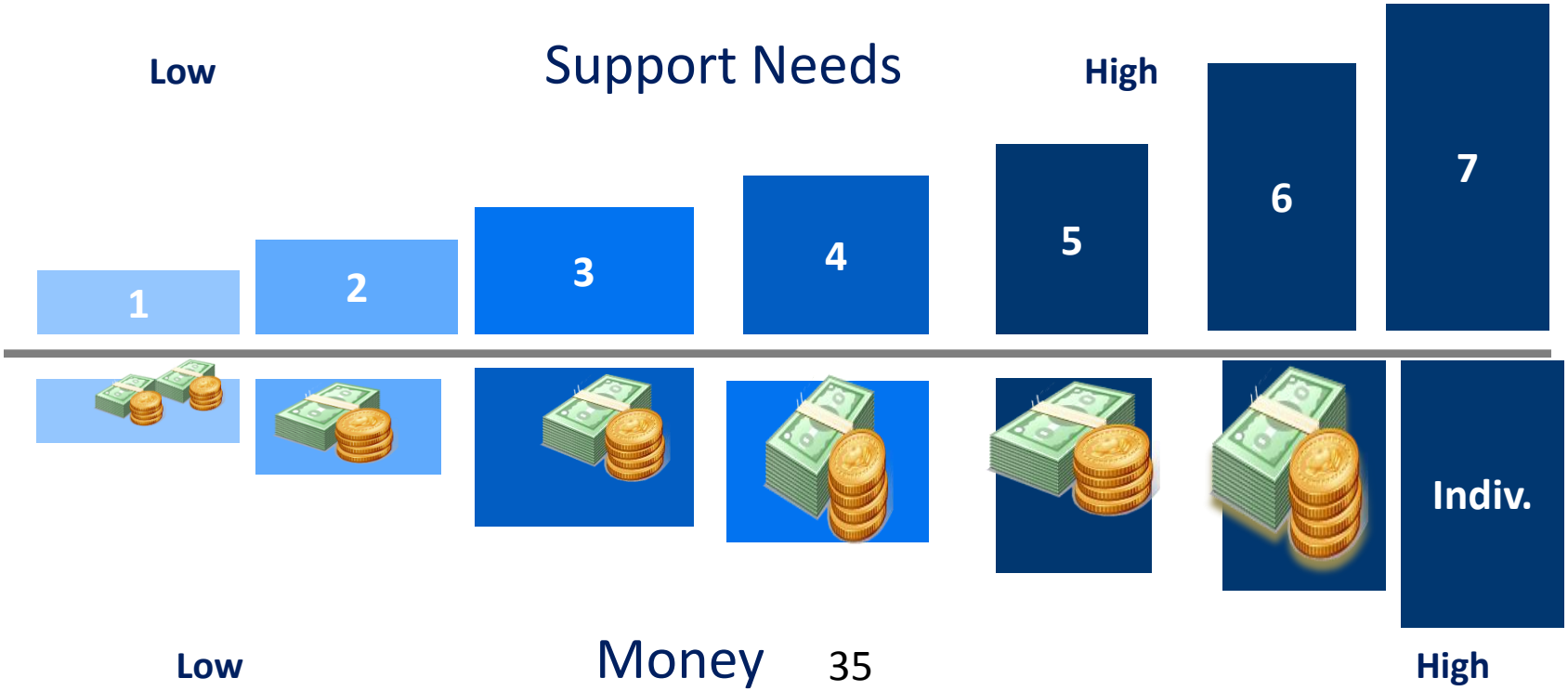
1. Deliver SIS® and other evaluations
2. Determine level of need
3. Allocate budget
4. Plan services
5. Administer base service package
6. Monitor service package

How Will it Work?

a. Find out about one's needs for support.

b. Based on one's support needs, individual will get a level.

c. Individual gets a budget he/she can spend to get services.



About your Actual Budget

A **budget** is how much money one has and how one plans to spend the money.

One's budget for services is made up of **2 parts**:

1. **Where one lives**

2. **What one does during the day**

Other services like therapies, environmental modifications, nursing, crisis services, and assistive technology are added on to your base budget if you need them.

Base Budgets

SIS Level

1

2

3

4

5

6

7

Where One Lives

+

Day Activities

=

Budget

1. **Deliver SIS and other evaluations**
2. Determine Level of Need
3. Allocate Budget
4. Plan services
5. Administer base service package
6. Monitor service package

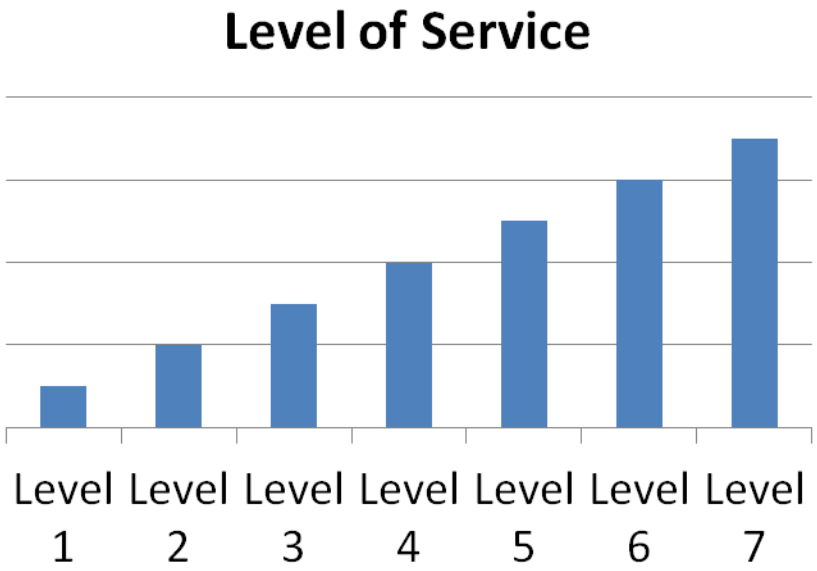
To administer—currently every 3 years for adults & every 2 years for children

Ascend Management Innovations will prioritize those who will need first

DBHDS Regional Support Specialists (5) to work with CSBs, private providers, individuals/family members

1. Deliver SIS and other evaluations
2. **Determine Level of Need**
3. Allocate Budget
4. Plan services
5. Administer base service package
6. Monitor service package

Seven Levels with base packages
Exceptions—Individual's needs may exceed base package within a specific level—remain in level with "E" designation
Mediation with State Representatives if issues in determining



$$$$

Virginia Waiver Design Elements

11/7/2014

More Complex

Less Complex Supports

Trend

Provider Demonstrates Competencies	Levels (SIS, etc)	Mediation Exception Process	Rate Tiers**	Service Packages***	Specialty Endorse-ment	Person Centered (1-5 Star)
	Service Definition Tiers					
Enhanced Expertise to Provide Unique Services Per Person	7	<Exception>	4th & Negotiated	1.5% Extraordinary Behavioral Support Needs		(* ** *** **** *****)
Demonstrated Competency				DBHDS & DMAS Monitoring		
Division II	6	<Exception>	4th Higher Ratios	6.9% Extraordinary Medical Support Needs		(* ** *** **** *****)
	5	<Exception>	4th Higher Ratios	5.3% Severe Support Needs		(* ** *** **** *****)
	4	<Exception>	3rd Higher Ratios	38.7% High Support Needs		(* ** *** **** *****)
Demonstrated Competency		Division II may be endoursed for 1,2,3				
Division I	3	<Exception>	3rd Lower Ratios	2.4% Mild/Moderate Support Needs with Some Behavioral		(* ** *** **** *****)
	2	<Exception>	2nd Lower Ratios	37.9% Moderate Support Needs		(* ** *** **** *****)
	1	<Exception>	1rst Lower Ratios	7.3% Mild Support Needs		(* ** *** **** *****)

CM*

CM*

Natural supports & other related situational or environmental supports

* Secondary review as needed

ISP

Ex. Behavioral and /or Medical Complexity

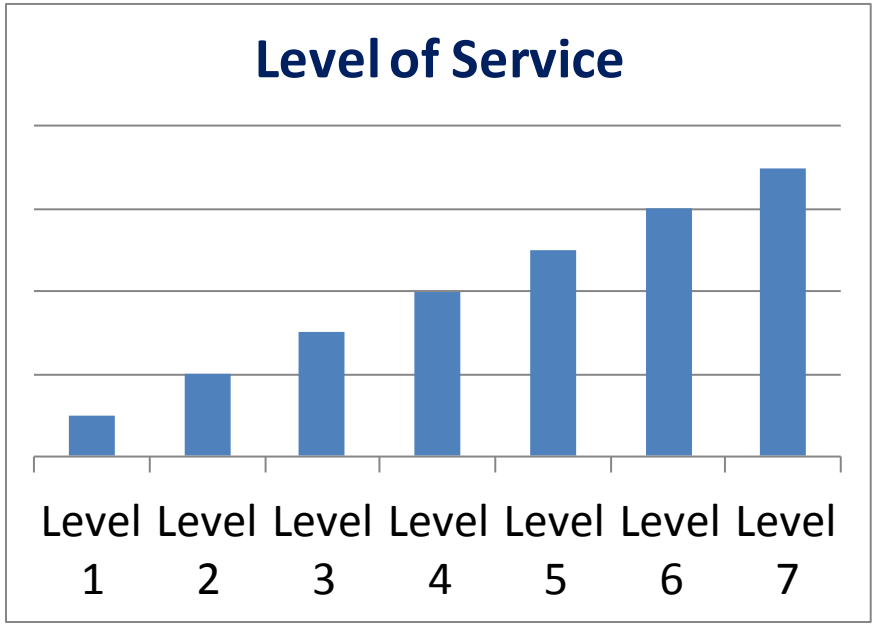
REACH, Health Supports Network & Community Resources

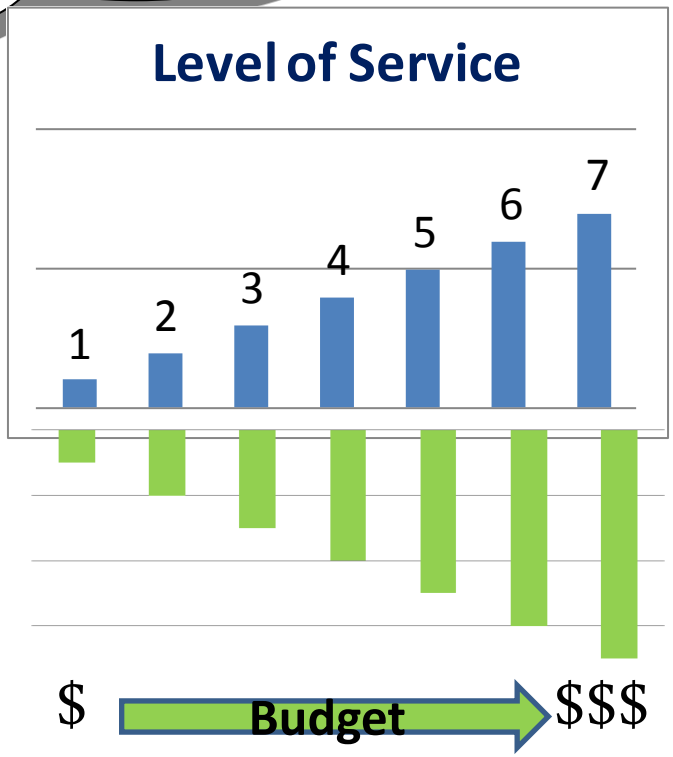
$

*** Tentative %'s

1. Deliver SIS and other evaluations
2. Determine Level of Need
3. **Allocate Budget**
4. Plan services
5. Administer base service package
6. Monitor service package

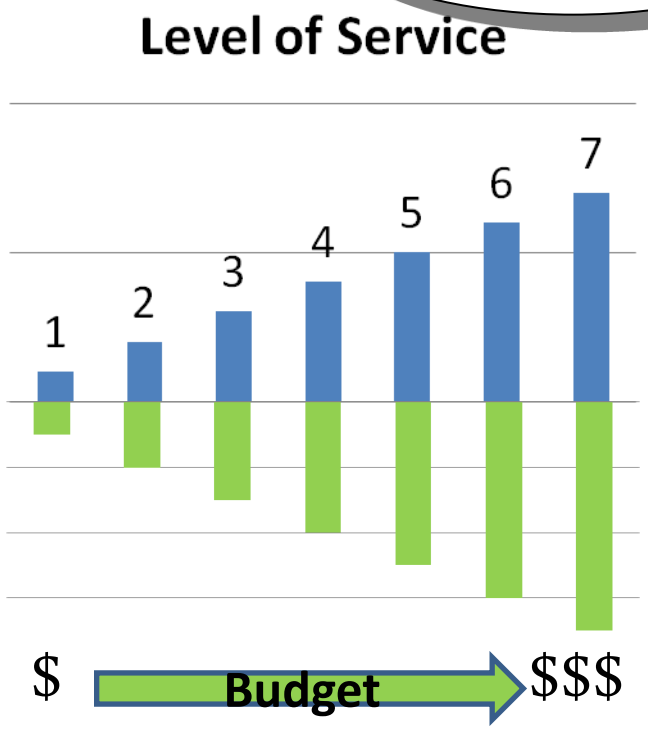
Basic Package—where one spends the day and where one lives
Additional services authorized based on needs
Work closely with Support Coordinator/Case Manager

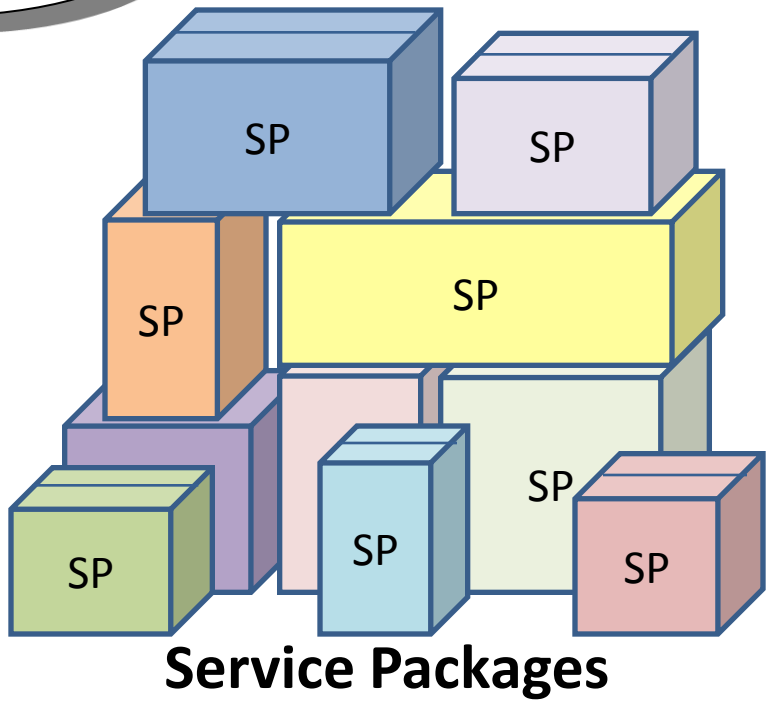




1. Deliver SIS and other evaluations
2. Determine Level of Need
3. Allocate Budget
4. **Plan services**
5. Administer base service package
6. Monitor service package

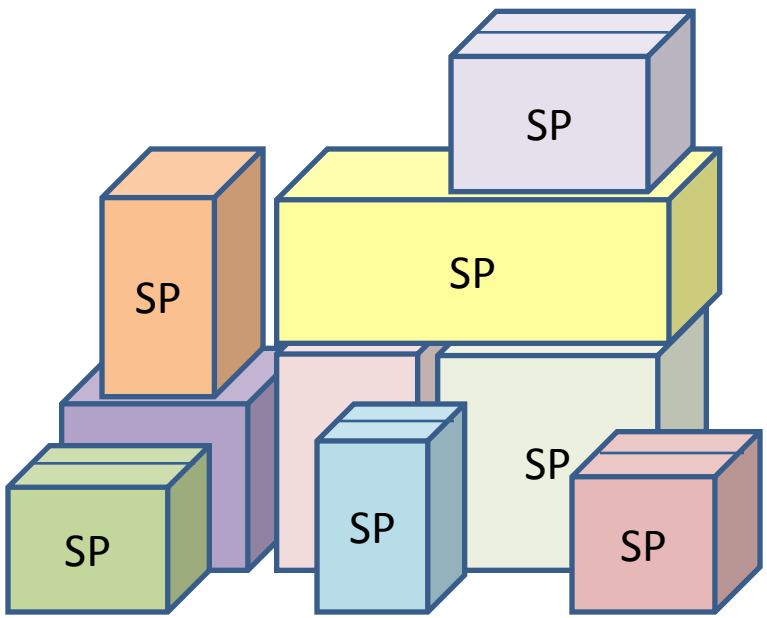
Individual Service Plan
Choice of Providers
Other, non-waiver services



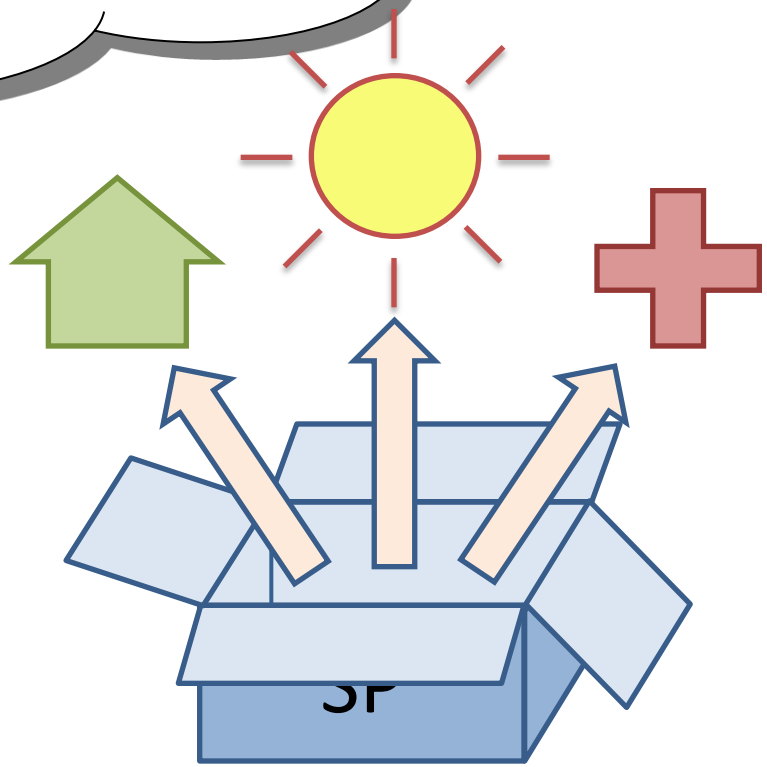


1. Deliver SIS and other evaluations
2. Determine Level of Need
3. Allocate Budget
4. Plan services
5. **Administer base service package**
6. Monitor service package

Ensure individuals receive services that promote their desired outcomes

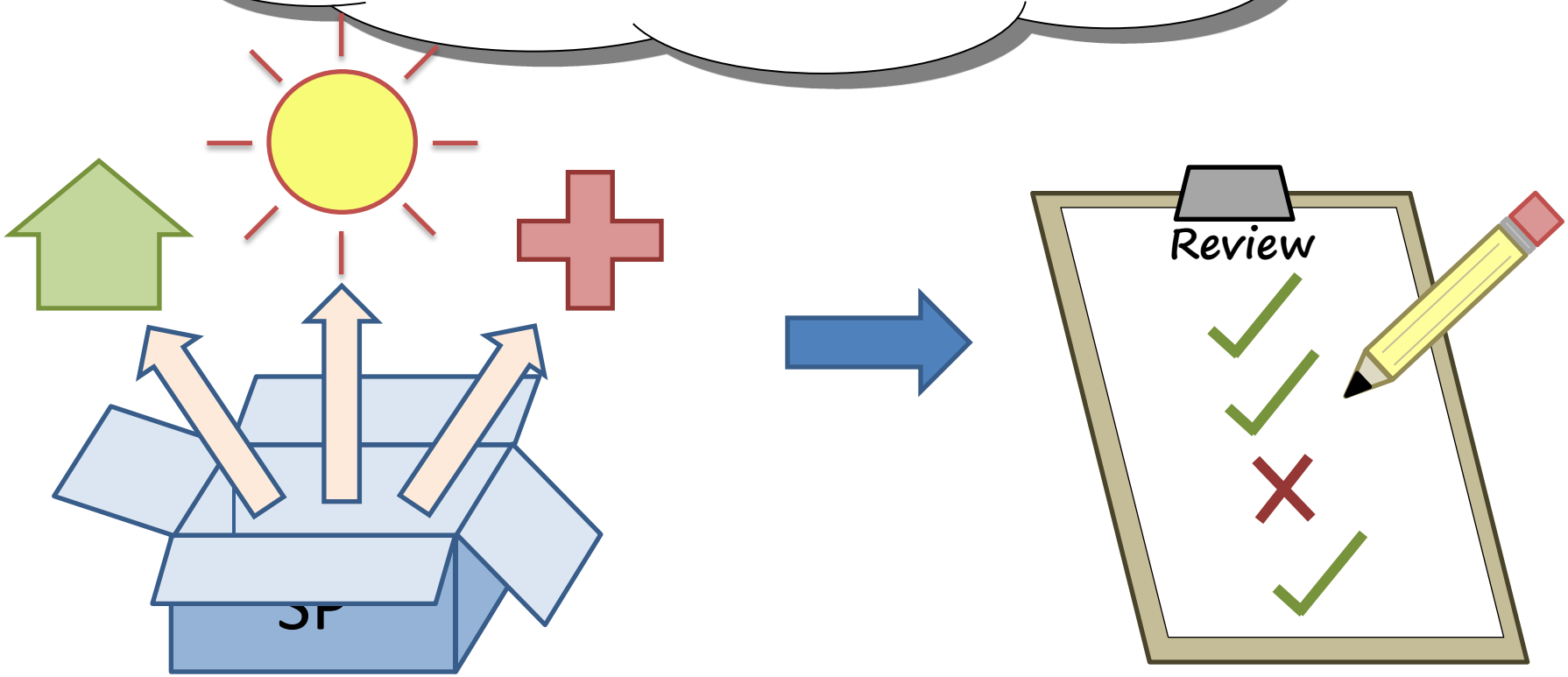


Service Packages



1. Deliver SIS and other evaluations
2. Determine Level of Need
3. Allocate Budget
4. Plan services
5. Administer base service package
6. Monitor service package

Monitoring of Utilization and Costs



Proposed Transition Timeline

- January 2016
  - Phase in Independence waiver
- March 2016
  - DD Waiver becomes the Supports Waiver (individuals transition to new services/ fee schedule by plan year)
  - ID Waiver becomes the Comprehensive Waiver (individuals transition to new services/fee schedule by plan year)
- July 2016
  - Group Home new rate structure transition (residential rates immediately, other services by plan year)
- October 2016
  - Transition non-residential (i.e., those living with family)
- January 2017
  - Sponsored Residential new rate strucutre transition (residential rates immediately, other services by plan year)

To Provide Input About Waiver Redesign

- Two ways to provide input into waiver redesign:
  - waiverupdates@dbhds.virginia.gov
  - MyLifeMyCommunity@dbhds.virginia.gov
- DBHDS is compiling stakeholder email addresses for future updates about waiver redesign. Please inform individuals & family members to send their email addresses to:
  - waiverupdates@dbhds.virginia.gov

Questions?