Based on prior review of the HCBS IDD waiver service use, the Centers for Medicare and Medicaid Services (CMS) has approved the following amendments to the IDD waiver services to better match individual needs with those supports that occur naturally in community settings, ensure the continued sustainability of the waiver program, promote community integration, and better tailor IDD waiver services to support people with diverse needs. The following is a summary of the changes included in the IDD amendment.

Service Changes

(1) **Day Habilitation**: A restriction was included to prevent unauthorized increases in the number of facility-based residences of this service for current or new providers, except for small group day habilitation.

(2) **Employment Readiness**: A restriction was included to prevent unauthorized increases in the number of facility-based settings for current or new providers.

(3) **Host Home**: A modification was included to highlight requirements of limiting this service to people who have limited informal supports.

(4) **Supported Living**: A restriction was added preventing the addition of new supported living residences unless determined essential by the Deputy Director of the Developmental Disabilities Administration (DDA).

(5) **Residential Habilitation**: A restriction was added preventing the addition of residential habilitation residences unless determined essential by the Deputy Director of DDA. Residences that currently support five or more people will be removed from the service delivery system through attrition. To accomplish this, DDS will offer each person supported in a home with five or more people a choice to relocate to another residence with less than five people. In addition, residences with 5 or more people will not be eligible for new referrals until there is a reduction in the amount of people, resulting in less than 4 people per residence.

(6) **Respite**: A modification to the requirements to include a elimination of this service within in an ICF; or, in a residential habilitation setting, if that would result iin more than four (4) people in the residence.
(7) **Assistive Technology**: Added list of allowable Assistive Technology items.

(8) **Wellness Services**: **Massage**: Limited this benefit to 52 hours per year with an option to extend benefit to 100 hours per year with approval by DDA Deputy Director based upon assessed medical or clinical need. **Sexual Education**: Limited maximum service hours to 52 hours per year. With an option to extend benefit to 100 hours per year with approval by DDA Deputy Director based upon assessed medical or clinical need. **Fitness**: Limited maximum service hours to 52 hours per year for people who use Host Home, Supported Living, Supported Living with Transportation, Residential Habilitation, or In-Home Supports, or who otherwise have natural supports available that can help the person practice the skills they learn in fitness and achieve their fitness goals. The District will authorize up to 104 hours per year for people who live in natural homes, without In-Home Supports, and who do not have such natural supports available. **Nutrition**: Limiting maximum service hours to 26 hours per year with extension up to 104 hours per year with approval by DDA Deputy Director based upon assessed medical or clinical need. The District also added a requirement that the person have natural or paid supports who can help them implement the learning and nutrition goals outside of the time with the nutritionist.

**Systemic Changes**

(1) **Appendix F**: Added a new DDA Formal Complaint System, which will provide a grievance system where people receiving DDA supports or services may file a formal complaint.

(2) **Appendix G**:

- Updated language to offer other means of communication (telephone and email in addition to an on-site visit) by an IDD Waiver Service Coordinator for follow-up on serious reportable incidents (SRI).
- Changed the seventy-two (72) hour reporting requirement to three (3) business days for SRIs involving an allegation of abuse or neglect or a serious physical injury.

(3) **Appendix H**: In the “Systems Improvements” section, changed language from “issues” identified to “findings,” identified in the discussion of quality reviews, to implement changes to the proposed process for DDS action based on reports.