

2018-2019 IDD Waivers Renewal

Persons with Developmental Disabilities
Waiver (DD)
Supported Living Services Waiver (SLS)

Waiver Appendices A, B, & C

Presented by: Dennis Roy
Aug 23



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)

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
 - Are part of a defined target group
 - ex: Brain Injury, Spinal Cord Injury, etc.
 - Meet Medicaid financial eligibility criteria
 - Require 1 or more waiver service to remain in the community
 - Exercise freedom of choice

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Waiver Application Process

- States must submit initial waiver application to CMS
- Initial approval period is 3 years
- After initial period renewal occurs every 5 years
- Colorado waivers requiring renewal in 2019 include DD, SLS, CES and CHRP

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Renewal Process

- The Persons with Developmental Disabilities (DD) and the Supported Living Services (SLS) waivers expire on June 30th, 2019.
- States must respond to Evidentiary Reports and other CMS Guidance
- Waiver Applications are submitted 90-180 days in advance



Scope

Things that can change:

- Can correct grammatical/technical language errors

Things we cannot change:

- Cannot change existing contracts
- Cannot change budgetary allocations



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



Centers for Medicare and Medicaid Services (CMS)



CMS has requirements all States must meet when administering a waiver

What are those requirements?

Today's Sections



Appendix A: Waiver Administration & Operation



Appendix B: Participant Access and Eligibility



Appendix C: Participant Services

A: Waiver Administration and Operation



What entities are involved in the operation of the waiver?

Appendix A Identifies

- The State agency responsible for day to day administration and operation
- Contracted or local/regional entities with operational functions

Also indicates how operational functions are distributed among state, local/regional and other entities.



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

A: Waiver Administration and Operation (DD/SLS)

Operated By:

- Colorado Department of Health Care Policy and Financing (HCPF)
- The Office of Community Living (OCL)
- Benefits and Services Management Division

A: Contracted Entities (DD/SLS)

- Colorado Department of Public Health and Environment (CDPHE)
- 20 Community Centered Boards (CCB)
- Fiscal Agent
- Post Payment Review Contractor (PPR)
- Administrative Service Organization (ASO)
- Quality Improvement Organization (QIO)



A: Quality Improvement (DD/SLS)

State must assure that:

The Medicaid Agency retains ultimate administrative authority and responsibility for the operation of the waiver program by exercising oversight of the performance of waiver functions by other state and local/regional non state agencies (if appropriate) and contracted entities.

How does HCPF meet the assurance?



A: Quality Improvement (DD/SLS)

State meets the assurance with 7 separate Performance Measures (PM).

The PMs in Appendix A provide CMS with the assurance that HCPF retains ultimate administrative authority over the DD/SLS waivers through the tracking and monitoring of deliverables provided by the contracted entities.



B: Participant Access and Eligibility



Who receives waiver services?

Appendix B Identifies

- Specific target group(s)
- Individual cost limits (if any)
- # of Participants
- Medicaid eligibility groups
- Level of Care (LOC) & Evaluation/reevaluation procedures of LOC
- Freedom of Choice
- Application Process for entrance into the waiver.

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

B: Specific Target Groups (DD/SLS)

DD/SLS Serves individuals 18 and older with a Developmental Disability.

Developmental disability means a disability that is manifested before the person reaches twenty two years of age, that constitutes a substantial disability to the affected individual, and that is attributable to mental retardation or related conditions which include cerebral palsy, epilepsy, autism, or other neurological conditions when those conditions result in impairment of general intellectual functioning or adaptive behavior similar to that of a person with mental retardation. Unless otherwise specifically stated, the federal definition of developmental disability found in 42 U.S.C. sec. 15001 et seq. shall not apply. (C.R.S. 27 10.5 102 11 (a), as amended).



B: # of Participants (DD/SLS)

DD the State does limit the # of participants it serves at any point in time during a waiver year. This waiver has a waiting list managed by HCPF with reserved capacity

SLS The State does not limit the # of participants that it serves at any point in time during a waiver year.



B: Medicaid Eligibility Group (DD/SLS)

§1634 State with Miller Trust

Medicaid Eligibility Groups Served include:

- SSI recipients
- Optional State supplement recipients



B: *LOC & Evaluation/Reevaluation Procedures for LOC(DD/SLS)*

- Evaluations/ Reevaluations are preformed by Community Centered Boards (CCB)
- Qualifications for CCB staff
- Level of Care (LOC) criteria
- Evaluation/ Reevaluation process



B: *Freedom of Choice (DD/SLS)*

- The CCB case manager provides the feasible alternatives available under the waiver and provides the choice of institutional or community based services
- Provided during: initial assessment; Service Plan development; and during annual re evaluation



B: *Quality Improvement (DD/SLS)*

State must assure that:

The state demonstrates that it implements the processes and instrument(s) specified in its approved waiver for evaluation/reevaluating an applicant s/waiver participant s level of chare consistent with level of care provided in a hospital, NF or ICF/IID.

How does HCPF meet the assurance?



B: Quality Improvement (DD/SLS)

- State meets the assurance with 3 separate Performance Measures (PM).
- The PMs in Appendix B provide CMS with the assurance that the correct assessment tools are being utilized appropriately by Case Managers.



C: Participant Services



What services does the waiver offer?




Appendix C Identifies

- Services provided in the waiver
- Summarizes services
- Contains general service specifications (scope, provider qualifications, if service may be participant-directed)
- Coverage policies and limitations (if any)



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



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C: Services (DD)

- Day Habilitation
- Prevocational Services
- Residential Habilitation
- Supported Employment
- Dental Services
- Vision Services
- Behavioral Services
- Non Medical Transportation
- Specialized Medical Equipment and Supplies



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C: Services (SLS)

- Day Habilitation
- Health Maintenance Activities
- Homemaker
- Personal Care
- Prevocational Services
- Respite
- Supported Employment
- Dental Services
- Vision Services
- Assistive Technology
- Behavioral Services
- Home Accessibility Adaptations
- Mentorship
- Non Medical Transportation
- Personal Emergency Response
- Professional Services
- Specialized Medical Equipment and Supplies
- Vehicle Modifications
- CDASS



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C: Services (DD/SLS)

For each service the state defines:

- the service definition
- Specific limits on amount, frequency, and duration
- the service delivery type
- provider qualifications
- provider type.



C: General Service Specifications (DD/SLS)

Criminal history and/ or background investigations are required for providers



C: Additional Limits on Amount of Waiver Services (SLS)

The Department applies a maximum expenditure of \$10,000 over the waiver renewal period (7/01/14 to 6/30/19) for the combination of the following services: Home Accessibility Adaptations, Vehicle Modifications, Assistive Technology.



C: *Additional Limits on Amount of Waiver Services (SLS)*

The Department applies an authorization limit per service plan year for a combination of services that are listed in the waiver.

- Health Maintenance Activities are not subject to this limitation.



C: *Budget Limits by Level of Support (SLS)*

Total Service expenditures for an individual are limited by the member's Service Plan Authorization Limit (SPAL)

SPAL limit determined by Supports Intensity Scale (SIS) scoring



C: *Quality Improvement (DD/SLS)*

State must assure that:

The state demonstrates that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers

How does HCPF meet the assurance?



C: Quality Improvement (DD/SLS)

- State meets the assurance with 6 (DD)/3 (SLS) separate Performance Measures (PM).
- The PMs in Appendix C assure CMS that the Department maintains oversight of service providers



Questions or Concerns?



Submit any public comments to:

ltss.publiccomment@state.co.us



Next Meeting

September 06, 2018

10:00 AM - 12:00 PM



The Colorado
Health Foundation™



Contact Information

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Thank You!