

*Supporting a Better  
Tomorrow...Today*



2017  
MegaConference

ID/DD Waiver and  
IDD Community Support  
Program  
Update



# CMS Final Rule for Home and Community Based Settings

- Final Rule effective 3/17/14
- Affects ID/DD Waiver and IDD Community Support Program
- States have eight(8) years to come into compliance with requirements (3/17/22)
  - Was extended from 5 years to 8 years in May
- Must have a Statewide Transition Plan approved by CMS

# CMS Final Rule Requirements

- Establishes requirements for Person Centered Planning
  
- Establishes requirements for settings in which ID/DD Waiver and IDD CSP services are provided
  1. **Supervised Living** (ID/DD Waiver)
  2. **Day Services – Adult** (ID/DD Waiver)
  3. **Day Habilitation** (IDD CSP)
  4. **Prevocational Services**  
(ID/DD Waiver and IDD CSP)

# Characteristics of ALL Home and Community Based Settings (day and living)

- ALL HCB settings characteristics are met for EVERY person
  - Allows people to have the freedom and support to control their own schedules and activities
  - To ensure people have CHOICES about all aspect of their lives
  - Is integrated in and supports access to the greater community
  - Allows opportunities for engaging in community life

# Characteristics of ALL Home and Community Based Settings (day and living)

- Must allow for **control of personal resources**
- Is **selected by the person, not the provider**, from among setting options, including non-disability specific settings
- Provides opportunities to seek **employment** and work in competitive, integrated settings

# Characteristics of ALL Home and Community Based Settings (day and living)

- Must ensure the person receives services in the community to the **same degree of access** as someone not receiving services
- Must ensure the person's **rights** of privacy, dignity, respect, and freedom from coercion and restraint

# Characteristics of ALL Home and Community Based Settings (day and living)

- Must optimize **individual initiative, autonomy and independence** in making life choices
- Must facilitate **individual choice** regarding **services and supports** and **who provides them**

# **Components of the Statewide Transition Plan**



# Statewide Transition Plan (STP)

- The vehicle through which states determine initial and ongoing compliance with the requirements for the Final Rule, including deliverables and timelines
- Must include the state's assessment of the extent to which its regulations, standards, policies, licensing requirements, and other provider requirements ensure settings will comply with the requirements of the Final Rule.
- Must provide opportunity for public input

# Statewide Transition Plan

- Mississippi's "Initial" STP was **approved 5/25/17** (started work in 2015)
  - The state completed **its systemic assessment** and included the outcomes in the STP
- The state clearly outlined **remediation strategies** to rectify issues that the systemic assessment uncovered and is actively working on those remediation strategies.
  - Changes to **DMH Operational Standards, Medicaid Administrative Code, ID/DD Waiver renewal, and IDD CSP renewal**

# Statewide Transition Plan

- What has been done to date?
  - **Provider self assessments** were sent out in 2015
    - Yielded very little meaningful data
    - New providers have not been added
- **Systemic assessment**
- Development of **interview questions based on CMS guidelines** to gather information from people receiving services and staff
- **DMH Site Visits**

# Statewide Transition Plan

- What is left to be done according to CMS?
  - Complete comprehensive **site-specific** assessments of **ALL** home and community-based settings
  - Draft **remediation strategies** and a corresponding timeline that will **resolve issues that the site-specific settings** assessment process and subsequent validation strategies identified

# Statewide Transition Plan

- All service sites must be assigned to one of the following 4 categories:
  1. Fully align with the Federal requirements
  2. Do not comply with the Federal requirements and will require modifications
  3. Cannot meet the Federal requirements and will no longer be allowed to claim reimbursement from Medicaid for waiver/1915i services and/or must relocate people receiving services
  4. Are presumptively non-home and community-based but the state can provide justification/evidence to show these settings do not have the characteristics of an institution and do have the qualities of home and community-based settings (Heightened Scrutiny process)

# Presumptively Institutional

(day or living)

- Presumptively **institutional** settings:
  - Inpatient **institutional** settings  
(or on grounds or **adjacent** to)
  - **Isolate** people from the community or provide limited interaction with broader community
  - Designed **specifically for people with disabilities** \*\*
  - Comprised primarily of **people with disabilities and staff** \*\*
  - Provide **multiple services on site** \*\*
  - Use **restrictive interventions**

\*\*May have to be evaluated under Heightened Scrutiny

# Heightened Scrutiny

## (for day and living)

- **Heightened Scrutiny** provision requires states to ensure that presumptively institutional settings:
  - Ensure the site is **close to resources, activities, transportation** (or transported by provider)
  - Ensures there are **varied schedules** based on people's **choices**; not all activities organized by provider

# Heightened Scrutiny

## (for day and living)

- **Heightened Scrutiny** provision states:
  - Activities that **foster relationships** with others in the community must be supported
  - People have a **choice of setting** (non-disability specific)
  - There is **STRONG** evidence that **setting does not have institutional qualities**



# Statewide Transition Plan

- What is left to be done according to CMS?
  - Develop a process for **communicating with people receiving services** in settings that the state determines cannot or will not come into compliance with the home and community-based settings criteria by March 17, 2022
  - Develop a **timeline for moving people** to a setting of choice that is in compliance
  - Establish **ongoing monitoring and quality assurance processes** that will ensure all settings providing HCBS continue to remain fully compliant with the rule in the future

# Requirements for Modifications to any Requirements of the Final Rule

- The following must be documented in the PSS if a person's HCB setting is modified in any way:
  - A specific and individualized assessed need
  - The positive interventions and supports used prior to any modifications to the PSS
  - Less intrusive methods of meeting the need that were tried but did not work
  - A clear description of the condition that is directly proportionate to the specific assessed need

# Documentation Requirements for Modifications

- The following must be documented in the PSS if a person's HCB setting is modified:
  - Regular **collection and review of data** to measure the ongoing effectiveness of the intervention
  - Established **time limits for periodic reviews** to determine if the modification is still necessary or can be terminated
  - An assurance that interventions and supports **will cause no harm** to the person
  - **Informed consent of the person in writing**

# **Employment Prevocational Services**

# Transition of Sheltered Workshops

- WHY?
  - Prevocational Services
    - Provide non-job specific skills training
    - Is time-limited
    - Enable the person to attain the highest level of work in an integrated setting
  - Sheltered Workshops isolate people from the community at large
  - Federal legislation such as WIOA requiring limited/no participation in sub-minimum wage work

# Transition of Sheltered Workshops

- HOW?
  - Convened an **Employment Workgroup** to redefine the service and develop a timeline and activities for transition
  - **Work closely with MDRS** to assist in finding gainful employment in the community
  - Provide people with **options of other services** (Day Habilitation, Day Services Adult, Supported Employment, Home and Community Supports, Job Discovery)
  - Must be **completed by December 1, 2018**, to coincide with transition of Regional Program Services to private agencies

# **Waiver Amendment and Rate Study Implementation**

# Waiver Amendment Status

**APPROVED 5/1/17**



# What's Included?

- Individual Budgets
  - Tiered rates for services based on a person's ICAP score
  - Providers receive more reimbursement for supporting people with higher needs
- Implementation of 2 new services:
  - Shared Supported Living
  - In-Home Respite
- Increased reimbursement rates
  - Allow implementation of living arrangements for people with high medical and behavioral support needs
- Language for the Final Rule
- Language of community participation to the extent and degree desired by each person

# Rate Study Implementation

- Medicaid must develop **procedure codes** for new services and tiered services
  - **Timeline unclear**
  - **Rates cannot go into effect** until procedure codes are in place
  - Providers **cannot back bill** until they are in **compliance with the Operational Standards**
- DMH has received a report with **all ICAP Support Levels** for all people receiving services
  - Will be **disseminated to providers** by the end of June (already available in each person's PSS)
  - Training by Burns and Associates to **establish staffing ratios by the end of July**

# **Status of IDD Community Support Program**

# IDD Community Support Program

- Implemented in **January 2015**
- Person receives **Targeted Case Management** to coordinate/monitor services
- Offers three (3) services
  - **Day Habilitation**
  - **Prevocational Services**
  - **Supported Employment**

# CSP Eligibility

- Enrollment Process
  - Evaluation through Diagnostic Services at 5 Regional Programs
  - Person Centered Planning
  - Approval by BIDD and Medicaid
- Requires regular Medicaid eligibility (no income adjustments as with Waivers and certain Categories of Eligibility)

## Day Habilitation Challenges

- Same definition as Day Services Adult (Waiver) **but:**
  - Limited to **five (5) hours per day**
  - **Rate** is less than Waiver DSA
  - **Staffing** is not sufficient for people with significant support needs because the **rate is too low**
  - Current rate does not allow for **transportation**
  - Difficult to meet **Final Rule** requirements for **community participation** with current rate

## Possible Solutions for Day Habilitation Challenges

- **Align reimbursement rate** with ID/DD Waiver DSA to:
  - Change limit of **five (5) hours/day** to **138 hours/mo**
  - Implement **tiered rates** to support all levels of care
  - Provide **transportation**
  - Be in **compliance with the Final Rule**

# Prevocational Services

- Same definition as ID/DD Waiver Prevocational Services
  - **Challenges**
    - WIOA requires persons **ages 24 and under** be referred to **MDRS for Supported Employment** services before being allowed to participate in **sub-minimum wage work**
    - **Reimbursement rate** needs to be aligned with Waiver tiered reimbursement rates
    - Coordination with MDRS (sheer volume)
  - **Possible Solutions**
    - Revise definition
    - Make Prevocational services be **time limited** and **targeted to specific, person centered activities**
    - Joint training with MDRS, TCMs, SCs and providers



# Supported Employment Services

- Supported Employment
  - Challenges
    - Rate is lower than amended Waiver rates
    - Maximum of 40 hours/mo, regardless of individually assessed support needs
    - Coordination with MDRS
  - Possible Solutions
    - Increase rate to amended Waiver rate
    - Have number of hours per month determined on an individual basis
    - Joint training with MDRS, TCMs, SCs and providers

# Targeted Case Management

## ○ Challenges

- Must meet **Final Rule requirements** for Person Centered Planning and service monitoring
- Current rate is per **15 minute unit** with limited billable activities

## ○ Possible Solutions

- Change Medicaid Admin Code to make **definition of TCM match SC because responsibilities are the same in order to meet Final Rule requirements**
- Have **TCM reimbursed at a monthly rate** rather per 15 minute unit

# CSP Renewal

- CSP Renewal due to CMS by April 30, 2018
- **CSP Wish List**
  - Have all CSP reimbursement rates align with Waiver rates
  - Allow the amount of Supported Employment someone receives be based on individual levels of support
  - Add Job Discovery
  - Add community living services such as Supported Living
- Need public input and support

