

Proposed 2022 Renewal for the Home and Community Based Services (HCBS) Waiver for Individuals with Intellectual and Developmental Disabilities

Department on Disability Services Community Forum

December 15, 2021

10:00 am – 12:00 pm



LIFE. YOUR WAY.
Department on
Disability Services



Goals for Today's Community Forum

Gather your feedback on our proposed waiver renewal

Share information about how you can continue to provide the District with comments and ideas

Please note that due to the public health emergency changes are not as extensive in this renewal. Additional changes may be made later during an amendment process.



Rules for Engagement



Everyone is encouraged to participate

Please post questions or comments in the chat

When you speak, state your name and your organization



DC's Medicaid HCBS IDD Waiver



DC's current Home and Community Based Services (HCBS) Waiver for People with Intellectual and Developmental Disabilities (IDD) is a comprehensive waiver. It offers a wide range of services and supports to help people with IDD live a healthy, safe and productive life in the community



Components of the Waiver

Appendices	Description
Appendix A- Waiver Administration	Specifies the administration and operational structure of the IDD Waiver.
Appendix B- Participant Access and Eligibility	Specifies the target groups(s) of individuals to be served during each waiver year, applicable Medicaid eligibility and post-eligibility (if applicable) requirements and procedures for the evaluation and reevaluation of level of care.
Appendix C-Participant Services	Specifies the Home and Community Based Waiver Services (HCBS) that are furnished through the waiver, including applicable limitations on such services.
Appendix D-Participant Centered Service Planning and Delivery	Specifies the procedures and methods the District uses to develop, implement and monitor the participant centered service plan.
Appendix E-Participant-Direction of Services (Self-Direction)	Will not be included in this waiver renewal. Will be added through the amendment process at a later date.

Components of the Waiver Cont..

Appendix	Description
Appendix F- Participant Rights	Specifies how the state informs participant of their Medicaid Fair Hearing rights and other procedures to address participant grievances and complaints.
Appendix G-Participant Safeguards	Describes the safeguards the District has established to ensure the health and welfare of waiver participants in specified areas.
Appendix H-Quality Improvement Strategy	Contains the quality improvement strategy for the waiver and performance measures.
Appendix I-Financial Accountability	Describes the methods by which the state makes payments for waiver services, ensures the integrity of these payments and complies with applicable federal requirements concerning payments and federal financial participation.
Appendix J- Cost Neutrality Demonstration	Contains the District's demonstration that the waiver is cost neutral.



Current Proposed Changes

Appendix B: Participant Access & Eligibility

Section B-3: Number of Individuals Served

Current Waiver

Waiver Year	Total # of People Served
Year 1 (10/2017-2018)	1822
Year 2 (10/2018-2019)	1872
Year 3 (10/2019-2020)	1883
Year 4 (10/2020-2021)	1903
Year 5 (10/2021-2022)	1923

Proposed Waiver Renewal Change

Waiver Year	Total # of People Served	# Waiver Slots added
Year 1 (10/2022-2023)	1943	20
Year 2 (10/2023-2024)	1963	20
Year 3 (10/2024-2025)	1983	20
Year 4 (10/2025-2026)	2003	20
Year 5 (10/2026-2027)	2023	20

Appendix B: Participant Access & Eligibility_(cont)

Section B6: Reevaluation of Level of Care subsection H

Current Waiver

- Health Insurance Analyst completes and submits the Medicaid recertification form to the Economic Security Administration (ESA) at least 60 days prior to the expiration of the person's Medicaid eligibility period.

Proposed Waiver Renewal Change:

- **Health Insurance Analyst or a Medicaid Waiver Specialist** completes and submits the Medicaid recertification form to the Economic Security Administration (ESA) at least 60 days prior to the expiration of the person's Medicaid eligibility period.

Appendix B: Intake and Eligibility

Section B- Reevaluation of Level of Care Quality Impact: Level of Care subsection ii

Current Waiver:

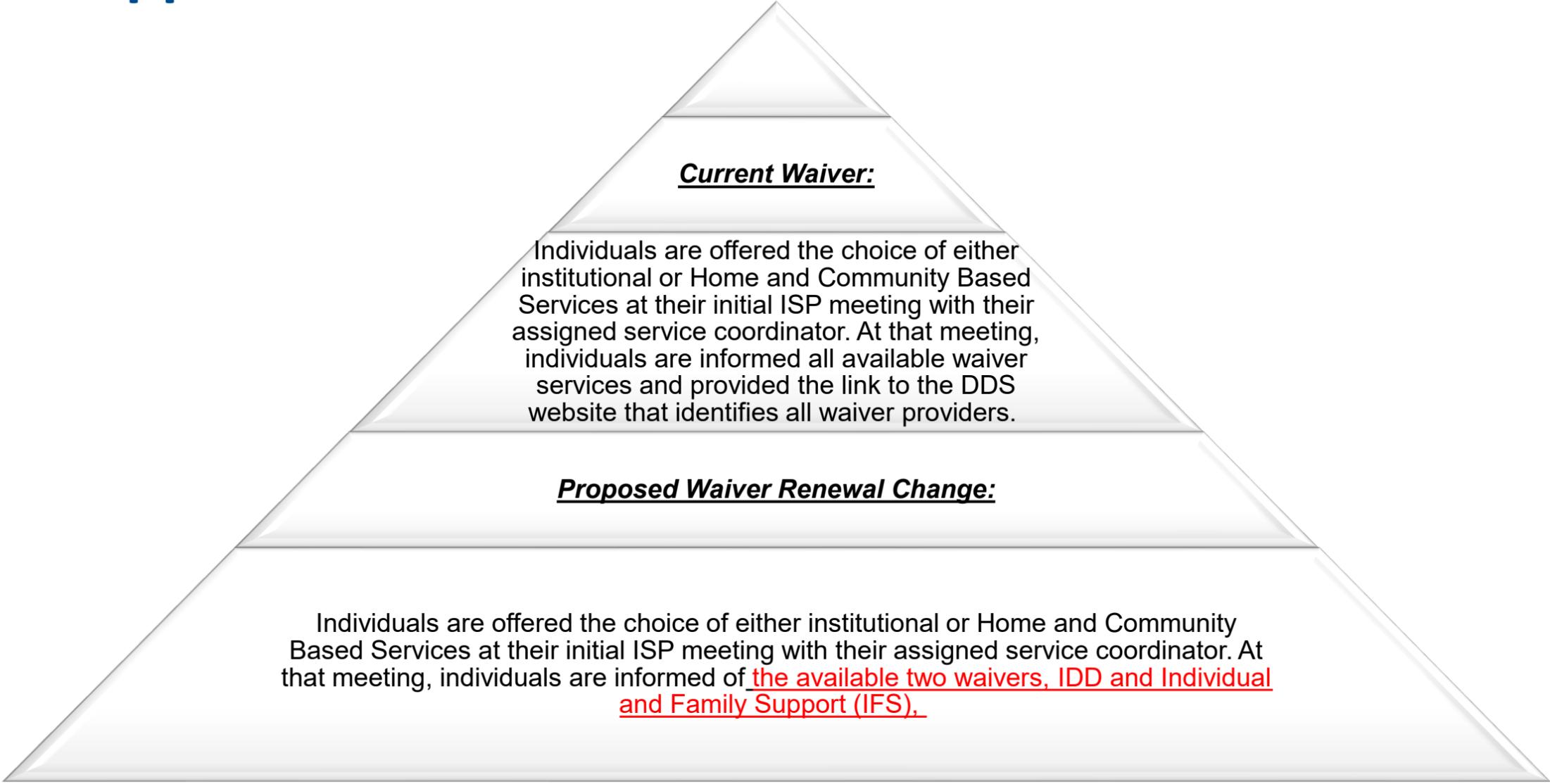
The DDS/DDA Intake and Eligibility Unit will denote in the Intake Database those people seeking services for whom there is reasonable indication that services may be needed in the future (in addition to service coordination).

***Consider streamlining the re-enrollment of waiver eligible applicants if they return post discharge

Proposed Waiver Renewal Change:

The DDS/DDA Intake and Eligibility Unit will denote in the Intake Database those people seeking services for whom there is reasonable indication that services may be needed in the future (in addition to service coordination). Prior to the submission of the waiver packet, the Intake and Eligibility Unit requests a waiver attestation form from the waiver unit after eligibility determination.

Appendix B Procedures: Freedom of Choice



Current Waiver:

Individuals are offered the choice of either institutional or Home and Community Based Services at their initial ISP meeting with their assigned service coordinator. At that meeting, individuals are informed all available waiver services and provided the link to the DDS website that identifies all waiver providers.

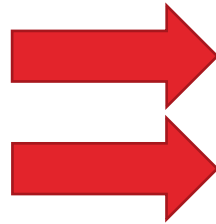
Proposed Waiver Renewal Change:

Individuals are offered the choice of either institutional or Home and Community Based Services at their initial ISP meeting with their assigned service coordinator. At that meeting, individuals are informed of the available two waivers, IDD and Individual and Family Support (IFS),

Appendix C - Language

Current Verbiage

- Case Manager
- Amendment



Proposed Language Change

Service Coordinator
Waiver renewal

"If the person is between the ages of 18 and 21, the DDS Service Coordinator will ensure that Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services are fully utilized and the HCBS waiver services is not replacing or duplicating service."

"Provider must become an RSA Supported Employment provider within one year of the approval date of the Waiver Renewal."



Appendix C- Participant Services



Employment Readiness

Consider adding language to allow persons to have an extension for Employment Readiness based on the usage of hours versus the years of active service authorizations.



PROPOSED AMENDMENTS TO PROVIDER QUALIFICATIONS



CHANGE: Appendix C Provider Qualifications - Assistive Technology

Add language to the Waiver

Added the Certified Enabling Technologies Specialist (SHIFT) certification that was finalized from the Appendix K amendment.

Added Accredited Technology First Organizations finalized from the Appendix K amendment



PROPOSED AMENDMENTS TO WAIVER SERVICES

Appendix F: Participants Rights

Current Waiver:

The Case Manager is also responsible for assisting the participant in pursuing alternative service providers and any other necessary actions to assure the participant's health and welfare

Proposed Waiver Renewal Change:

The Service Coordinator is also responsible for assisting the participant in pursuing alternative service providers and any other necessary actions to assure the participant's health and welfare



Appendix G: Participant Safeguards

- **Current Waiver:**

- The Service Coordinator conducts monitoring to ensure that people who use psychotropic medications have quarterly medication reviews with the psychiatrist and that there is bi-annual screening for medication side effects using a standardized tool (i.e., AIMS or DISCUS).

- **Proposed Waiver Renewal Changes:**

- Service Coordinator conducts monitoring to ensure that people who use psychotropic medications have quarterly medication reviews with the psychiatrist and that there is a screening every six months screening for medication side effects using a standardized tool.
- DDS monitors the use of psychotropic medications through Quarterly Psychotropic Medication Reviews and that Service Coordination and DDS Nurse Consultants monitor PMRs in their reviews and enter issues if the PMR is not consistent with DDS Policy and Procedures. This statement should be included since DDS has a statutory obligation to monitor psychotropic medications.

Appendix G: Participant Safeguards Cont.

Current Waiver:

- Consistent with national standards of care, as described in the Behavior Support Policy and Procedure, it is the policy of DDS to ensure that all behavior support plans are developed by a qualified clinician and identifies any use of restrictive controls, including psychotropic medication, individualized staffing or physical interventions. In order to ensure that psychiatric and behavior interventions are used in accordance with standards of medical and behavior health practice, DDS/DDA requires safeguards for the use of psychotropic medications and behavior supports that include the use of restrictive control interventions. Proper procedures and standards established to promote positive behavior supports, should be ethical in design and delivery, while demonstrating respect for the person and protecting his/her rights and freedoms, based on an understanding of the individual and the function of the behaviors as described in the Behavior Support Policy and Procedure.

Proposed Waiver Renewal Changes:

- Consistent with national standards of care, as described in the Behavior Support Policy and Procedure, it is the policy of DDS to ensure that all behavior support plans are person-centered and trauma informed, developed by a qualified clinician and identifies any use of restrictive controls, including psychotropic medication, individualized staffing or physical interventions. In order to ensure that psychiatric and behavior interventions are used in accordance with standards of medical and behavior health practice, DDS/DDA requires safeguards for the use of psychotropic medications and behavior supports that include the use of restrictive control interventions. Proper procedures and standards established to promote positive behavior supports are person-centered and trauma informed. Behavior support plans should be ethical in design and delivery, while demonstrating respect for the person and protecting his/her rights and freedoms, based on an understanding of the person and the function of the behaviors as described in the Behavior Support Policy and Procedure.



Appendix I: Financial Accountability

Added Language:

- DDS only collects the SSI/SSDI benefits if DDS is the Representative Payee.
- If DDS is not the person's Representative Payee, then the Representative Payee must disperse the funds to the provider.



Appendix J- Cost Neutrality Demonstration

- Increase in utilization of remote services during the Public Health Emergency (COVID-19)
- Increased utilization of Companion, In-home Supports, Clinical Supports
- Decrease in Day Habilitation service utilization from 2017-2021 through the implementation of the State Transition Plan
- Decrease in the utilization of Day Support Services due to the Public Health Emergency



Questions





Thank you for your participation in the IDD 2022 HCBS Renewal Forum

The next IDD 2022 HCBS Renewal Forum will take place:

January 10, 2022 1 pm-3 pm

Please submit written comments to IDDRenewal2022@dc.gov

