

Comments on Proposed Waiver Amendments & Transition Plan

August 12, 2014

Waiver Service	Stakeholder	Comments	Amendment Language	DDS Initial Response	DDS/ DHCF Final Response
Art Therapies	Keystone	The proposed amendments include changes to rate methodologies and reimbursement to other services including Day Habilitation, Host Home, Employment and Art Therapies. We support all of these proposed changes.	See App. I & J.	DDS appreciates the support. No change to the proposed amendments is required.	DHCF agrees with DDS.
Art Therapies	ADTI	ADTI would offer other supportive services such as the creative arts therapies, but as I have stated for four years the rates are insufficient to cover the cost and still lack the most commonly offered modality of groups and hence group rates. When will the group rates be announced and made effective? When will the changes be in effect? DDS states that “art therapy” will be increased to 75.00 per hour. This statement is unclear. What type of art therapy are you referencing?	Creative Art Therapies services are available both as a one-to-one service to a person, and in small group settings, not to exceed 1:4.	Waiver amendments include an increase in the individual rate and creation of a group rate for Art Therapies, the definition of which includes art, music, drama and dance therapy. As with all amendments, this is subject to CMS approval and implementing regulations. . No change to the proposed amendments is required.	DHCF agrees with DDS.
Art Therapies	ADTI	I have asked for DHCF and DDS to change their terminology to reflect professionalism, understanding of the terminology and the knowledge of accurate and proper terms. To state “art therapy’ or even “art therapies” is incorrect. There should be term such as “the creative arts therapies” or “the expressive arts therapies” used, which includes the visual arts, music, drama and dance therapies. After respectfully and repeatedly advising DDS and DHCF about the terminology for over 3 years they still insist in using the term “art therapy,’ or “art therapies.” The singular use of “art	Change name of service to “Creative Art Therapies” throughout.	The current language in the approved waiver is Art Therapies (plural) and the definition includes art, music, drama and dance therapy. DDS is open to changing the title of the services to “Creative Art Therapies.”	DHCF is also open to changing the name to Creative Art Therapies.

Comments on Proposed Waiver Amendments & Transition Plan

August 12, 2014

		therapy” is totally misleading and could not be more incorrect.			
Art Therapies	DDS Waiver Forum	Can we consider the cost of materials in the group rate – the fees associated with the service?	See App. I & J.	The rate is all-inclusive. Supplies are part of the cost of doing business. . No change to the proposed amendments is required.	Agreed. No change to the rate is required.
Behavioral Supports	DDA Advisory Committee	The tiered system seems more user friendly.	<p><u>Behavioral Support Services Tier One: Low Intensity Behavioral Support.</u> This service provides up to 12 hours per year of behavioral support consultation and training for a person, his or her family, and/ or support team to provide technical assistance to address behaviors that interfere with a person’s ability to achieve his or her ISP goals, but which are not dangerous, and to support skill building.</p> <p><u>Behavior Support Services Tier Two: Moderate Behavioral Support.</u> This service provides up to 50 hours per year (plus up to 26 hours of counseling services) for a participant who exhibits challenging behavior that either impacts a person’s ability to retain a baseline level of independence (i.e. loss of job, loss of natural supports, eviction/ loss of residence, or causes a higher level of supervision than would otherwise be necessary); or</p>	DDS appreciates the support. No change to the proposed amendments is required.	Agree.

Comments on Proposed Waiver Amendments & Transition Plan

August 12, 2014

			that interferes with the person’s quality of life (i.e. desired outcomes, relationships, exposure to and opportunities for engagement in a range of community activities).  <u>Behavioral Support Services Tier Three: Intensive Behavioral Supports.</u> Intensive Behavioral Support Services provides up to 100 hours per year (plus up to 52 hours of counseling service) to. . . (Pick up language in current waiver.)		
Behavioral Supports	DDA Advisory Committee	Recommends review of licensing requirements for practice, with the aim of expanding the pool of clinicians.	In order to receive Medicaid reimbursement, a LGSW may provide counseling under the supervision of an LICSW or a LISW in accordance with the requirements set forth in Section 3413 of Chapter 34 of Title 22 of the DCMR.	DDS has reviewed the professional licensing requirements for clinicians. The waiver currently includes all appropriate D.C. licensed professionals. DDS will add clarifying language re: role of an LGSW.	Consistent with our earlier discussion about licensing, a LGSW should only deliver services in accordance with the Section 3413, of Chapter 34 of Title 22 of the DCMR.
Behavioral Supports	DDS Waiver Forum	Should include ABA therapy.	No change to the waiver.	DDS has reviewed the professional licensing requirements for clinicians. The waiver currently includes all appropriate D.C. licensed professionals. Certified Behavioral Analysts are not yet licensed in the District. DDS is working with the licensing agency, DOH, to explore ways to meet this need.	DHCF agrees. Clinicians and professionals should only deliver services in line with their licensing. If no licensing exists, discussions with DOH are appropriate to meet a new licensing need.
Behavioral	Keystone	Keystone is also supportive of the	N/a	DDS appreciates the support. . No	Agreed.

Comments on Proposed Waiver Amendments & Transition Plan

August 12, 2014

Supports		proposed changes to services including Behavior Supports, Day Habilitation, Individualized Day, One-to-One Supports (Non-Behavioral), Supported Employment and Supported Living. These changes will enhance Keystone’s ability to support individuals in the District of Columbia.		change to the proposed amendments is required.	
Behavioral Supports	DDS Waiver Forum	Can you look at the rates for professional behavioral health services, as it’s hard to find people who will work for the current rates?	See App. I & J.	Based on market research, the proposed waiver amendments increase the rate for Behavior Paraprofessionals from \$60 to \$65 per hour. The other rates are competitive. No change to the proposed amendments is required.	The waiver is not private insurance. The rates will not align with private insurance reimbursement rates. No change is needed.
Behavioral Supports	ADTI	Is this only for residential or also for the day habilitation?	See above description of the tiered system.	This applies to all behavioral supports services. No change to the proposed amendments is required.	DHCF agrees.
Bereavement	ADTI	[B]ereavement is not currently offered by anyone because the qualifications were set so high and lacked the needed expertise and experience to serve Individuals with Intellectual Disabilities. This service is not available because no-one is able to meet the unreasonably set criterion and offer this greatly needed supportive bereavement services.	Delete all references to bereavement under Wellness.  UPDATE 5/13/2014 DDS agrees to keep bereavement as a service under Wellness. The provider qualifications should mirror the credentials for under hospice bereavement – e.g, the Wendt Center.	Bereavement is a Medicaid State Plan service and is not needed in the HCBS Waiver. DDS recommends deleting this service.	Bereavement counseling was initially proposed by DDS to address the specific needs of the IDD population. Currently, bereavement counseling is not a stand-alone service under the Medicaid State Plan. Discussion is needed.
Day Habilitation	Project ACTION!	Recommends incentivizing smaller, community based activities.		DDS agrees with the comment. The approved waiver already includes IDS. The amendments will add small group options for art therapies, fitness, and day habilitation.	Agreed. Small group options for art therapies, fitness, and day habilitation are beneficial.
Day Habilitation	Keystone	The proposed amendments include changes to rate methodologies and		DDS appreciates the support. No change to the proposed	Agreed.

Comments on Proposed Waiver Amendments & Transition Plan

August 12, 2014

		reimbursement to other services including Day Habilitation, Host Home, Employment and Art Therapies. We support all of these proposed changes.		amendments is required.	
Day Habilitation	Keystone	Keystone is also supportive of the proposed changes to services including Behavior Supports, Day Habilitation, Individualized Day, One-to-One Supports (Non-Behavioral), Supported Employment and Supported Living. These changes will enhance Keystone’s ability to support individuals in the District of Columbia.		DDS appreciates the support. No change to the proposed amendments is required.	Agreed.
Day Habilitation	ADTI	Will one Registered Nurse be added for every twenty Individuals in the ratio of 1:20 of HMCP/HP programs? This is unclear, please explain more specifically what the actual criterion is. In addition, the annual salary does not include the additional cost of benefits. Is this supposedly just added to the rates as some kind of built-in cost? If so, it will not be adequate based on and compared with other previously built-in costs, which have not adequately calculated the actual costs of providing the said services. Day habilitation rates should be increased and itemized to cover the actual cost of the services. The cost of consulting physician needs to be added. It is necessary for the safety and health of participating Individuals. . . The ambiguous built-in rate increase must adequately cover this expensive cost [health oversight]. I do not think \$70 000 is adequately covering this	Day habilitation rates includes nursing oversight for medication administration, physician ordered protocols and procedures, charting, other supports as per physicians orders, and maintenance of Health Management Care Plan.	<ul style="list-style-type: none"> <li>• The RN is expected to provide oversight at a ratio of 1:20.</li> <li>• Benefits for the RN are included in the rate.</li> <li>• DDS is increasing the rate for day habilitation. The rate methodology reflects itemized costs.</li> <li>• People in the waiver already have primary care physicians. Day habilitation programs are not required to have their own consulting physicians.</li> </ul>	DHCF agrees. Day Habilitation services are supplemental services and supports to encourage individuals to remain in the community. No physician is needed, because day habilitation is only one of the many services offered to a person under the IDD Waiver, and these beneficiaries will already have a physician.

Comments on Proposed Waiver Amendments & Transition Plan

August 12, 2014

		expense! A consulting physician must be included in the overall cost.			
Day Habilitation	ADTI	The food services offered only to Individuals living in natural homes is a form of discrimination for the others, who do not get the same meal at ADTI.	N/A	The waiver does not include cost of meals at day habilitation, regardless of whether the person lives at home or in residential supports.	Agrees.
Day Habilitation	ADTI	There should be a different rate for facilities, small facilities, and non-facilities! The current rating system is one of the most unfair ones!	[Day Habilitation] Services may be offered in a large group or small group setting; small group settings may not exceed 15 waiver participants.	DDS is adding a service definition and rate for small group day habilitation.	DHCF agrees.
Day Habilitation	ADTI	Day Habilitation rates need to be increased to enable ADTI to hire more qualified staff. ADTI has lost excellent staff members to public schools which pays rates far above the living wage for those with Bachelor degrees	See App. I & J.	The proposed waiver amendments would provide for wage rates to be increased by the market basket rate for nursing homes.	DHCF is open to aligning the wages in accordance with the market basket rates for nursing homes.
Day Habilitation	ADTI	Why only Host Homes are considering the vacancy factor, not day habilitation, which has suffered losses due to inclement weather (six days plus limited attendance on several other days due to weather)? There are also days when the attendance is low and losses are apparent due to vacations and other absences. It is also clear that built-in costs do not cover the actual cost for operations.		The Day Habilitation rate already includes a vacancy factor. No change to the proposed amendments is required.	DHCF agrees.
Day Habilitation	DDS Waiver Rates Forum	The additional funding for a nurse covers only salary (based on the ICF rate), but not benefits. It should be increased to cover both.		Benefits for the RN are included in the rate. No change to the proposed amendments is required.	DHCF agrees.
Day Habilitation	DDS Waiver Rates Forum	Costs for cell phones have increased, as people are doing more activities in the community. The rate should reflect this.		The new day habilitation rate will include an increase for this cost.	DHCF agrees.

Comments on Proposed Waiver Amendments & Transition Plan

August 12, 2014

Day Habilitation	DDS Waiver Rates Forum	Facility costs are higher than reflected in the rate – in terms of monthly rental costs for the facility itself as well as utilities.		The new day habilitation rate will include an increase for these costs.	Agreed.
Day Habilitation	DDS Waiver Rates Forum	Benefits typically cost more than 20%, which is the percentage built into the rate.		The new day habilitation rate will include an increase for this cost to 22%.	Agreed.
Day Habilitation	DDS Waiver Rates Forum	Consider adding a small facility rate – this model is based on 20 people; what about also having a model based on 10 people? It is not viable currently to run a smaller day habilitation program and we should be incentivizing this.	[Day Habilitation] Services may be offered in a large group or small group setting; small group settings may not exceed 15 waiver participants.	DDS is adding a service definition and rate for small group day habilitation.	DHCF agrees.
Day Habilitation	DDS Waiver Rates Forum	The current rate reflects the number of hours worked by DSP staff as 2770, but this should be 2080 – based on a full time person, working 40 hour week/ 52 weeks/ year.		DDS agrees with the comments and has modified the rate accordingly.	DHCF agrees with the proposed rate increases.
Day Habilitation	DDS Waiver Rates Forum	The rate does not need to include over-time, if it includes a 40 hour week for DSPs.		DDS agrees with the comments and has modified the rate accordingly.	DHCF agrees.
Employment Readiness	Keystone	The proposed amendments include changes to rate methodologies and reimbursement to other services including Day Habilitation, Host Home, Employment and Art Therapies. We support all of these proposed changes.	See App. I & J.	DDS appreciates the support. Based on comments received, several of the rates have changed since the proposed amendments, as described within this document.	DHCF agrees with the proposed rate changes.
Employment Readiness	ADTI	Urgent need for rate increase because it offers a different program from day habilitation and prepares Individuals for Supportive Employment and successful community and employment integration.	See App. I & J.	Based upon all public comments received, DDS has reviewed all rates and is reducing the Employment Readiness rate from \$3.80 to \$3.42 per 15 minute unit.	DHCF is fine with this.
Fitness	DDA Advisory	Supports a group rate, but recommends that this be limited to a small group – so	Fitness Training (services are available both as a one-to-one service to a	DDS agrees with the comments and will limit the small group to a 1:2	DHCF agrees.

Comments on Proposed Waiver Amendments & Transition Plan

August 12, 2014

	Committee	that a person could have a work-out buddy to help him or her stay motivated.	person, and in small group settings not to exceed 1:2.	ratio.	
Fitness	Project ACTION!	Supports expanding credentials of providers. They have experienced trouble getting this service because of the limited pool of providers.	Additional provider qualifications: Bachelor's level degree in physical education, health education, exercise science, or kinesiology Recreational Therapist.	DDS appreciates the support. In addition to the proposed amendments, based upon public comments DDS recommends adding recreational therapists and people with a BA in Kinesiology.	DHCF agrees to expanding credentials to deter a lack of access to services.
Fitness	Project ACTION!	Supports a group rate so that a person could exercise with a friend.	Fitness Training (services are available both as a one-to-one service to a person, and in small group settings not to exceed 1:2.	DDS appreciates the support. No change to the proposed amendments is required.	DHCF agrees. The waiver should only benefit other individuals enrolled in the waiver, not non-beneficiaries.
Fitness	DDS Waiver Forum	Add rec therapy and kinesiology as acceptable clinical alternatives to offer fitness.	Additional provider qualifications: Bachelor's level degree in physical education, health education, exercise science, or kinesiology Recreational Therapist.	DDS agrees with the comments and recommends further expanding the pool of possible providers to include people with these qualifications.	DHCF agrees to expanding credentials to deter a lack of access to services.
Fitness	ADTI	The fair rate should be \$60/hour.	See App. I & J.	The proposed waiver rate of \$50 is based on market research. No change required for the individual rate. The new group rate for Waiver Years 2 & 3 will be \$27.04 per hour for a group not to exceed 1:2.	DHCF agrees.
Fitness	DDS Waiver Forum	Can we consider the cost of materials in the group rate – the fees associated with the service?		The rate is all-inclusive. Supplies are part of the cost of doing business. No change to the proposed amendments is required.	DHCF agrees.
Host Home	Keystone	The proposed amendments include changes to rate methodologies and reimbursement to other services including Day Habilitation, Host Home, Employment and Art Therapies. We support all of these proposed changes.		DDS appreciates the support. No change to the proposed amendments is required.	DHCF agrees.



Comments on Proposed Waiver Amendments & Transition Plan

August 12, 2014

Individualized Day Supports	DDA Advisory Committee	This service should be able to occur 7 days/ week, rather than just Monday – Friday. Also should be able to take place outside of regular day program hours.	This service shall be delivered in a variety of community settings that the individual chooses to attend for up to eight (8) hours per day.	The current service definition and limitations allow this flexibility. However, to maximize opportunities, DDS is increasing the daily cap to 8 hours/ day (with the weekly limit for IDS still at 30 hours – but with up to a total of 40 hours, combined, of day and vocational supports).	DHCF agrees. No change to the current service definition is allowed.
Individualized Day Supports	Keystone	Keystone is also supportive of the proposed changes to services including Behavior Supports, Day Habilitation, Individualized Day, One-to-One Supports (Non-Behavioral), Supported Employment and Supported Living. These changes will enhance Keystone’s ability to support individuals in the District of Columbia.		DDS appreciates the support. No change to the proposed amendments is required.	DHCF agrees.
Individualized Day Supports	ADTI	How will relatives be able to provide DSP services for the Individuals? What is the criteria for such a family member?		Relatives will have to meet all of the same requirements as non-relatives. This amendment simply removes the prohibition on relatives working as a DSP for the person. No change to the proposed amendments is required.	DHCF agrees.
Individualized Day Supports	ADTI	IDS rate reduction—why was the rate reduced? Even the current rate does not adequately cover the cost for the services provided? There should be two different rates: <b>IDS 1:1</b> and <b>IDS 1:2</b> ! DDS and DHCF seem to fail to understand what it means in practice to implement their theoretical “ivory tower” plans. The rates should be raised, because now there is an implication that the rates include a lot of		<ul style="list-style-type: none"> <li>• DDS agrees with the recommendation to have the option for IDS 1:1 and IDS 1:2 and is amending the waiver accordingly.</li> <li>• Based on market research, the new rate is competitive.</li> </ul>	DHCF agrees.

Comments on Proposed Waiver Amendments & Transition Plan

August 12, 2014

		built-in costs, which again do not realistically cover the actual cost of such services. Why this decrease in rates when the new program has not started? DDS needs to consider more realistically the challenges/problems that IDS staff will be facing while in the community.			
Individualized Day Supports	DDS Waiver Rates Forum	No need to increase hours from 30 – 40 hours / week at this point. There is a concern about quality versus quantity of services.		DDS agrees with the comment and recommends not going forward with this proposed amendment. DDS is amending the waiver to add clarifying language that a person can receive a total of 40 hours of day supports/ week, e.g., 24 hours of IDS + 16 hours of supported employment.	DHCF agrees
Individualized Day Supports	DDS Waiver Rates Forum	There should be rates for IDS 1:1 and IDS 1:2 – and a person, pending on his or her need and what is identified in his or her Community Integration Plan, could use both at different points. The rate is not adequate for a person who needs 1:1 support.	Individualized Day Supports are available both as a one-to-one service for a person, and in small group settings not to exceed 1:2.	DDS agrees with the recommendation to have the option for IDS 1:1 and IDS 1:2 and is amending the waiver accordingly.	DHCF agrees.
Medical 1:1 Support	DDA Advisory Committee	Consider instead the use of technology (i.e., remote monitoring), as a less expensive, less restrictive alternative. If keep, recommend this have time limitations and be targeted for people transitioning out of hospitals and LTACs.	N/A	DDS agrees with this comment and will continue to research less restrictive alternatives. DDS recommends not going forward with this proposed amendment.	DHCF is interested in knowing DDA’s alternative to medical 1:1 supports.
Medical 1:1 Support	Keystone	Keystone is also supportive of the proposed changes to services including Behavior Supports, Day Habilitation, Individualized Day, One-to-One Supports (Non-Behavioral), Supported Employment	N/A	In light of other comments received, DDS will continue to research less restrictive alternatives. DDS recommends not going forward with this proposed amendment.	DHCF agrees.

Comments on Proposed Waiver Amendments & Transition Plan

August 12, 2014

		and Supported Living. These changes will enhance Keystone’s ability to support individuals in the District of Columbia.			
Medical 1:1 Support	DDS Waiver Forum	Consider remote monitoring as a less restrictive alternative.	N/A	DDS agrees with this comment and will continue to research less restrictive alternatives. DDS recommends not going forward with this proposed amendment.	DHCF agrees.
Medical 1:1 Support	DDS Waiver Forum	This could be beneficial, as short term support while people are recovering from an illness/injury where they’re for example learning to walk more safely.	N/A	In light of other comments received, DDS will continue to research less restrictive alternatives. DDS recommends not going forward with this proposed amendment.  UPDATE 5/13/2014 – Based upon this and other public comments, DDS is including a new Companion Service, which, among other things, could provide short term support for people who are returning from a hospital or LTAC, but are not yet able to return to work or a day/ vocational program.	DHCF agrees.
Medical 1:1 Support	DDS Waiver Forum	Consider a different name, like Personalized Care Attendant	N/A	In light of other comments received, DDS will continue to research less restrictive alternatives. DDS recommends not going forward with this proposed amendment.  UPDATE 5/13/2014 – Based upon this and other public comments, DDS is eliminating the proposed Medical 1:1 Service, so no change to the name is required.	DHCF- The stakeholder comment is not applicable because DDS might not move forward with the proposed amendment.

Comments on Proposed Waiver Amendments & Transition Plan

August 12, 2014

Medical 1:1 Support	ADTI	The rate should be higher than IDS rates.	N/A	In light of other comments received, DDS will continue to research less restrictive alternatives. DDS recommends not going forward with this proposed amendment.  UPDATE 5/13/2014 – Based upon this and other public comments, DDS is eliminating the proposed Medical 1:1 Service, so no change to the rate is required.	DHCF- The stakeholder comment is not applicable because DDS might not move forward with the proposed amendment.
Residential Habilitation	Keystone	We are supportive of the Residential Habilitation and Supportive Living modification to the service rate methodologies. We are quite pleased this includes increases in the hourly wage rates for our Direct Support Professionals (DSPs) to be in compliance with the D.C. Living Wage Act of 2006 for Fiscal Year 2014 and Fiscal Year 2015.		DDS appreciates the support. No change to the proposed amendments is required.	DHCF agrees.
Shared Living	DDA Advisory Committee	Rather than deleting this service, consider increasing the number of hours of supports that could be provided in this service to make it more usable for people in the comprehensive waiver.	Delete this service.	In lieu of the impact of the DOL Companionship regulation on this service, DDS plans to reconstitute the service definition and rates and offer this service in the upcoming Individual and Family Supports waiver.	DHCF notes that there were no users for this service and will delete this service from the portal in support of DDA’s decision to remove service from Waiver. DDS needs to provide justification for deleting the service for portal entry if different from decision to provide under a different waiver.
Supported Employment	Project ACTION!	Waiver must support people to get integrated jobs in the community.	New Provider Qualification:  Provider must be enrolled as a provider for Rehabilitation Service Administration (RSA) within one year of provider of	DDS agrees. One of the proposed amendments would require all DDA Supported Employment providers to become RSA Supported Employment providers. This will	DHCF agrees and will indicate this change in the Waiver Amendment.

Comments on Proposed Waiver Amendments & Transition Plan

August 12, 2014

			becoming a supported employment provider.	increase the pool of RSA Supported Employment providers will an expertise in working with people with intellectual and developmental disabilities; and also ensure continuity of supports for people who choose to work with the same provider for employment supports through DDA. The proposed amendments also include a rate increase for Supported Employment. No change required.	
Supported Employment	Keystone	The proposed amendments include changes to rate methodologies and reimbursement to other services including Day Habilitation, Host Home, Employment and Art Therapies. We support all of these proposed changes.		DDS appreciates the support.	DHCF agrees.
Supported Employment	Keystone	Keystone is also supportive of the proposed changes to services including Behavior Supports, Day Habilitation, Individualized Day, One-to-One Supports (Non-Behavioral), Supported Employment and Supported Living. These changes will enhance Keystone’s ability to support individuals in the District of Columbia.		DDS appreciates the support. No change to the proposed amendments is required.	DHCF agrees.
Supported Living	Keystone	Keystone is also supportive of the proposed changes to services including Behavior Supports, Day Habilitation, Individualized Day, One-to-One Supports (Non-Behavioral), Supported Employment and Supported Living. These changes will enhance Keystone’s ability to support individuals in the District of Columbia.		DDS appreciates the support. No change to the proposed amendments is required.	DHCF agrees.

Comments on Proposed Waiver Amendments & Transition Plan

August 12, 2014

Supported Living	Keystone	We are supportive of the Residential Habilitation and Supportive Living modification to the service rate methodologies. We are quite pleased this includes increases in the hourly wage rates for our Direct Support Professionals (DSPs) to be in compliance with the D.C. Living Wage Act of 2006 for Fiscal Year 2014 and Fiscal Year 2015.		DDS appreciates the support. No change to the proposed amendments is required.	DHCF agrees.
Supported Living	DDA Advisory Committee	Waiver should be amended to fund people who live alone in a SL setting and require 24 hour support, but who do not attend a day program, for example, because they are retired.		Under the current waiver, 24 hour Supported Living with 1:1 is reserved for people with significant behavior support needs to protect themselves or others. Behavioral supports can be used to augment, if necessary. Retirees, who do not have this level of behavioral support needs, would not meet the criteria for this level of service. No change to the proposed amendments is required.  UPDATE 5/13/2014 – Based upon this and other public comments, DDS is including a new Companion service, which would be appropriate for a retiree who lives in SL and needs 24 hour support at home.	DHCF- What are DDS's plans are for this service in an environment where a dsp is already assigned to provide supported living. How will this service be provided? When will the final service definition for portal entry be provided?
Supported Living	DDA Advisory Committee	Supports the individualized rate for this service, particularly in thinking about people who are dually diagnosed and transitioning from St. Elizabeth's Hospital to the community with waiver supports.		DDS appreciates the support. No change to the proposed amendments is required.	DHCF agrees.

Comments on Proposed Waiver Amendments & Transition Plan

August 12, 2014

Rates, General	ADTI	<p>It seems that DHCF and DDS are offering apparently some rate increases on one hand and then on the other hand they are taking them away by ambiguous future dates for rate changes. The changes effective immediately seem to be only the rate reductions. If the rate reductions can be in effect immediately, how is it that the rate increases are delayed to oblivion? The following statements do not only seem contradictory but impossible to decipher What is the Market Basket Index? (pg.29). What is "Waiver Year 3?" (pg.23, 24). What are "year 2: 1642" and "year 3: 1692"referring to? (pg. 30).                  New Federal; HCBS Regulations:                  "Published in the Federal Register on January 16, 2014. Effective March 17, 2014." "Renewal or amendment approval will be contingent upon inclusion of an approved transition plan. "What is the actual date for all rate changes to take place? When will group rates be announced and implemented?</p>		<p>As with all amendments, the rate changes are subject to CMS approval and implementing regulations. No change to the proposed amendments is required.</p>	<p>DHCF agrees.</p>
Rates, General	Keystone	<p>We are concerned the current rate methodology for wages includes a benefit expense of 20%. Keystone's benefit expense experience is 25%. I would encourage the Department on Disability Services to take a closer look at this issue.</p>		<p>The new day habilitation rate will include an increase for this cost to 22%.</p>	<p>No comment. DHCF agrees.</p>
Rates, General	Keystone	<p>We strongly support the proposed intent to increase all rates in subsequent years based on requirements of the D.C. Living Wage Act of 2006 and the market basket</p>		<p>DDS appreciates the support. No change to the proposed amendments is required.</p>	<p>DHCF agrees.</p>

Comments on Proposed Waiver Amendments & Transition Plan

August 12, 2014

		index for nursing homes to keep pace with inflation using appropriate Medicaid long-term care services indicators.			
New Service: Peer Supports	DDS Waiver Forum	In DBH, they offer peer support and require 70 hours of training and they can be billed to Medicaid. Can that happen with this waiver?		DDS will research and consider peer support for the Individual and Family Support waiver, currently in development.	DHCF is fine with this option. Please note that Peer Counseling is offered as a service under the Money Follows the Person Program.
Transition Plan	ADTI	It appears in this DDS document that the human rights of the Individuals with Intellectual Disabilities are not protected as such but focus exclusively for their human rights only narrowly as residents in the community. They should be able to exercise their rights to choose among a variety of options, not forced to choose community as the only option. They should be able to choose also a facility as an option. When they choose community, they should be given several options as to how actively they want to be involved in their communities. This blanket single choice of the full community integration has been made by DDS, not by each individual's person-centered choice... The human rights of Individuals need to be totally acknowledged, not all of them should be forced to accept DDS total and absolute and the fullest possible community integration program as the only option as emphasized and presented by DDS. The community option is the best choice for some as the fullest involvement model, but not for all of them. It is clear		All people who receive waiver supports choose between facility-based supports (ICF/IID) and community based supports (HCBS waiver). For people who choose to receive supports through the waiver, all residential, day and vocational supports must meet the characteristics of a home and community-based setting, as defined by the new CMS regulations. No change required.	DHCF agrees. The waiver does not pose any human rights violations, because the Waiver and accompanying General Provision rules specifically state that individuals must be given the choice of institutional or HCBS services.



Comments on Proposed Waiver Amendments & Transition Plan

August 12, 2014

		<p>that other alternatives must be offered to those families who do not want their children to be involved actively in the community. In fact, they while living in natural homes already have their opportunities to actively be involved in the community with their families.</p> <p>ADTI's Individuals and their families demonstrate daily that they enjoy the "community" experience of ADTI as a facility and feel safe and comfortable only in such settings, especially when their creative artistic talents are fostered, appreciated, and shared with larger community in attendance in the facility. Many options and choices must be offered to truly provide opportunities for Individuals to exercise their human rights to the fullest as well as make the person-centered choices a reality.</p>			
Transition Plan	Dr. Michelle Chabbott	I would like to nominate Ms. AS, mother of an individual served by DDS, Ms. TB, for inclusion in the stakeholder group to conduct the proposed transition plan. Ms. AS is exceptional and well grounded for all types of inquiries. She is knowledgeable, articulate, highly insightful and would provide an invaluable perspective to the process. Ms. AS agreed to be nominated.		DDS appreciates the nomination. The proposed transition plan includes ongoing participation by stakeholders. No change required.	DHCF has no objections.
<b>Transition Plan (Attachment #1) in Waiver Application</b>				Although Shared Living and Transportation Community Access are not being continued, no transition plan is needed because no	Attachment # 2 necessitates that the state explain where we are in the Transition Planning process in regards to deleting services more

				<p>waiver participants were receiving these services in either this waiver, or the previous waiver, although the service has been available. Additionally, given the impact of the DOL Companionship rule, D.C. would need to significantly revise the Shared Living service for compliance. Transportation is both available through the Medicaid State Plan waiver participants are currently using that service.</p>	<p>thoroughly (bereavement counseling, shared living).</p>
<b>Appendix I- Financial Accountability</b>				<p>App I was sent to DHCF on 5/9/2014.</p>	<p>Please explain where the synopsis to insert in Appendix I is located (see new information for Appendix I)</p>
<b>Attachments specific to Waiver Amendment- Purpose of Amendment</b>				<p>Substantive changes to services proposed to be effective in IDD HCBS Waiver Year 2, or upon approval by CMS include:</p> <ol style="list-style-type: none"> <li>1) Art Therapies: Change name to Creative Art Therapies. Add ability to participate individually and/ or in a small group.</li> <li>2) Behavioral Supports: Modify to a tiered service, utilizing low intensity behavioral supports, moderate behavioral supports, and high intensity behavioral</li> </ol>	<p>DDS needs to summarize in a paragraph or two all the changes that we are implementing pursuant to this amendment. This information will be inserted in one of the attachments.</p>

**Comment [ELL1]:** Roopa, this is a slight change from what was in the waiver, since we are now keeping bereavement. I also added the line we discussed re: DOL rule.

				<p>supports, with corresponding caps on level of service, based on the person's assessed needs.</p> <p>3) Day Habilitation: Add a nursing component to the service definition for the purpose of medication administration, and staff training and monitoring of the participants' HCMPs.</p> <p>4) Individualized Day: Modify requirements for DSP qualifications. Allow relatives to provide DSP services for the person.</p> <p>5) Companion Service: Adds a new service.</p> <p>6) Transportation Community Access: This service is not utilized and will be omitted because transportation is available through the Medicaid transportation provider.</p> <p>7) Shared Living: This service is not utilized and will be omitted. Skilled Nursing: Skilled nursing services will no longer be prohibited in a Supported Living setting.</p>	
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				<p>8) Supported Employment: Amends provider qualifications by requiring that all Supported Employment providers become Rehabilitation Services Administration service providers within one year of approval of these amendments.</p> <p>9) Supported Living: Add specialized rate authority when needed to provide intensive individualized staffing to support a person due to complex behaviors that may involve a serious risk to the health safety or wellbeing of the person or others, or when required by court order.</p> <p>10) Supported Living: Modify service to allow skilled nursing to be provided in this setting.</p> <p>11) Wellness: Modify requirements for fitness trainers to include people who have obtained a bachelor's level degree in physical education, health education, kinesiology,</p>	
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				<p>exercise science or recreational therapists.                  Add ability to participate individually and/ or with another person. Modify provider qualifications for bereavement counselors to ensure access to a larger group of qualified providers.</p> <p>12) DHCF shall use spousal impoverishment rules to determine eligibility for the home and community-based waiver group, whereby a certain amount of the couples' combined income and assets are protected for the spouse not receiving services under the HCBS waiver, to be effective in IDD HCBS Waiver Year 2, or upon approval by CMS</p> <p>Changes to rate methodologies and reimbursements to be effective upon approval by CMS include:</p> <p>1) Provider rates for Residential Habilitation, Supported Living, In-Home Supports, Host Home, Behavioral Support Non-</p>	
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				<p>Professional and Respite services to increase to support the increase in the hourly wage rates for the Direct Support Professionals (DSPs) to be in compliance with the D.C. Living Wage Act of 2006 for FY 2014 and FY 2015.</p> <p>2) The Day Habilitation services rate methodology to be changed to include nursing for staff training and oversight of Health Care Management Plans (HCMPs) at a ratio of 1:20, to be paid at the current nursing rate for a Registered Nurse of \$70,000</p> <p>3) Host Home services rate to include a vacancy factor of 93% (1.07), to promote parity with all other residential services which also have a vacancy factor.</p> <p>4) Supported Employment (all), Group Supported Employment, and Family Training services wage rates to be increased by the market basket rate for nursing homes for FY 2015 of 1.3%.</p> <p>5) Based on clinical therapy rate research, the following rates are proposed: increase Behavior Paraprofessional from \$60 to \$65 per hour; increase OT, PT and Speech from \$65 to</p>	
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				<p>\$100 per hour; and, Nutrition from \$55 to \$60 per hour.</p> <p>6) Art Therapies: Increase Art Therapy to \$75 per hour, and to introduce a group rate.</p> <p>7) Fitness: Based on current market conditions, to reduce the rate from \$75 to \$50 per hour, and to introduce a group rate.</p> <p>8) Individualized Day Supports rate to be reduced from \$24.44 per hour to \$21.79 per hour, based on market research and to promote parity with other individualized supports.</p> <p>9) Adjustments were made to the rate methodology for Employment Readiness in areas where provider experience has reflected a need for changes to more accurately reflect reasonable cost allowances.</p> <p>10) Upon approval of the IDD HCBS waiver by CMS, DHCF and DDS intend to increase all rates in subsequent years based on requirements of the D.C. Living Wage Act of 2006 and the market basket indicators index for nursing homes to keep pace with inflation using appropriate</p>	
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Comments on Proposed Waiver Amendments & Transition Plan

August 12, 2014

				Medicaid long-term care services.	
<p>Attachment #2:  <u>Home and Community-Based Settings Waiver Transition Plan</u> - Specify the state's process to bring this waiver into compliance with federal home and community-based (HCB) settings requirements at 42 CFR 441.301(c)(4)-(5), and associated CMS guidance. Consult with CMS for instructions before completing this item. This field describes the status of a transition process at the point in time of submission. Relevant information in the planning phase</p>				<p>Please use the posted transition plan.</p>	<p>Please provide information relevant to the current transition plan to plan</p>



<p>will differ from information required to describe attainment of milestones. To the extent that the state has submitted a statewide HCB settings transition plan to CMS, the description in this field may reference that statewide plan. The narrative in this field must include enough information to demonstrate that this waiver complies with federal HCB settings requirements, including the compliance and transition requirements at 42 CFR 441.301(c)(6), and that this submission is</p>					
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<p>consistent with the portions of the statewide HCB settings transition plan that are germane to this waiver. Quote or summarize germane portions of the statewide HCB settings transition plan as required. Note that Appendix C-5 <u>HCB Settings</u> describes settings that do not require transition; the settings listed there meet federal HCB setting requirements as of the date of submission. Do not duplicate that information here. Update this field and Appendix C-5 when submitting a renewal or amendment to this waiver for other purposes. It</p>					
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<p>is not necessary for the state to amend the waiver solely for the purpose of updating this field and Appendix C-</p>					
<p><b>Appendix C-5 Home and Community-Based Settings</b></p>				<p>DC is confident that many of our service settings already meet the definition of home and community based settings, however, as part of our transition planning, we will review all settings to ensure compliance with the CMS rule and guidance. As examples, our supported living and host home services consist of small apartments and homes in the community; likewise, individualized day and supported employment services are integrated and community based.</p> <p>As part of our planning for the future, DDS plans to review all of our regulatory and certification requirements and monitoring tools to ensure that our requirements align with the definition of home and community based settings and related guidance.</p>	<p>DDS please provide information on how we are taking measures to meet the new HCBS requirements – This is a new Attachment in Waiver (see email sent to DDS on 3/19). Explain how residential and non-residential settings in this waiver comply with federal HCB Settings requirements at 42 CFR 441.301(c)(4)-(5) and associated CMS guidance. Include:</p> <ol style="list-style-type: none"> <li>1. Description of the settings and how they meet federal HCB Settings requirements, at the time of submission and in the future.</li> <li>2. Description of the means by which the state Medicaid agency ascertains that all waiver settings meet federal HCB Setting</li> </ol>

Comments on Proposed Waiver Amendments & Transition Plan

August 12, 2014

					<p>requirements, at the time of this submission and ongoing.</p> <p>Note- instructions at Module 1, Attachment #2, <u>HCBS Settings Waiver Transition Plan</u> for description of settings that do not meet requirements at the time of submission. Do not duplicate that information here.</p>
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