



Waiver Redesign Frequently Asked Questions

What is a Medicaid Waiver and how can it help individuals with I/DD?

A Medicaid waiver is a means of joining federal & state funds to provide long-term supports for individuals who are elderly or have disabilities. Referred to as Home and Community Based Services (HCBS), waivers are not intended to replace supports that exist in an individual's home or larger community. Instead, the waivers are a means of allowing states to offer a variety of standard medical and non-medical services without the requirement that an individual live in a long-term care facility.

Waivers provide access to Medicaid funding for eligible individuals for whom states may "waive" certain Medicaid requirements. Although there is a waiting list to enroll in some waivers, their overall goal is to present an opportunity to redirect and/or transition individuals from institutions. As a result, waivers allow people to be active in and live in their own community, and achieve greater independence and flexibility in their lives. Virginia began operating its waivers for persons with intellectual and developmental disabilities (I/DD) in 1991.

Why are we changing Virginia's HCBS Waivers for persons with I/DD?

Virginia has three waivers supporting people with I/DD: the Day Support Waiver, Intellectual Disability (ID) waiver, and the Individual and Family Supports Developmental Disabilities (DD) waiver. While these waivers have met some of the needs of Virginians with disabilities, they do not fully meet the increasing needs of individuals who rely on them. The current waiver structure does not have enough funding to support the number of individuals with I/DD, and it is not designed to serve individuals across the I/DD spectrum. Also, the current structure does not reflect changing needs and new requirements, and is not designed to achieve balance between the needs of the individual and the needs of the system.

- Recently, Virginia was ranked as the 8th wealthiest state in the country, but only 49th in its spending for individuals with I/DD. The number of individuals with I/DD requiring services continues to rise and rates paid to providers of some services have not been updated to reflect minimum industry standards. Long waiting lists and many providers unable and unwilling to deliver services are direct results of this growing need.
- The current waivers are not designed for individuals across the I/DD spectrum. The waivers are limited to serving individuals within either an ID or DD category. For example, a waiver service that may be beneficial to individuals with ID and DD may only be available in a specific waiver. Individuals who may need to access a service in a different waiver are unable to easily transfer between waivers if their needs change. Although each individual with I/DD in the Commonwealth has unique and specific needs

that range from minimal to significant, they all have certain common needs, which are not reflected in the current waiver design.

- The current waiver structure does not reflect the changing needs of the system and new requirements. The Centers for Medicaid and Medicare Services (CMS) issued specific guidance, along with new rules for HCBS waivers, which place emphasis on supporting individuals to live, work and play in their own communities alongside people without disabilities. States are being encouraged through new federal regulations to develop more community-based options for individuals who are currently living in more isolated or restricted settings who want to be more integrated into the community.
- The current waivers do not adequately balance system and individual needs. As the need for waiver services are anticipated to continue to grow over time, the state must find a way to ensure that all system components, such as the cost of providing supports, reimbursement rates, and the payment structure, all support the ability to deliver the level of services needed.

All of these challenges make the waiver redesign critical to ensuring that Virginia is able to meet the needs of its residents with I/DD by expanding community-based options, matching service needs to dollars, and supporting the I/DD population across the Commonwealth using a single, common definition to determine waiver eligibility.

How were the waiver changes developed?

Since July 2013, the Virginia Department of Behavioral Health and Developmental Disability Services (DBHDS) engaged in efforts to improve the current service delivery system so that people with I/DD have the supports needed to live full lives in the community. The work being undertaken to achieve this goal was branded *My Life, My Community*. This name highlights the importance of focusing on supporting an individual's right to the choice, opportunity, and supports needed to be able to live a regular life in the community. The Division of Developmental Services of DBHDS has worked with Virginia stakeholders throughout every aspect of waiver reform. Individuals, families, advocates, private providers, CSBs, community and state-based agencies, as well as national expert consultants have all provided input and directly participated in the waiver redesign.

What do these changes mean for the Commonwealth and for individuals with I/DD?

The goal of the waiver redesign is to give individuals more flexibility in using their services and broaden choices available in the areas of community living, integrated day services, and employment, with funding available to support the level of services needed. It is anticipated that the waiver redesign will also provide individuals with the ability to move between waivers to the least restrictive environment suitable to their needs and abilities. The financial structure created for the new waivers, including some needed new services, is the result of a rate study conducted by DBHDS contracted consultants during Fiscal Year 2014.

How will Virginia's waivers change with the waiver redesign?

The following proposed new waivers will replace the existing I/DD waivers:

- The current *Day Support* waiver will become the “**Building Independence**” waiver and provide supports for adults able to live independently in the community with other support and or housing subsidies as needed. The supports available in the waiver will be periodic or provided as needed.
- The current *Developmental Disabilities* waiver will become the “**Family and Individual Supports**” waiver and provide supports for individuals living with their families, friends, or in their own homes, including supports for those with some medical or behavioral needs. It will be available to children and adults.
- The current *Intellectual Disability* waiver will become the “**Community Living**” waiver and provide up to and including 24/7 services and supports for individuals with exceptional medical and/or behavioral support needs through licensed services. This waiver will include residential supports and a full array of medical, behavioral, and non-medical supports. It will be available to adults and some children (e.g., those who require out of home residential supports).

The new waivers will use a single developmental disability (DD) definition from the Administration on Intellectual and Developmental Disabilities¹) to qualify individuals for waiver services. Using a uniform definition will allow all people with I/DD to be served under all three waivers.

Why is Virginia continuing to support three I/DD waivers instead of developing one, new comprehensive waiver available to all individuals with I/DD?

Amending the current three waivers instead of creating one combined waiver has advantages for both the individual and the Commonwealth:

- Individuals will be able to move over to the new waivers at different times. This flexibility will allow individuals to access the new services more quickly than waiting for all to move over to a single waiver at the same time.
- Each waiver will have a different composition of services designed to support a specific range of support needs. There will also be some services that will be available to individuals across all of the waivers.
- Access to the new waivers will be determined by individual support needs with slots for the different waivers funded at different levels. This means that more slots (funding opportunities) may be available to support individuals overall with service packages targeted to an individual’s needs and delivered in a more cost effective manner.

¹ AIDD, 114 Stat. 1684 Public Law 106-402-Oct. 30, 2000

- The new CMS rules have different requirements for new versus amended waivers. With all new waivers, states will need to be in full compliance with the new rules at the start of the waiver. Requesting amendments to our existing waivers will allow individuals to access new services more quickly and gives the Commonwealth the full CMS transition time to ensure that the entire service delivery system is able to meet the new requirements.

How will waiver funding be allocated to individuals?

For adults, the key concept surrounding waiver funding is that basic costs are determined by where an individual lives and where and how that individual spends his day. This will help determine an individual's base funding level (supports budget) and how many hours of basic supports an individual needs. In each of the proposed new waivers, the supports budget will be determined by an individual's assessed needs. Services can be individualized within the assessed supports budget. To support this model, provider rates have been designed to encourage services being provided to smaller groups with more individualized support delivered in the community.

What changes are important for service providers to know?

The way that providers will be paid for some services will change according to the type of service. For example, some services will be paid at a monthly rate, some at a daily rate, and some at an hourly rate. The intent is to allow flexibility in scheduling the delivery of services around the daily lives of individuals. In addition, tiered rates will allow providers with more expertise to deliver services at commensurate rates to individuals with more complex needs.

Please visit

<http://www.dbhds.virginia.gov/library/document-library/ods-proposed%20waiver%20rate%20models%202014%20november%2012.pdf>
for more information.

Will individuals currently receiving waiver services be grandfathered into the new waiver program under the old waiver structure?

No. Once the new waivers are implemented, all individuals currently receiving one of the three I/DD waivers will receive services under the new waiver that is better suited to their needs, using a phased-in approach. An implementation plan for transitioning individuals from the old waivers to the new waivers is being developed.

Will individuals currently receiving waiver services be able to maintain their current service levels?

Yes. To ensure that the system is fair and equitable for all individuals and able to match support needs to funding levels, there may be some changes to individual service levels. But the overall goal is to maintain specific services that the individual needs. Virginia has made some changes to be able to move to a more needs-based service delivery system.

Virginia's Individual Support Plan (ISP) process has been revised to ensure that planning is designed around the individual's needs and desired outcomes, promotes new learning and skill development, and leads to increased employment and community inclusion. In addition,

Virginia will utilize the Supports Intensity Scale® (SIS®) along with other information relating to medical, behavior or other needs, to determine an individual's base service package. The SIS® assessment will be used to inform the development of the individual's person-centered plan and the types of services that should be provided within the waivers' structure. The SIS®, developed by the American Association on Intellectual and Developmental Disabilities, measures the level and intensity of supports that should allow a person with developmental disabilities to be successful in the community. The SIS® will be administered to all individuals currently receiving ID, DD, or DS waiver services over the course of the next 12 to 18 months.

How will individuals currently on a waiver waiting list be able to participate in the new waiver program?

Additional slots will be requested of the General Assembly for each of the new waivers in addition to the additional slots already planned.

When will the waiver changes take place?

The current timeline projects that the waiver structural changes and new or revamped services will roll out on the following dates:

- In January 2016 the state proposes to phase in the **Building Independence** waiver.
- In March 2016 the state proposes to phase in the **Family & Individual Supports** waiver and the **Community Living** waiver.
- In July 2016, the new Group Home rate structure transition (daily billing vs. the current hourly billing) will become effective (residential rates will take effect at transition and other services will take effect by individual plan year).
- In October 2016, the transition of non-residential individuals (i.e., those living with family) will take effect.
- In January 2017, the new Sponsored Residential rate structure transition will take effect (residential rates will take effect at transition and other services will take effect by individual plan year).

How can I learn more about the Waiver Redesign?

For more information on the redesign of Virginia's HCBS waivers for persons with I/DD, please visit the DBHDS website at:

www.dbhds.virginia.gov/individuals-and-families/developmental-disabilities/my-life-my-community.

You may also send your email to waiverupdates@DBHDS.virginia.gov to receive periodic email updates.