My Life, My Community

Update:

TACIDD
October 30, 2015

Dawn Traver, M.Ed.
Director, Waiver Operations
DBHDS Division of Developmental Services
Who wants change?

Who wants to change?
Status of Waiver Application Amendments

• Drafts of three amendments nearly completed
  – Financial projections remain

• Posted for public comment by next week
  – Notice on DBHDS/DMAS websites, newspaper, through advocacy partners, emails

• CMS requires 30 day public comment period
  – Content of comments assimilated/responded to

• Submission of applications to CMS in early to mid December
Streamlined, Needs-Based Access

**Current Process**

1. **Individual with ID**
   - CSB
   - Eligibility
   - Waiting List (based on urgency)
     - Day Support Waiver
     - ID Waiver

2. **Individual with DD**
   - Child Development Clinic
   - Waiting List (based on chronology)
     - DD Waiver

**Revised Process**

1. **Individual with ID or DD**
   - CSB
   - Eligibility
   - Single, Consolidated Waiting List (based on urgency)
     - Building Independence
     - OR
       - Family & Individual Support
       - OR
       - Community Living Waiver
Building Independence Waiver
For adults (18+) able to live independently in the community. Individuals own, lease, or control their own living arrangements and supports are complemented by non-waiver-funded rent subsidies. Supports are episodic/periodic in nature. Proposed implementation July 2016

Family/Individual Supports Waiver
For individuals living with their families, friends, or in their own homes, including supports for those with some medical or behavioral needs. Designed to meet individual support needs and preferences. Available to both children and adults. Proposed implementation July 2016

Community Living Waiver
24/7 services and supports for individuals with complex medical and/or behavioral support needs through licensed services. Includes residential supports and a full array of medical, behavioral, and non-medical supports. Available to adults and children. Proposed implementation July 2016 Sponsored Residential implementation July 2017

Existing Services
- Crisis Services
- Assistive Technology
- Transition Services
- Envirnmental Mods.
- PERS
- Group Day

Proposed/possible
- Elec. Based Home Support
- Non-Medical Transp.
- Benefits Planning
- Community Guide
- Indepnt Living Res
- Shared Living
- Community Engagement
- Community Coaching

In home Residential
- Proposed/possible
- Elec. Based Home Support
- Non-Medical Transp.
- Benefits Planning
- Private Duty Nursing
- Community Guide
- Indepnt Living
- Respite
- Work Place Assistance
- Community Engagement
- Community Coaching

Proposed/possible
- Elec. Based Home Support
- Non-Medical Transp.
- Benefits Planning
- Community
- Guide/Peer Supports
- Private Duty Nursing
- Shared Living
- Workplace Assistance
- Community Engagement
- Community Coaching
# New /Revamped Waiver Services

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<th>Service</th>
<th>Description of Proposed New Services</th>
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<tr>
<td><strong>Integrated Day</strong></td>
<td><strong>Community Engagement</strong> - Uses the community to build relationships and natural supports and have a much lower staff to individual ratio (1-3) than center-based group day services.</td>
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<td><strong>Community Coaching</strong> - 1:1 service that takes place in the community for those who need support to build a specific skill set and address a barrier preventing him/her from engaging in their community.</td>
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<td><strong>Employment</strong></td>
<td><strong>Workplace Assistance</strong> - Ongoing support to a competitively employed individual to ensure maintenance of stable employment.</td>
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<td><strong>Benefits Planning</strong> - Assistance to coordinate benefits to make informed choices about work.</td>
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<td><strong>Integrated Array of Residential Options</strong></td>
<td><strong>Shared Living</strong> - Medicaid payment for a portion of the total cost of room and board for an unrelated live-in support person.</td>
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<td><strong>Supported Living</strong> - Residential supports provided to individuals in a DBHDS licensed apartment setting.</td>
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<td><strong>Independent Living</strong> - Supports for a self-sustaining, independent living situation for those in their own apartments, alone or with a roommate.</td>
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<td><strong>Electronic Home Based Supports</strong> - goods and services based on Smart Home © technology to support greater independence and safety. Would be used in lieu of some hours of paid staff support.</td>
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## New/Revamped Waiver Services

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<tr>
<td><strong>Medically-Oriented</strong></td>
<td>• <strong>Private Duty Nursing</strong> – A correction as currently providing continuous nursing care inappropriately under Skilled Nursing.</td>
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| **Behaviorally-Oriented**| • **Center-based Crisis Supports** – to ensure appropriate funding for the *REACH Crisis Therapeutic Homes* which are designed for individuals who are experiencing an identified behavioral health need or behavioral challenge preventing them from being stable in their home setting  
• **Community Based Crisis Supports** - Mobile crisis units.  
• **Crisis Support Services** – Shorter-term crisis prevention, intervention and stabilization to promote community stability vs. higher cost, long-term psychiatric/hospital stays. |
| **Community Access**   | • **Non-Medical Transportation** - Access to employment/community sites via.  
• **Community Guide** - 1:1 assistance to help individuals identify and access community resources that will meet their needs and interests, problem solve and develop supportive community relationships.  
• **Peer Supports** - Enable learning about community options from peers. |
Seven Assessment Levels

- **Level 1**: Low support needs
- **Level 2**: Low to moderate support needs
- **Level 3**: Moderate support needs plus some behavior challenges
- **Level 4**: Moderate to high support needs
- **Level 5**: Maximum support needs
- **Level 6**: Significant support needs due to medical challenges
- **Level 7**: Significant support needs due to behavioral challenges
Relationship of Individual Levels to Reimbursement Tiers

Level 1/Tier 1
Level 2/Tier 2
Level 3/Tier 3
Level 4/Tier 3
Level 5/Tier 4
Level 6/Tier 4
Level 7/Tier 4

Virginia Department of Behavioral Health & Developmental Services
Tiered Services

- Group Home Residential
- Sponsored Residential
- Supported Living
- Independent Living Residential (2 tiers)

- Group Day
- Community Engagement
- Group Supported Employment
Integrated Supports Across the Life Course

PERSONAL STRENGTHS & ASSETS
Life experiences, personal knowledge, personality traits, belongings, social skills, education and training

TECHNOLOGY
iPad/smart phone "apps", remote monitoring, cognitive accessibility, adaptive equipment

RELATIONSHIPS
Family, friends, neighbors, co-workers, community members, church members

COMMUNITY BASED
School, public transportation, businesses, churches, parks & recreation

ELIGIBILITY SPECIFIC
Developmental disability services, special education, Medicaid, food stamps, Section 8 housing, Vocational Rehabilitation

Discovery & Navigation:
Knowledge & Skills
- Information on disability
- Knowledge about best practices and values
- Skills to navigate and access services
- Ability to advocate for services and policy change

Connecting & Networking:
Mental Health & Self-efficacy
- Parent-to-Parent Support
- Self-Advocacy Organizations
- Family Organizations
- Sib-shops
- Support Groups
- Professional Counseling
- Non-disability community support

Day-to-Day Services:
Instrumental Supports
- Self/Family-Directed services
- Transportation
- Respite/Childcare
- Adaptive equipment
- Home modifications
- Financial assistance
- Cash Subsidies
- Short/Long term planning
- Caregiver supports & training

Strategies for Supporting Real Lives

Michelle “Sheli” Reynolds, PhD | UMKC-Institute for Human Development | reynoldsmc@umkc.edu
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<td>6:00-6:30 AM</td>
<td>Parents get Ben out of bed, assist with breakfast, shower, getting dressed and ready for his day</td>
<td>Parents are weekend support</td>
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# Long Term Service and Support Needs

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<td>Parents get Ben out of bed, assist with breakfast, shower, getting dressed and ready for his day</td>
<td>Parents support Ben</td>
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<td>3-4 PM</td>
<td>Volunteer at high school, supported by coaches and friends</td>
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<td>Mom and/or Dad prepare meal and assist as needed</td>
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- **St. Ann's w/ mom**
- **Home alone while Mom walks**
- **Dinner w/ Roy & Carol & family**
- **Nick's Birthday Party with Matt and friends**

**Note:** The schedule includes support services for Ben, with specific times and activities for each day of the week.
David
David

- David is 48 years-old and lives in an apartment with two other housemates.
- He been assigned to Supports Level 2.
- He is close with his younger brother, Jared, who visits once a week.
- He is fairly independent with home living activities, but may need reminders for house cleaning, personal hygiene, and grooming.
- He can get frustrated with complex tasks, such as preparing a meal, but does well if someone supports him step-by-step.
- He needs assistance getting around in the community, and currently goes to a group day program 5 days a week.
- Loves to talk about cars and trains, and is excited about the possibility of working with cars.
Desired Outcomes:
- I would like to find a paying job.
- I would like to do more activities outside the apartment and make new friends.
- I would like to take a vacation with my brother and go to a car racing event.
Amended Waivers’ Fundamental Processes

Individual is assessed using the Supports Intensity Scale

Assessment results in supports level assignment (1 – 7)

Individual selects services/hours in the PCP process

DBHDS Preauth staff will collect data on adequacy of service mix relative to supports level
Preauthorization Involvement

• Review calendars submitted through new WaMS

• Support CMs with developing ISPs that
  – include accessing community resources and ongoing natural supports which are appropriate to assessed needs

• Monitor trends and perform analyses on:
  – Utilization of new waiver services
  – Impact of service mix packages
  – Adjustments needed to service mix packages to test 8 CSBs in FY 18.
Staff Development Plan

- **Winter:**
  - DBHDS staff trained on new responsibilities.
  - DMAS staff trained on changes.
  - DARS staff involved with employment services.

- **Spring:** CMs trained
  - Emphasis on integrated services/employment.
  - Use of calendar of activities.
    - Reflective of all supports and community resources currently received.
Waiting List Changes

• Recommendation to change from “Urgent/Non-urgent” categories to three “priority needs” categories

• All individuals in priority one, two and three categories will meet the VIDES and have a DD diagnosis.

• All individuals in priority one, two and three categories will be eligible for the Individual and Family Support Program.
A service is needed within one year and the individual meets one of the following criteria.

• An immediate jeopardy to the health and safety of the individual due to the unpaid primary caregiver having a chronic or long-term physical or psychiatric condition or conditions that significantly limits the ability of the primary caregiver (or caregivers) to care for the individual; there are no other unpaid caregivers available to provide supports;

• 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:
  • The individual’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 by the case manager
  • 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 by the case manager;

• The individual lives in an institutional setting and has a viable discharge plan; or

• The individual is young adult transitioning and is no longer eligible for IDEA services. (e.g., in a foster care, residential setting, etc.). After age 27, this criteria will no longer apply.
Priority Two

A service is needed in one to five years and the individual meets one of the following criteria:

- The health and safety of the individual is likely to be in future jeopardy to due to the unpaid primary caregiver having a declining chronic or long-term physical or psychiatric condition or conditions that significantly limits the ability of the primary caregiver (or caregivers) to care for the individual; there are no other unpaid caregivers available to provide supports; and the individual’s skills are declining as a result of lack of supports;
- The individual is at risk of losing employment supports;
- The individual is at risk of losing current housing due to lack of adequate supports and services; or
- The individual has needs or desired outcomes that adequate supports will result in a significantly improved quality of life.
Priority Three (Active Planning)

A service is being currently sought and the system has determined that he/she may not need to access a waiver slot for more than five years as long as the current supports and services remain; however, the system should plan for future needs, as this person may present at any time.

- **Criteria:**
  - The individual is receiving a service through another funding source that meets current needs;
  - The individual is not currently receiving a service but is likely to need a service in five or more years; or
  - The individual has needs or desired outcomes that adequate supports will result in a significantly improved quality of life.
Emergency Reserve Slots

Emergency Definition: Immediate service is needed as determined by one of the below criteria and if all other service options have been explored and exhausted (Existing slots, CRC, RST, C3T):

Emergency Criteria:

• Protective Services (Child or Adult) has substantiated abuse/neglect against the primary caregiver and has removed the individual from the home; or for adults, where abuse/neglect has not been substantiated but corroborating information from other sources (agencies) indicate there is an inherent risk present. There are no other caregivers available to provide support services to the individual.

• Death of primary caregiver and/or lack of alternate caregiver coupled with the individual’s inability to care for him/herself and danger to self or others without supports.