

PURPOSE(S) OF THE AMENDMENTS - Section 2 (Page 1 of 265)
October 29, 2014 DRAFT

The amendment intends to make two types of changes to be effective in IDD HCBS Waiver Year 3, or upon approval by CMS. The first type of amendments or changes relate to the service name or service amount, duration, and scope. The second includes reimbursement methodology and rate changes. The service amendments include the following:

- 1) Art Therapies: Change the name of Art Therapies to Creative Art Therapies.
- 2) Behavioral Supports: Modify to a tiered service, utilizing low intensity behavioral supports, moderate behavioral supports, and high intensity behavioral supports, with corresponding caps on level of service, based on the person's assessed needs. Add clarifying language that a Licensed Graduate Social Worker may only deliver services in accordance with Section 3413 of Chapter 34 of Title 22 of the D.C. Municipal Regulations.
- 3) Companion: Add a new service to provide non-medical assistance or supervision in accordance with a person's assessed needs and plan of care with a rate of \$4.65 per 15 minute unit.
- 4) 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. Add small group day habilitation for people who are medically or behaviorally complex, and which must be provided separate and apart from any large day habilitation facility. Add provision of one nutritionally adequate meal per day for people who live independently or with their families. Clarify service definition for day habilitation to require meaningful adult activities and skills acquisition that support community integration and a person's independence.
- 5) In Home Supports: Modify to require the owner and operator of the provider agency to have a degree in the Social Service or related field with at least 3 years of experience working with people with IDD, or five years of experience working with people with IDD.
- 6) Individualized Day: Modify requirements for DSP qualifications. Allow relatives to provide DSP services for the person. Modify Individualized Day Supports (IDS) service definition to clarify that IDS includes the provision of opportunities that promote community socialization and involvement in activities, and the building and strengthening of relationships with others in the local community. Allow IDS to be combined with other day and employment supports for a total of forty (40) hours per week. Offer IDS in small groups (1:2) and one-to-one, based upon the person's assessed need and, for limited times, based on ability to match the person with an appropriate peer to participate with for small group IDS. Add orientation requirements for DSP staff working in IDS. Limit minimum service authorizations. Add provision of one nutritionally adequate meal per day for people who live independently or with their families.
- 7) Shared Living: This service is not utilized and will be omitted. In the future, it will be an available service under the Individual and Family Supports Home and Community-Based Services waiver that is in development.
- 8) Skilled Nursing: Skilled nursing services will no longer be prohibited in a Supported Living setting.
- 9) Supported Employment: Amend provider qualifications by requiring that all Supported Employment providers become Rehabilitation Services Administration service providers within one year of approval of these amendments.

- 10) Supported Living and Supported Living with Transportation: Modify service definition to create more flexibility in the application of the reimbursed staffing hours and ratios, to better reflect the time individual persons may spend in their residence during the course of the day to be responsive to individualized person-centered plans. Modify service to allow skilled nursing to be provided in this setting. 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.
- 11) Transportation Community Access: This service is not utilized and will be omitted because transportation is available through the Medicaid transportation provider.
- 12) Wellness: Modify requirements for fitness trainers to include people who have obtained a bachelor's level degree in physical education, health education or exercise science. Add small group fitness at 1:2 ratio, which allows a person to work out with a friend. Add recreational therapists and people with a B.A. in Kinesiology to the list of qualified providers for fitness services. Modify provider qualifications for bereavement counselors to ensure access to a larger group of qualified providers.
- 13) 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.
- 14) Waiver Years 4 and 5 Increase in Participants: Increase the unduplicated number of participants in Waiver Years 4 and 5 from 1,692 to 1,742.
- 15) Provider Requirements: Add requirement that owner-operators of the following services complete training in Person-Centered Thinking, Supported Decision-Making, Supporting Community Integration, and any other topics determined by DDS, and in accordance with DDS published guidance within one year from the date the waiver application becomes effective for current providers and prior to any new waiver provider becoming approved to initiate services: Supported Living, Supported Living with Transportation, Host Homes, Residential Habilitation, In Home Supports, Day Habilitation, Individualized Day Supports, Employment Readiness, and Supported Employment.

The rate reimbursement and methodology changes include the following:

- 1) The Residential Habilitation and Supported Living services rate methodologies to be modified to match the overtime, paid time-off correction implemented in the Intermediate Care Facility for Individuals with Intellectual Disabilities rate methodology implemented in FY 2014.
- 2) Residential Habilitation, Supported Living, In-Home Supports, Host Home, Behavioral Support Non-Professional and Respite services to include increases in the hourly wage rates for the Direct Support Professionals (DSPs), and associated percentage rate increases for the House Manager and Qualified Intellectual Disabilities Professionals and Registered Nurse to be in compliance with the D.C. Living Wage Act of 2006 for FY 2015.
- 3) 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 rate for a Registered Nurse of \$72,800. This change is to improve the health and welfare of Waiver beneficiaries who have complex health support needs. Modify rate to reflect increased

costs associated with benefits for staff, facilities and utilities, including cell phones; and decreased costs associated with Direct Support Professional (DSP) hours, specifically that the rate should be based upon DSPs working 2080 hours per year. The new rate is proposed at \$6.68 per 15 minute unit. Introduce a small group rate with a staffing ratio of 1:3 and no more than 10 people in a setting for people with higher intensity support needs at \$11.60 per 15 minute unit. Add a new rate modifier for Day Habilitation that includes payment for meals for waiver recipients who live independently or with their families.

- 4) 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.
- 5) Employment Readiness, Day Habilitation, Supported Employment (all), Group Supported Employment, and Family Training services' Direct Support wage rates to be increased by the market basket rate for nursing homes for FY 2015 of 1.3%. The rates for these services have not changed in six (6) years.
- 6) Clinical therapy rate research to address the on-going problem with access to a qualified and adequate provider network in Physical Therapy (PT), Occupational Therapy (OT), Speech, Nutrition and Behavioral Support services, a rate review of other provider networks operating in the District was completed. Two primary competitors for clinicians are working in the schools and early intervention. The Office of the State Superintendent for Education's (OSSE) published rates under 5 DCMR § A-2853 pay \$98.90 per hour for PT, \$100.90 for Speech and \$105.57 for OT. Health Services for Children with Special Needs reports PT and OT at \$125 per hour, and Speech Therapy sessions at \$71.18. Master's prepared counselors through OSSE, the Department of Behavioral Health and the Children and Family Services Agency are paid at \$65.00. Based on the above the following rates are proposed: increase Behavior Paraprofessional from \$60.00 to \$65.00 per hour; increase OT, PT and Speech from \$65.00 to \$100.00 per hour; and, Nutrition from \$55.00 to \$60.00 per hour.
- 7) Art Therapies: Based on the comments from providers and market research, to increase Art Therapy to \$75 per hour, and to introduce a group rate of \$22 per hour for a group of four.
- 8) Fitness: Based on current market conditions, to reduce the rate from \$75 to \$50 per hour, and to introduce a group rate of \$30 per hour for a group of two.
- 9) 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.
- 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 index for nursing homes to keep pace with inflation using appropriate Medicaid long-term care services indicators.
- 11) Employment Readiness: Increase in the Employment Readiness rate from \$3.80 to \$5.26 per 15 minute unit based upon increased costs in capital and indirect costs.
- 12) Personal Care: An increase in the personal care rate to coincide with the State Plan personal care service rate to \$4.65 per 15 minute unit.
- 13) Supported Living: A decrease in the Supported Living without transportation rates due to a reduction in the number of hours to be reimbursed during what is commonly considered the hours spent in day or vocational services.

- 14) Individualized Day Supports: Introduce a one-to-one rate of \$9.23 per 15 minute unit. Add a new rate modifier that includes payment for meals for waiver recipients who live independently or with their families.