



# Department of Medical Assistance Services

A Comparison of Medicaid Waivers for Persons  
with Developmental Disabilities

**Presented to Senate Finance Committee  
HHR Subcommittee**

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# Medicaid Waivers for Persons With Intellectual and Developmental Disabilities

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	Initiated	Next Renewal
■ Intellectual Disability (ID) Waiver	<u>(1991)</u>	2014
■ Individual and Family Developmental Disabilities Support Waiver (DD)	<u>(2000)</u>	2013
■ Day Support Waiver (DS)	<u>(2005)</u>	2013

# Points of Comparison

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- There are six broad differences between the DD and ID Waivers
- 1- Diagnosis
- 2- Agency Functions
- 3- Services
- 4- Waiting Lists
- 5- Expenditures
- 6- Oversight

# Disabilities (Diagnosis) by Waiver

- All disabilities are defined by
  - 42 CFR 435.1010 Related conditions
  - American Association on Intellectual and Developmental Disabilities (aaid)

## ■ DD waiver (82)

- Autism
- Cerebral Palsy
- Aspergers Syndrome
- Pervasive Developmental Disorder
- Traumatic Brain Syndrome
- Muscular Dystrophy
- Brain Injury
- Spina Bifida
- Spinal Cord injury
- Shaken Baby Syndrome
- Spinocerebellar Degeneration

## ■ ID and Day Support waiver

- Intellectual Disability

# Demographic Comparisons

DD

ID

Age			Gender		Ethnic		
% Age =<21	% Age >21	% Age >65	% Female	% Male	% White	% African Am.	% Other
53%	47%	0%	29%	71%	80%	14%	6%
11%	<b>85%</b>	4%	42%	58%	66%	31%	3%

Data from MMIS System July 30,2011

# Key Agencies & Functions

Functions	DD	ID/DS
Administrative Responsibility	DMAS	DMAS
Day-to-day waiver management	DMAS	DBHDS
Preadmission screenings for functional eligibility	VHD (Child Development Clinics)	Local CSB's
Wait list Management	DMAS	Local CSB's and DBHDS
Service Plan & Care Coordination/Case Management	Private Agencies	Local CSB's
Service Authorization (Prior Authorization)	KePRO (contracted provider)	DBHDS
Daily Delivery of Services	Private Providers	Public and private providers
Quality management Reviews	DMAS	DMAS
Appeals	DMAS	DMAS

# Service Comparison

MEDICAID WAIVERS SERVICE GROUPS #	DD	MR/ID	Day Support
Adult Companion Care *	X	X	
Assistive Technology	X	X	
» Case Management (DD)	X		
» Case Management (MR/ID & DS)		X	X
Congregate Residential *	Not in waiver	X	
Environmental Modifications	X	X	
Crisis Stabilization/ Intervention *	X	X	
Crisis Supervision	X	X	
Day Support *	X	X	X
Family/Caregiver Training	X	Not in waiver	
In-Home Residential	X	X	
Personal Care *	X	X	
PERS *	X	X	
Respite Care *	X	X	
Skilled Nursing *	X	X	
Supported Employment *	X	X	X
Therapeutic Consultation	X	X	
Prevocational Services *	X	X	X
Transition Services	X	X	
Service Facilitation *	X	X	
<b>Totals services by Waiver</b>	<b>19</b>	<b>19</b>	<b>4</b>

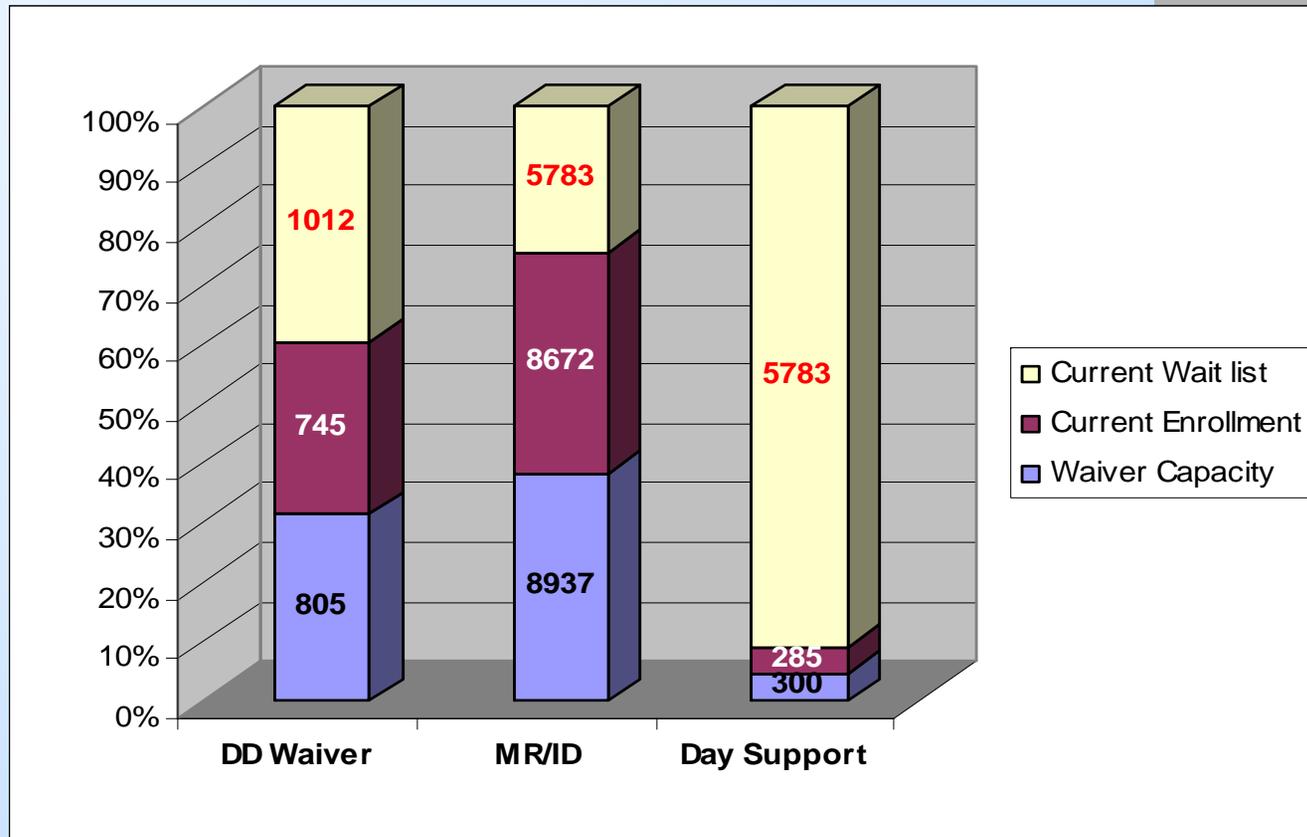
» Case Management is reimbursed as a State Plan Option and not a "waiver service"

\* Indicates multiple billing services in this group

# service groups are as defined by CMS

# Waiver Capacity

Slots approved by CMS & GA



Data from DMAS alpha claims report & wait list for DD & DBHDS 7/1/11

Variance between capacity and enrollment resulted from 1 month lag in data processing

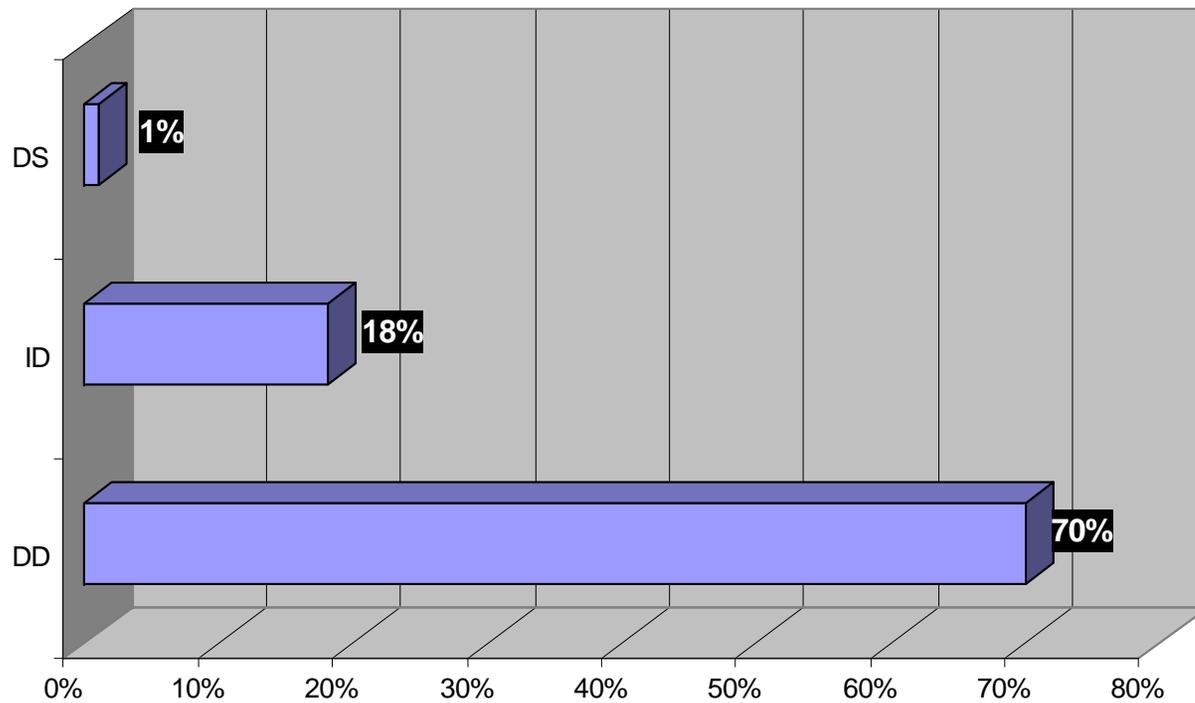
# Waitlists

- Both waivers have waitlists
- Features/differences in waitlist management

	DD	ID/DS
Regulatory basis of wait list	1 <sup>st</sup> come 1 <sup>st</sup> served	Based on functional need 3 differing levels of need (Urgent, Non-Urgent, Planning)
Location of list	Centralized and automated at DMAS	Localized at (40 +) CSB's with reporting to DBHDS
Average Length of time on Wait list	3-5 years (turn over is approximately 50 a year)	3-7 years
Enrollment process for placement	72 hours no wait period automated system assigns next on list	3 weeks DBHDS assigns slot to Local CSB then determination is made based on need
Type of system used	Automated	Paper (Automation under development)

# Individuals Receiving Services While on waitlists

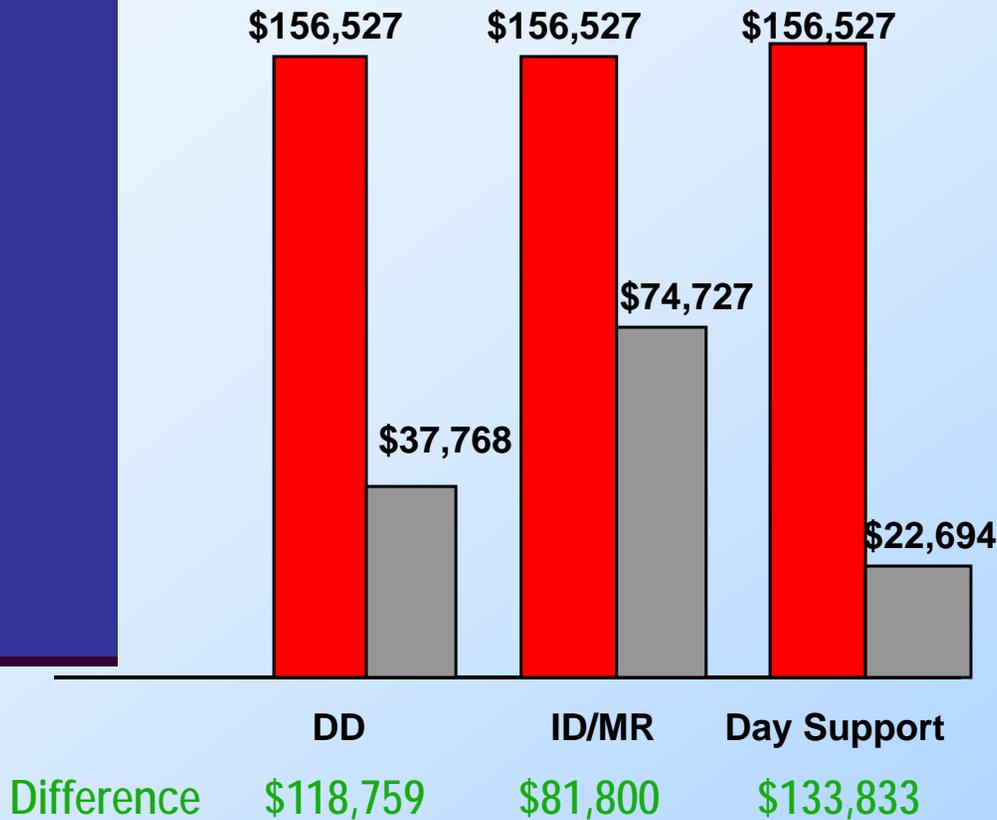
Percentage Enrolled in EDCD Waiver and on wait list by Waiver



9%  
of the EDCD  
waiver  
participants  
are on other  
waiver wait  
lists

Data from June 2011 DMAS Alpha report & wait list from DBHDS & DMAS

# Waiver Are Less Costly Than Institutional Care



- Per capita waiver costs include:
  - Transportation
- Acute Services
  - Inpatient hospital
  - Physicians
  - Outpatient /Clinic
  - Lab/X-ray
  - Prescription Drugs
  - Other services

Per Person Institution \$ → [Red Bar]      Per Person Waiver \$ → [Grey Bar]

# Top 75% Expenditures by Waiver

## DD

Service	Expenditure	% of Waiver Expenditure
Personal Care	\$7,964,021	52%
In-home Residential	\$3,604,197	23%

## ID

Service	Expenditure	% of Waiver Expenditure
Congregate Residential	\$315,585,169	65%
Day Support Services	\$71,949,943	15%

## DS

Service	Expenditure	% of Waiver Expenditure
Day Support Services	\$2,474,367	73%
Prevocational	\$706,486	21%

Data from 372, 2009 lag report

# Waiver Oversight

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- Oversight begins with CMS
  - CMS grants State Medicaid agency waiver approval
  - State Administering Agency may delegate daily operations to another operant agency (ID & DS = DBHDS)
  - Methods of Oversight
    - Manage the interagency agreement (DBHDS, DMAS)
    - Perform Service Authorization (DD only)
    - Perform Quality Management Reviews
    - Program Integrity Audits
  - Reporting responsibilities
    - CMS evidentiary reporting
      - For 6 assurances and 18 performance measures

# Medicaid Waiver Strengths

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- Less restrictive home environment
- More cost effective than alternate institutional settings
- Cost sharing with CMS (50%)
- Offer individualized services
- Maintains individuals homes in communities
- Coordination of services

# Medicaid Waiver Challenges

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- Wait for Services
- Service transition from educational system
- Service transition from training centers
- Rates
- Unmet needs (TBI)
- Administrative processes
- Seamless Delivery System
- Revisions to waivers upon renewal that best reflect changing needs of individuals



# Department of Behavioral Health & Developmental Services

Plans Under Discussion to Modify Medicaid Waivers  
for Persons with Developmental Disabilities

**Presented to Senate Finance Committee**

**HHR Subcommittee**

Heidi Dix, Assistant Commissioner

August 29, 2011

# Transition from Training Centers: Plans Under Discussion to Modify Waivers

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- DOJ found that current waiver programs do not permit those with the most complex needs to live in the community
  - Insufficient capacity (e.g. slots) for those that want to live in the community
  - It is difficult to build an adequate support plan with current rate structure and service limits

# Data Shows Variation in Costs to Meet Different Levels of Need

FY2010	Recipients	Average Per Person Expenditure
Training Center (Public ICF/MR)	1,296	\$160,964
Private, Community ICF/MR	391	\$137,552
ID Waiver Recipients	8,010	\$75,465
ID Waiver Recipients -- NOT Using Congregate Residential	3,186	\$46,266
ID Waiver Recipients -- Using Congregate Residential	4,824	\$95,279
Training Center Discharges to ID Waiver	25 (sample)	\$104,255

# Waiver Changes Under Consideration by DMAS & DBHDS

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- Short-Term Changes to ID Waiver
  - Congregate Residential
  - Group Homes of 4 Beds or Less
  - Sponsored Placements
  - In-Home (ID & DD)
  - Enhanced Rate
- Short-Term Changes to DS Waiver
  - Addition of services
- Long-Term Enhancements Require Further Study
  - Work with stakeholders to have a plan by July 1, 2012
  - Discussion of how to move to combined ID, DD, and DS waivers and match needs to services

Any  
questions?

