What is New in the Proposed Developmental Disabilities Waiver Program?

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Presented by Lucy Cantrell
lcantrell@thearcofva.org
The Arc of Virginia
2147 Staples Mill Road Richmond, VA 23230
T 804.649.8481
www.thearcofva.org
Overview of Presentation

**Agenda:**

- Introduction to The Arc of Virginia
- Waiver Redesign
  - Waiver names changing & DD System
  - Services
  - Point of Entry
  - Eligibility
  - Waiting List
  - Slot Assignment
  - SIS
  - Day One Changes
  - State Resources
  - Housing Vouchers
  - CMS Rule & DOJ
  - Services
About The Arc of Virginia

The Arc of Virginia is a state chapter of The Arc of the United States, the nation’s oldest and largest organization of and for people with intellectual and developmental disabilities (I/DD).

The Arc’s mission is to promote and protect the human rights of people with ID/DD and actively support their full inclusion and participation in the community throughout their lifetime.
The Arc of Virginia serves the entire Commonwealth.

1. The Arc of Augusta
2. The Arc of Central Virginia
3. The Arc of Eastern Shore
4. The Arc of Hanover
5. The Arc of Harrisonburg & Rockingham
6. The Arc of Lenowisco
7. The Arc of Loudoun County
8. The Arc of New River Valley
9. The Arc of North Central Virginia
10. The Arc of Northern Shenandoah Valley
11. The Arc of Northern Virginia
12. The Arc of the Piedmont
13. The Arc of Greater Prince William/INSIGHT
14. Greater Richmond ARC
15. The Arc of Greater Roanoke Valley
16. The Arc of Rockbridge
17. The Arc of Smyth County
18. The Arc of Southern Virginia
19. The Arc Southside
20. The Arc of South Hampton Roads
21. The Arc of South of the James
22. The Arc of Warren County
23. The Arc of Greater Williamsburg
24. VersAbility Resources
About The Arc of Virginia

What We Do:

• Public Policy Advocacy
• Family Support
• Peer-to-Peer Support
• Grow the Movement
• Technical Assistance
• Chapter Support
Waiver Introduction

• The Department of Behavioral Health and Developmental Services (DBHDS) and The Department of Medicaid Assistance Services (DMAS) are the state agencies charged with operating and maintaining the budget of our developmental disability (DD) Medicaid waiver programs.

• States apply for Medicaid Waivers to the federal Medicaid agency known as the Centers for Medicare and Medicaid Services (CMS). This enables states to waive the requirements that individuals must reside in an institution in order to receive Medicaid funding for services.

• Through Waiver demonstrations, Medicaid will fund certain community-based alternatives to institutional care. Virginia has been offering Medicaid funded community based supports to individuals with intellectual disabilities through the ID Waiver since 1991, and the Day Support (DS) Waiver since July 2005.

• DBHDS and DMAS submitted amendments to the Waiver programs in the form of an application (our ID, DD and DS Waiver programs) in April, and are waiting for approval from CMS to implement the changes.
Moving to ‘universal’ DD Waivers

A DD system serving all diagnoses of DD under one waiver program with 3 waivers (non-disability specific):

• During the 2015 General Assembly session, the passage of a bill to adopt the federal Developmental Disability (DD) definition as a universal term used to include all diagnoses of disabilities that impact development and physical functioning, with an onset before the age of 22.
“Developmental disability" means a severe, chronic disability of an individual that

(i) is attributable to a mental or physical impairment, or a combination of mental and physical impairments, other than a sole diagnosis of mental illness;

(ii) is manifested before the individual reaches 22 years of age;

(iii) is likely to continue indefinitely;

(iv) results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, or economic self-sufficiency; and

(v) reflects the individual's need for a combination and sequence of special interdisciplinary or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are 2 of 3 individually planned and coordinated.

An individual from birth to age nine, inclusive, who has a substantial developmental delay or specific congenital or acquired condition may be considered to have a developmental disability without meeting three or more of the criteria described in clauses (i) through (v) if the individual, without services and supports, has a high probability of meeting those criteria later in life.”
DD Waiver Program

**DS Waiver** – Serves individuals with intellectual disability and provides employment, day support, and pre-vocational.

**DD Waiver** – Serves adults and children 6 years of age and up with developmental disability diagnosis and provides a variety of services but no group residential.

**ID Waiver** – Serves children and adults with an intellectual disability diagnosis and provides a variety of services including group residential.

**Building Independence Waiver**

**Family & Individual Supports Waiver**

**Community Living Waiver**
DD Waiver Program

- **Building Independence Waiver**: For adults (18+) able to live independently in the community. Individuals own, lease, or control their own living arrangements and supports are complemented by non-waiver-funded rent subsidies.

- **Family & Individual Supports Waiver**: For individuals living with their families, friends, or in their own homes, including supports for those with some medical or behavioral needs. Available to both children and adults.

- **Community Living Waiver**: Includes residential supports and a full array of medical, behavioral, and non-medical supports. Available to adults and children. May include 24/7 supports for individuals with complex medical and/or behavioral support needs through licensed services.

Reference the handout: Support Services Options
Residential is the main difference in DD Waivers

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**Point of Entry**

**CSB is the ‘single point of entry’; steps to get into program:**

- Call your local Community Services Board (CSB) and request DD waiver services or request a screening for the DD Waivers

- At local CSB, eligibility will be determined, and you will most likely be placed on a waiting list for services.

- DD waiver waiting list (chronological) and the ID waiver waiting list (urgent and non-urgent) will be consolidated into one needs based list broken into three prioritization categories.
Eligibility Determination Process:

1) Assessment: Virginia Individual DD Eligibility Survey (VIDES)
   - You’ll have an initial one done (placed on waiting list)
   - To receive a waiver slot, you’ll need one updated within 6 months, therefore, you may need to have this assessment done again before receiving slot
   - If on waiver, VIDES is done every year to maintain eligibility

2) Proof of Diagnosis
   - Psychological evaluations (with IQ Scores) are optional, may not be relevant to diagnosis.

The VA Dept. of Behavioral Health and Developmental Services (DBHDS) is writing a guidance document for support coordinators (case managers) detailing which relevant sources of documentations are needed.

3) Financial Eligibility
   - Must meet Medicaid Long-term Eligibility Requirements - monthly income is no more than 300% of the SSI amount for an individual, or $2,163 per month

- http://www.dss.state.va.us/localagency/
Eligibility: Assessment

Virginia Individual DD Eligibility Survey: VIDES

• Replaces current Level of Functioning (LOF) Survey
  – Three different assessments based on age of individual:
    • Infant (ages under 3): Must meet the criteria for two or more of five categories: Health Status, Communication, Task Learning Skills, Motor Skills, Social/Emotional
    • Child (ages 3 up to 18): Must meet the criteria for two or more of eight categories: Health Status, Communication, Task Learning Skills, Personal/Self Care, Motor Skills, Behavior, Community Living Skills, Self Direction
    • Adult (ages 18 and older): Must meet the criteria in 3 or more of eight categories: Health Status, Communication, Task Learning Skills, Personal/Self Care, Motor Skills, Behavior, Community Living Skills, Self Direction

—Deficit based assessment: Answer honestly but take into account “If you (or caregiver) were not there- would current stability be present?”
Eligibility: Assessment

Virginia Individual DD Eligibility Survey: VIDES

• Appeals rights:
  – DBHDS is currently making a standard guidance document for individuals and families detailing the right to appeal and the process.
  – If determined not to meet eligibility criteria – you should receive right to appeal notification from your local CSB.
  – If you do not receive information (standard letter) detailing your right to appeal and the process, call your CSB and request to speak with the ‘Waiver Expert’
    • https://docs.google.com/document/d/1Ljn1XfAuDVEiCMRlvPltcflAPapWAnAQNewsrnGUKg/edit
  – If you still do not receive information on your appeals rights, contact DBHDS Regional Support Specialist (RSS), tasked with trouble-shooting issues concerning edibility.
Consolidated DD Needs-Based List

**DD Waiver(s) waiting list:**

- The current ID Waiver waiting list (needs-based: urgent or non-urgent) and DD Waiver waiting list (chronological) are currently being consolidated into one needs-based list with three prioritization categories:

  - **Priority One Status:** Will need waiver services within one year and meets specific criteria.
  - **Priority Two Status:** May require waiver services in one to five years and meets specific criteria.
  - **Priority Three Status:** May not present for waiver services in over five years as long as the current supports and services remain.

- When a Waiver slot is **not** available, the individual is placed on a waiting list.

- No longer will the ‘lists’ only reside at local CSB level, (or DMAS for DD Waiver); but now the individuals' name/profile will be managed in a system called WaMS.
Consolidated DD Needs-Based List

**DD Waiver(s) waiting list:***

- The Support Coordinator (Case manager) at the CSB will make prioritization determinations;
  - if in priority one, a **Critical Needs Summary** will document the person’s level or urgency
  - For most urgent, **Slot Assignment Review Form** will be sent to assignment committee

- CSBs are currently placing or have placed their waiting lists in prioritization categories - if you have not been contacted yet, you should call your CSB and ask for your status/update.

- Always update your Support Coordinator (Case manager) with information regarding the individual’s health, safety, change in services, transition from school-IDEA services (until age 27) or other funding sources, etc. (use priority definitions & critical needs summary to trigger updates you need to make)

- If **you are on the DD Waiver waiting list, and you have not received a call or letter from your local CSB, or DBHDS staff**, call your local CSB and ask for a status update.
  - Next step would be to call your Regional Support Specialist (RSS)
DD Waiver(s) waiting list:

- DBHDS is working to draft a standard letter detailing individual appeal rights; and a guidance document to Support Coordinators (Case Managers) of scenarios when the right to appeal is warranted.

You have the right to appeal which category of priority you are placed in the following scenarios:

1) The individual moves from current ID-urgent waiting list to a priority 2 or 3
2) The individual moves from current ID – non-urgent waiting list to a priority 3
3) All individuals on current DD waiting list to priority 2 or 3; (all get notice of move)

In the new system:

4) The individual is initially placed on the waiting list and priority level is determined
5) The individual moves from priority 1 to a priority 2 or 3
6) The individual moves from a priority 2 to a priority 3;
7) The individual is removed from the list.
**How will Waiver slots be assigned?**

*(New) Waiver Slot Assignment Review Committee’s (WSACS):*

- DBHDS WSAC facilitator charged with maintaining committee: membership, convening committee
- Slots will continue to be allocated to CSB based on population (same as before)

Please note that WSAC members may **not** be any person with a direct or indirect interest in the outcome of the proceedings:

- Current CSB employees or board members
- Current employees, owners, or board members of any agency providing waiver services, unless serving on a WSAC in an area in which the provider does not provide services
- Family members of individuals seeking waiver services

***If interested; have “WSAC Membership Parameters” and applications: Turn one copy into CSB and one copy into RSS***
**Slot Assignment**

**Waiver Slot Assignment**

- Slots are distributed to CSB according to population
- Regional WSACs preside over allocation
  - Use the *Slot Assignment Review Form*
- Allocated based on (working draft of this process-not yet public)
  - Urgency
  - Availability of the TYPE of Waiver
  - The service need of the individual

- Have your priority level; Critical Needs Summary; Slot Assignment Review Form
Emergency Waivers

(New) Now Published Criteria for ‘Emergency Waivers’:

• Managed at DBHDS state level

• Allocation of reserve slots – General Assembly, in budget language

• Purpose: Facilitation of movement between waivers as service needs change

Emergency Criteria:

• CPS or APS has substantiated abuse/neglect against the primary caregiver and has removed the individual from the home; or for adults, where abuse/neglect has not been substantiated but corroborating information from other sources (agencies) indicate there is an inherent risk present. There are no other caregivers available to provide support services to the individual.

• Death of primary caregiver and/or lack of alternate caregiver coupled with the individual’s inability to care for him/herself and danger to self or others without supports.
Steps once assigned a DD Waiver

• Support Coordination Services (case management)
  – Choice of support coordinator

• Supports Intensity Scale (SIS) Assessment by ASCEND Contractor
  (more on this step on the next slide)

• Data analyst at DBHDS uses a formula to assign the individual's support need level & sends support level to CSB

• Person Centered Planning meeting and Support Coordination Services
  – Planning meetings occur at least once a year ‘annual planning meeting’
  – Request and explore new services (happen at any time)
  – Barriers to accessing services – Contact CRCs (Community Resource Consultants) & RSTs (Regional Support Team): http://www.dbhds.virginia.gov/professionals-and-service-providers/developmental-disability-services-for-providers/provider-development
Supports Intensity Scale: SIS

Standardized assessment tool used by Virginia to determine support level

- Performed every three years or sooner, if significant changes usual due to medical circumstances). Performed every two years for children’s SIS.

- Measures support needs in the area of home living, community living, lifetime learning, employment, health and safety, social activity, and protection and advocacy

- DBHDS uses a formula to assign a “SIS Score” and support level
  - Support Level is tied to a reimbursement rate to providers

- The SIS® may be appealed if there is evidence that the Virginia Standard Operating Procedures were not followed. A SIS® score is not appealable.
  - [http://www.dbhds.virginia.gov/library/developmental%20services/dds_va%20appeals%20process%202010%202014%202015.pdf](http://www.dbhds.virginia.gov/library/developmental%20services/dds_va%20appeals%20process%202010%202014%202015.pdf)

- After two weeks, ask for SIS score & support level at CSB
SIS Score is used to place individual in a support level:
DD Waiver Redesign

7 Support levels and 4 reimbursement tiers:

Tier 1: Support Level 1
Tier 2: Support Level 2
Tier 3: Support Level 3 & Level 4
Tier 4: Support Level 5, Level 6 & Level 7

* High support needs, there is a process for an negotiated reimbursement rate:

**old - request updated process from CRCs, RSTs, 3CTs

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Some services have tiered reimbursement rates:

- Group Home
- Sponsored Residential
- Supportive Living
- Independent Living (*2 tiers)
- Group Day Services
- Community Engagement
- Group Supportive Employment
Reimbursement increases based on:

The support need level
Reimbursement decreases based on:

The size of the licensed home or number of people supported

(Group home)
What is happening When Redesign is Approved *?

The individual will stay in the waiver they are currently in as the name changes

• You move between waiver programs if you:
  1) if at any point; you need/want a service that is not offered in your waiver program;
     OR
  2) at an annual planning meeting it is decided you can utilize the same services
     (services need/want) under another waiver
     *Reserve slots and turn over to facilitate movement between waivers*

• New Person Centered Planning during Annual Meeting – you can also request new services
  at any time.

• New rates go into effect, except for Sponsored Residential on January 1
  –Some rates are based on levels/tiers

• Some providers will change their model and staffing patterns
  –The goal was to incentivize access to smaller, more individualized, person centered supports.
What is happening When Redesign is Approved*?

Many ‘behind the scenes’ changes:

- Providers will be adjusting to new billing codes; a new billing system; new methods (daily, hourly)

- Some providers might be exploring licensure for a new service and changing their support models.

- Some providers might change their service model to respond to the changes to the rates
  - Goal of Waiver Redesign is to have rates increase as and individual’s level of support needs increase to cover additional costs associated with support.
  - Goal of Waiver Redesign is to have rates that support the costs associated with providing smaller staff to individual ratios- and more person centered services
  -(call 1-844-603-9248 CRCs/RSTs)
What is happening When Redesign is Approved *?

How to advocate for the services you need/want:

1) Support Coordinator (Case manager) request services in the Person Centered Plan

2) Waiver Expert at CSB -
   https://docs.google.com/document/d/1Ljn1XfAuDVEiCMRIvPltcKflAPaPwAnAQNewsrnGUk/edit

3) Regional Support Specialist (eligibility, waiting list, waiver slot allocation, SIS)
   http://www.dbhds.virginia.gov/library/developmental%20services/dds_dbhds%20regional%20support%20unit%20contact%20list%207-7-15.pdf

4) Community Resource Consultants (access to services, rates) http://www.dbhds.virginia.gov/professionals-and-service-providers/developmental-disability-services-for-providers/provider-development

5) Regional Support Teams (Data collection, trouble-shoot unresolved access/integration issues-training Center, ICF, and Complex Needs)

6) Complex Case Consultation Teams (Complex Support Needs- Rates & Access):
   http://www.dbhds.virginia.gov/professionals-and-service-providers/developmental-disability-services-for-providers
State Resources

• The DBHDS webpage at [http://www.mylifemycommunityvirginia.org/](http://www.mylifemycommunityvirginia.org/) check back frequently for updates as changes continue to occur.

• Another DBHDS webpage(s) with information: [http://www.dbhds.virginia.gov/individuals-and-families/developmental-disabilities/waiver-services](http://www.dbhds.virginia.gov/individuals-and-families/developmental-disabilities/waiver-services)

• Call the **Virginia Waiver Line** at **1-844-603-9248** (Toll Free)

• Waiver Experts at your local CSB: [https://docs.google.com/document/d/1Ljn1XfAuDVEiCMRIyPltckfIApWAnAQNe wsrnGUKg/edit](https://docs.google.com/document/d/1Ljn1XfAuDVEiCMRIyPltckfIApWAnAQNe wsrnGUKg/edit)

State Resources


- Suspicion or witnessed abuse and neglect:
  - Adult Protective Services (APS) or to the 24-hour toll free APS hotline at:
    - 1-888-832-3858 (ADULT)
  - Children – Report to local department of social services or the 24-hour toll-free Child Abuse and Neglect Hotline at: 1-800-552-7096
For DD population:

- Referrals by DD Support Coordinators (case managers)
- Eligibility:
  - 18 or over & have DD OR
  - Receiving DD Waiver services OR
  - On a waitlist for DD Waiver services OR
  - Currently in a training center, ICF, or nursing facility

New Centers for Medicare and Medicaid Services (CMS) Rule on Home and Community Based (HCBS) (WAIVER) Services
New CMS HCBS Settings Requirements

New Rules on HCBS (i.e. Waivers)

The new HCBS community inclusion criteria have enormous potential for reshaping the way in which future Medicaid-funded waiver services and supports are delivered.

The new community inclusion rules apply to both residential and daytime program settings.
All individuals receiving HCBS have the right to receive services in non-disability specific settings.

The State has currently drafted second version of a transition plan to be in compliance by March 17, 2019.

Awaiting approval from CMS
On January 16, 2014 the Centers for Medicare and Medicaid Services issued final regulations governing various aspects of Medicaid-funded home and community-based services. The rule specifies that all HCBS settings must meet the qualifications outlined below.

The setting must:
• be integrated in and support full access to the surrounding community;
• selected by the individual from among available options;
• ensure individual rights of privacy, dignity and respect and freedom from coercion and restraints;
• optimize autonomy and independence in making life choices; and
• facilitate choice regarding services and the individuals/entity providing them.
New Rules on HCBS

Also includes separate requirements governing provider-owned or controlled HCBS settings.

In such settings:

- Participants must have privacy in their units, including lockable doors, choice of roommates and freedom to furnish or decorate the unit;
- The individual must control his/her schedule, including access to food at all times;
- The individual has the right to have visitors at any time; and
- The setting must be physically accessible.
New CMS HCBS Settings Requirements

The new regulations identify settings that are presumed not to meet the requirements:

• A publicly or privately operated facility that provides inpatient institutional treatment,

• Settings in a building on the grounds of, or adjacent to, a public institution,

• Settings with the effect of isolating individuals from the broader community.
Advocacy related to the new rule:

Maintained Ratings of Compliance:

- created HCBS waiver slots;
- increased frequency of case management and licensing oversight;
- implemented discharge planning and transition services for individuals residing in training centers;
- developed elements of a statewide crisis services system for adults with intellectual and developmental disabilities;
- responded on-site and on time to crises (mobile crisis teams);
- developed and updated Virginia’s Plan to increase Independent Living; and
- offered choices of service providers.

Gained Ratings of Compliance:

- providers reported incidents within 24 hours;
- improved employment data collection;
- Regional Quality Councils reviewed employment targets; and
- facilitated increased access to subsidized independent living options.
Lost Rating of Substantial Compliance:

• inadequate community-based capacity to support individuals with intense behavioral needs;
• stays in each Region’s crisis stabilization program (REACH) in excess of 30 days are not allowed.

Retained Ratings of Non-Compliance:

• insufficient opportunities for individuals with ID/DD to live in most integrated settings;
• lack of discharge and transition plans for children to move from nursing facilities and large ICFs to community homes;
• lack of a statewide crisis service system for children and adolescents;
• lack of effective in-home mobile crisis supports;
• lack of integrated day activities and supported employment;
• insufficient number of subsidized community living opportunities; and
• an individual support planning process that is inadequately focused on helping individuals to learn new skills, to become more self-sufficient, and to become more integrated into their communities.
Learn More!

• Sign up for The Arc of VA Email Updates:  
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