

2018-2019 IDD Waivers Renewal

Children's Extensive Support (CES) Waiver

Waiver Appendices G, H, I, & J

Presented by: Dennis Roy

September 20, 2018



Our Mission

Improving health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources



Housekeeping



Ground Rules

During the meeting:

- Please hold all questions or comments until a break in the presentation
- For those accessing via webinar we will address your questions during breaks

During the engagement process:

- Questions about this stakeholder engagement process can be sent to: hcbswaivers@state.co.us
- If you have a formal comment/suggestion on the waiver(s), please submit them to ltss.publiccomment@state.co.us



Meeting Purpose

- Inform Stakeholders of the Waiver Renewal Process & CMS required information.
- Explain the content of a HCBS waiver application
- Explain how the waiver applications illustrate the respective program operations



Other Efforts

- Waiver Implementation Council
- Current Waiver Amendments
- HCBS Settings Transition
- Statutory Changes
- Conflict Free Case Management (CFCM)



Policy Sources

How the Member experiences the program

Waiver Applications
State Rules
Federal Rules
Federal Statute
State Statute

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Home and Community-Based Services Overview

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HCBS waiver authority

- Permits a state to offer home and community-based services to individuals who:
 - Are found to be at risk of institutional placement
 - Members of a target group included in waiver
 - ex: Brain Injury, Spinal Cord Injury, etc.
 - Meet Medicaid financial eligibility criteria
 - Require 1 or more waiver services to function in community
- Exercise freedom of choice.

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Intended Timeline

Important Dates:



- Public Comment Period from 1/28/2019 through 2/28/2019
- The Department hopes to submit the renewal to CMS around 3/1/2019
- Renewals will go into effect on 7/1/2019

Today's Sections



Appendix G: Participant Safeguards



Appendix H: Systems Improvement



Appendix I: Financial Accountability



Appendix J: Cost Neutrality Demonstration


G: Participant Safeguards



How does the state monitor the delivery of waiver services?

**Appendix G
Addresses**


Safeguards to assure the health and welfare of waiver participants and describes how to respond to critical events or incidents.



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Appendix G: Technical Guide

- G-1 Response to Critical Events or Incidents
- G-2 Safeguards Concerning Restraints and Restrictive Interventions
- G-3 Medication Management and Administration
- Quality Improvement



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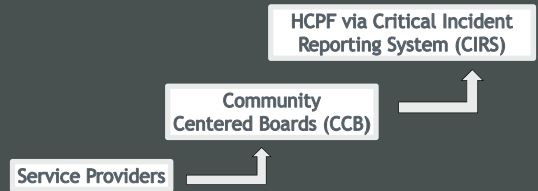
What does Colorado include in Appendix G of the Waiver Application?



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G: Response to Critical Events or Incidents (CES)

Who is required to report critical events or incidents?



G: What is considered a critical incident? (CES)

- Allegations of mistreatment, abuse, neglect and exploitation that involve:
 - Injury
 - Death
 - Adverse medical outcome
 - Crime committed against a participant or by a participant
 - Exploitation in excess of \$300
 - Police involvement
 - Allegations identified through trend analysis of incident data

G: Participant Training and Education (CES)



CMA provides information about mistreatment, abuse, neglect and exploitation to the participants, guardians, involved family members and Authorized Representatives at initial enrollment and annually thereafter.

G: Responsibility for Review and Response (CES)


CCBs and PASAs monitor services (e.g., incident reports, anecdotal data, interview, etc.) and are required to identify and report all critical incidents.

HCPF identifies incidents of non-compliance through Program Quality on-site surveys, stakeholder complaints and review of the critical incident reporting system

G: Use of Restraints (CES)

The State allows for the use of restraints which may be used only in an emergency, after alternative procedures have been attempted and failed, and to protect the participant and others from injury.


An "emergency" is defined as a serious, probable, imminent threat of bodily harm to self or others where there is the present ability to effect such bodily harm.

 State oversight is the responsibility of the Department of Health Care Policy and Financing

G: Use of Restrictive Interventions (CES)

Restrictive procedures may be used only when alternative non-restrictive behavior programs have been proven to be ineffective in changing the behavior.

Additionally, a Developmental Disabilities Professional having specific knowledge and skills to develop and implement positive behavioral intervention strategies must supervise behavior change programs using restrictive procedures.

 State oversight is the responsibility of the Department of Health Care Policy and Financing

G: Use of Seclusion (CES)



State Law Title 27-10.5-115 (5) C.R.S. prohibits the use of seclusion.

G: Medication Management and Administration (CES)

PASAs are responsible for ongoing medication management and follow-up



State oversight is the responsibility of the Department of Health Care Policy and Financing

G: Quality Improvement (CES)

State must assure that:

The State demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.

How Does the HCPF meet the assurance?

G: Quality Improvement (CES)

The PMs in Appendix G provide CMS with the assurance that the State is monitoring the Health and Welfare of the DD and SLS waiver participants



H: Systems Improvement



What is the Quality Improvement Strategy (QIS)?




H: CMS Technical Guide States:

“Quality Improvement is a critical operational feature that an organization employs to continually determine whether it operates in accordance with the approved design of its program, meets statutory and regulatory assurances and requirements, achieves desired outcomes, and identifies opportunities for improvement”



**QIS
Discovery &
Remediation**

Appendices:
A
B
C
D
G
I



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*What does Colorado include in
Appendix H of the Waiver
Application?*




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H: *Systems Improvement (CES)*

HCPF

System Improvements
&
System Design Changes



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/: Financial Accountability



How does the state maintain financial accountability in the waiver?

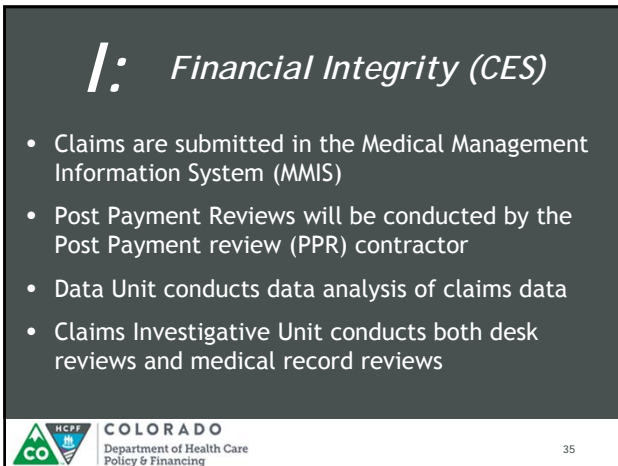
Appendix I Addresses

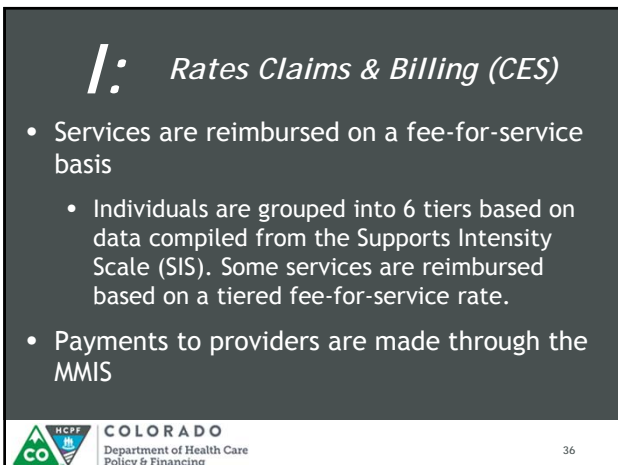
Financial elements of waiver operations such as payment methods, rates, billings and claims.

Appendix I: Technical Guide

- I-1 Financial Integrity and Accountability
- Quality Improvement
- I-2 Rates, Billing and Claims
- I-3 Payment
- I-4 Non-Federal Matching Funds
- I-5 Exclusion of Medicaid Payment for Room Board
- I-6 Payment for Rent and Food Expenses of an Unrelated Live-in Caregiver
- I-7 Participant Co-Payments for Waiver Services and Other Cost Sharing







I: Quality Improvement (CES)

State must assure that:

The State must demonstrate that it has designed an adequate system for ensuring the financial accountability of the waiver program.

How Does the HCPF meet the assurance?

I: Quality Improvement (CES)

State meets the assurance with 5 separate Performance Measures (PM).

The PMs in Appendix I provide CMS with the assurance that the State is monitoring waiver finances.

J: Cost Neutrality Demonstration



Does the waiver meet statutory cost-neutrality requirements?

Appendix J: Technical Guide

- J-1 Composite Overview and Demonstration of Cost-Neutrality Formula
- J-2 Derivation of Estimates



Cost Neutrality Explanation

Home & Community Based Services Factors:

- Unduplicated Count - Number of individuals who will receive services through a waiver within a year.
- Average Length of Stay - Average span, in days, that an individual utilizes waiver services



Cost Neutrality Explanation

Home & Community Based Services Factors:

- Factor D: The estimated annual average per capita Medicaid cost for HCBS services for individuals in the waiver program
- Factor D': The estimated annual average per capita Medicaid cost for all other services provided to individuals in the waiver program



Cost Neutrality Explanation

Institutional Services Factors:

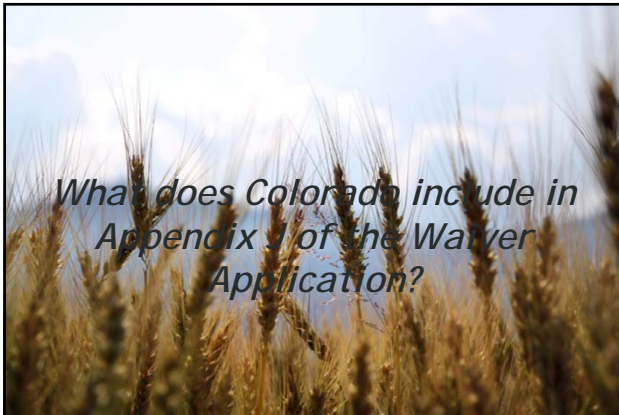
- Factor G: The estimated annual average per capita Medicaid cost for hospital, NF, or ICF care that would be incurred for individuals served in the waiver, were the waiver not granted.
- Factor G': The estimated annual average per capita Medicaid cost for all services other than those included in factor G for individuals served in the waiver, were the waiver not granted.



Cost Neutrality Demonstration

$$D+D' \leq G+G'$$





J: Demonstration of Cost-Neutrality Formula (CES)

$$D+D' \leq G+G'$$

$$\$7,720 + \$54,087 \leq \$210,753 + \$15,778$$



Questions or Concerns?



Submit any public comments to:

ltss.publiccomment@state.co.us



Contact Information

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Thank You!