

HCBS IDD Waiver Amendments & Proposed Transition Plan

Introduction

Purpose

This provides an overview of proposed amendments to the D.C. Medicaid Home and Community-Based Services (HCBS) Waiver for People with Intellectual and Developmental Disabilities, as well as the Transition Plan.

Defining Terms:

Medicaid HCBS Waiver

- Medicaid: Health insurance program for people who are low income, jointly funded by the federal government and the state. Designed to provide medical care and institutional services for people. The Medicaid program has a lot of rules that govern how services can be delivered.
- HCBS: Home and Community-Based Services
- Waiver: Agreement between DC and the federal Medicaid program (CMS) to have some of the Medicaid rules “waived” to support people with intellectual and developmental disabilities through community-based services instead of in an institution.

DC's Medicaid HCBS Waiver

- Waivers allow states to use federal funds for services in the community instead of in ICF/IID's and/or nursing facilities.
- DC's HCBS Waiver is a comprehensive supports waiver. It offers a wide range of services and supports to help people with intellectual and developmental disabilities live a healthy, safe and productive life in the community.

The Goals of DC's HCBS Waiver

- Empower DC residents who receive HCBS supports to:
 - Lead healthy, independent, and productive lives;
 - Live, work, and fully participate in their communities to the fullest extent possible;
 - Fully exercise their rights as residents; and
 - Promote the integrity and well-being of their families.

The Goals of DC's HCBS Waiver

- DC provides services and supports in a way that:
 - Meets each person's needs, goals, and preferences in the most integrated, least restrictive setting possible; and
 - Strives to address quality of life and health care goals.

Proposed Changes (Amendments) to Waiver Services

Behavior Supports

Service Definition:

Behavior Support techniques and interventions are designed to:

- Decrease challenging behaviors while increasing positive alternative behaviors,
- Assist people in acquiring and maintaining the skills necessary to live independently in their communities, and
- Avoid institutional placement.

Modify to a tiered service based on the person's assessed needs:

- Behavioral Support Services Tier One: Low Intensity Behavioral Support. 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.
- Behavior Support Services Tier Two: Moderate Behavioral Support. 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 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).
- Behavioral Support Services Tier Three: Intensive Behavioral Supports. Intensive Behavioral Support Services provides up to 100 hours per year (plus up to 52 hours of counseling service) to assist participants who exhibit behavior that is extremely challenging and frequently complicated by medical or mental health factors.

Behavior Supports

Service Limits

	Tier 2 – Behavior Supports Up to:	Tier 3 – Intensive Behavior Supports Up to:
Development of a new BSP	5 hours	12 hours
Review and updating of existing BSP	3 hours	8 hours
Training for the person, person's family, residential and day staff, and support team	8 hours	20 hours
On-site consultation and observation	10 hours	24 hours
Participation in behavioral review meetings or support team meetings	10 hours	20 hours
Quarterly reports and monthly data monitoring	10 hours	12 hours
Participate in psychotropic medication review meetings	4 hours	4 hours
Counseling hours	26 hours	52 hours

Day Habilitation

- Adds nursing oversight for medication administration, physician ordered protocols and procedures, charting, other supports as per physicians orders, and maintenance of Health Management Care Plan.
- Includes a corresponding rate increase to include a nurse in the staffing at a 1:20 ratio, \$70,000 annual salary. Proposed rate \$21.00 per hour.

Individualized Day Supports

- Increase the cap on the number of service hours per week from thirty (30) to forty (40).
- Modify requirements for DSP qualifications – eliminate requirement of Associates Degree, but continue to require one year of experience.
- Allow relatives to provide DSP services for the person.

Supported Living

- Adds 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.
- Allows direct skilled nursing to be provided in this setting.

Day & Vocational Supports

- Clarifies that day and vocational supports are delivered for no more than 40 hours per week, in combination with any other waiver day or vocational support services.
- This includes Day Habilitation, Supported Employment, Employment Readiness and Individualized Day Supports.

Proposed New Service: Medical/ Safety Monitoring 1:1 Support

Service Definition:

- Medical or safety monitoring one-to-one support, supervision, and assistance provided by a Direct Support Professional (DSP) to reasonably assure adequate support and personal safety for the person at home and in the community which may include a person's day/work location to enable him/her to accomplish the employment goals.
- The person must have a medical condition and accompanying assessed needs that require monitoring and care at least once every hour, and that are documented in his or her Health Care Management Plan. Cueing and supervision of activities are included. This service also may include, but is not limited to assistance with bathing, dressing, transfers, grooming, eating, using the bathroom, escorting the person to appointments, meal preparation, and light housekeeping.
- This service includes the provision of on-site direct care staff to meet scheduled or unpredictable needs in a way that promotes maximum dignity and independence, and to provide supervision, safety, and security during overnight hours. The DSP shall be awake and available at all times in the person's home.
- This service may be utilized short-term to help people recover and rehabilitate from an acute illness or injury, or long-term to support a person with a chronic condition such as Alzheimer's/Dementia and elder care. These services focus on the person's strengths, abilities, and personal goals while maintaining their connection to the community and helping them to retain their independence and dignity.

Proposed New Service: Medical/ Safety Monitoring 1:1 Support

Service Limits

- The person must be referred by the Support Team to address specific medical or safety needs that jeopardize the person's health and welfare, and/or interfere with the person's ability to gain independent living skills or employment. All requests must be accompanied by a physician's or Advanced Practice Registered Nurse's order, using the DDS/DDA Template. Adaptive equipment or other modifications, including the use of assistive technology, must have been assessed and determined not to be an effective alternative to meet the person's needs; or, there must be a plan to have adaptive equipment or other modifications in place within 90 days of the initial request for individualized medical staffing. Additionally, the service must be authorized in the Plan of Care.
- If this service takes place in a person's paid community workplace the 1:1 support must be provided in a way that does not embarrass, disrespect, or restrict the person from making friendships and co-worker relationships. Natural/peer supports should be explored and encouraged with this service fading when those supports are in place and stable.

Deleting Services That Are Not Used

- Transportation Community Access: This service is not utilized. Transportation is available through the Medicaid transportation provider.
- Shared Living: This service is not utilized. It will be an available service under the Individual and Family Supports Home and Community-Based Services waiver that is in development.

Modified Provider Qualifications

- 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.
- Fitness: Modify requirements for fitness trainers to include people who have obtained a bachelor's level degree in physical education, health education or exercise science.
- Bereavement: Modify provider qualifications for bereavement counselors to ensure access to a larger group of qualified providers.
- In Home Supports: Modify to require the owner and operator of the provider agency to have a degree in the Social Service Field or related field with at least 3 years of experience working with people with intellectual and developmental disabilities (IDD) or five years of experience working with people with IDD.

Miscellaneous Changes

Change in Eligibility

Spousal Impoverishment

- 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.

Changes to Rates

Rate Changes – Living Wage

- The 2014 Living Wage for contractors of the District of Columbia Government is now \$13.60, retroactive to January 1, 2014.
- While most of the Medicaid Program is excluded, the Living Wage applies to IDD HCBS Waiver Residential Supports providers.
- Current rates were not structured to support residential Direct Support Professional salaries at this level.

Rate Changes – Living Wage

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 to be in compliance with the D.C. Living Wage Act of 2006 in Waiver Year 3:

- Residential Habilitation
- Supported Living
- In-Home Supports
- Host Home
- Behavioral Support Non-Professional
- Respite services

Rate Changes – COLA for Day Services

Wage rates to be increased by the Market Basket rate for nursing facilities for Waiver Year 3 of 1.3%:

- Employment Readiness
- Supported Employment
- Group Supported Employment
- Family Training services

The rates for these services have not changed in six (6) years.

Rate Changes – Market Research

- Rate Increases for Therapy:
 - Behavior Paraprofessional: Increase from \$60 to \$65 per hour
 - OT, PT and Speech: Increase from \$65 to \$100 per hour
 - Nutrition: Increase from \$55 to \$60 per hour
 - Art Therapy: Increase to \$75 per hour
- Rate Decreases for Fitness and IDS:
 - Fitness: Reduce the rate from \$75 to \$50 per hour
 - Individualized Day Supports: Reduce the rate from \$24.44 per hour to \$21.79 per hour

Rate Changes - Parity

- 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.
- Host Home services rate to include a vacancy factor of 93%, to promote parity with all other residential services which also have a vacancy factor.

Rate Changes – Health Oversight

- Increase Day Habilitation services rate to include nursing for staff training and oversight of Health Care Management Plans (HCMPs)
- This change is to improve the health and welfare of Waiver beneficiaries who have complex health support needs.

Rate Changes – New Group Rates

Introduce a group rate:

- Art Therapies: TBD

- Fitness: TBD

Rate Changes – Moving Forward

- 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 facilities to keep pace with inflation using appropriate Medicaid long-term care services indicators.

Impact on the Cost Neutrality Demonstration

- The number of people to be served will remain unchanged – Year 2: 1642 and Year 3: 1692
- The waiver amendment will likely take affect in Waiver Year 3. The estimated increase to the annual expenditures is approximately 7.5 million or 2.25 million local match
- The estimated cost per person would increase to \$114,950

New HCBS Rule & D.C.'s Transition Plan

New Federal HCBS Regulation

- Title: *Medicaid Program; State Plan Home and Community-Based Services, 5-Year Period for Waivers, Provider Payment Reassignment, and Home and Community-Based Setting Requirements for Community First Choice (Section 1915(k) of the Act) and Home and Community-Based Services (HCBS) Waivers (Section 1915(c) of the Act)*
- Published in the Federal Register on January 16, 2014
- Effective March 17, 2014

Intent of New Federal Rule

- To ensure that people receiving long-term services and supports through home and community based service (HCBS) programs under the 1915(c), 1915(i) and 1915(k) Medicaid authorities have full access to benefits of community living and the opportunity to receive services in the most integrated setting appropriate.
- To enhance the quality of HCBS and provide protections to participants.

Home and Community Based Setting Requirements

- The home and community-based setting requirements establish an outcome oriented definition that focuses on the nature and quality of individuals' experiences
- The requirements maximize opportunities for individuals to have access to the benefits of community living and the opportunity to receive services in the most integrated setting

Home and Community Based Setting

- Is integrated in and supports access to the greater community
- Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources
- Ensures the individual receives services in the community to the same degree of access as individuals not receiving Medicaid home and community-based services

Home and Community Based Setting

- Is selected by the person from among setting options, including non-disability specific settings and an option for a private unit in a residential setting.
- Person-centered service plans document the options based on the individual's needs, preferences; and for residential settings, the individual's resources

Home and Community Based Setting

- Ensures an individual's rights of privacy, dignity, respect, and freedom from coercion and restraint
- Optimizes individual initiative, autonomy, and independence in making life choices
- Facilitates individual choice regarding services and supports, and who provides them

State Compliance – Transition Plan

For renewals and amendments to existing HCBS 1915(c) waivers submitted within one year of the effective date of final rule:

- The state submits a plan in the renewal or amendment request detailing any actions necessary to achieve or document compliance with setting requirements for the specific waiver or amendment
- Renewal or amendment approval will be contingent upon inclusion of an approved transition plan

Transition Plan: Public Comment

- The state must provide a 30-day public notice and comment period on the plan the state intends to submit to CMS -
- Provide minimum of two statements of public notice and public input procedures
- Ensure the full transition plan is available for public comment
- Consider public comments
- Modify the plan based on public comment, as appropriate
- Submit evidence of public notice and summary of disposition of the comments

DC's Transition Plan - Scope

D.C. supports approximately 1580 people to live in the community through its IDD Waiver.

- Residential Supports: 1005 people receive residential supports through the following services:
 - Supported Living: 746 people
 - Residential Habilitation: 147 people
 - Host Home: 85 people
- Day and Vocational Supports::
 - Day Habilitation: 631 people
 - Employment Readiness: 398 people
 - Supported Employment: 160 People
 - Individualized Day Supports: 0 People (Enrollment will begin in March 2014)

DC's Transition Plan – Evaluation

- D.C. will conduct a thorough evaluation, in accordance with CMS guidance, to determine whether each site in which residential, day and vocational supports are provided is consistent with the characteristics of a home and community-based (HCB) setting.
- This evaluation will be completed no later than one (1) year from the date CMS released guidance
- D.C. plans to develop an evaluation tool and to create and train an assessment team or teams who will conduct the on-site evaluation visits.

DC's Transition Plan – Proposal

- D.C. will develop a proposal with a timeline and milestones for any settings that do not meet HCB characteristics to conform with the HCBS rule.
- For any substantive changes proposed, D.C. will provide public notice, seek comment and revise accordingly.
- D.C. intends to submit this proposal and, if required, any justification or evidence that would refute the presumption that certain settings do not meet HCB characteristics to CMS within two (2) years from the date CMS released the guidance.

Comments

- Written comments on the proposed waiver amendments and proposed transition plan shall be submitted to Laura L. Nuss, Director, D.C. Department on Disability Services, 1125 Fifteenth Street, N.W., 4th Floor, Washington, D.C. 20005, or via e-mail at DDSPublicComments@dc.gov, during the thirty (30) day public comment period, from March 24, 2014 through April 23, 2014.
- DHCF and DDS will hold a public forum during which written and oral comments on the proposed amendments and transition plan will be accepted. The public forum will be held at St. Elizabeth East Gateway Pavilion, 2700 Martin Luther King Avenue SE, Washington, D.C. 20032, on April 9, 2014 from 4:00 – 6:00 PM.