



Department of Medical Assistance Services

Virginia's Medicaid 1915c Waivers Overview

**Presented to Senate Finance Committee
HHR Subcommittee**

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Outline

- Long Term Care Funding
- Medicaid 1915c Home and Community-Based Waivers
- Eligibility
- Cost of Waivers vs. Institutions
- Changing Waivers

Medicaid Is the Primary Funding Source for Long-Term Care

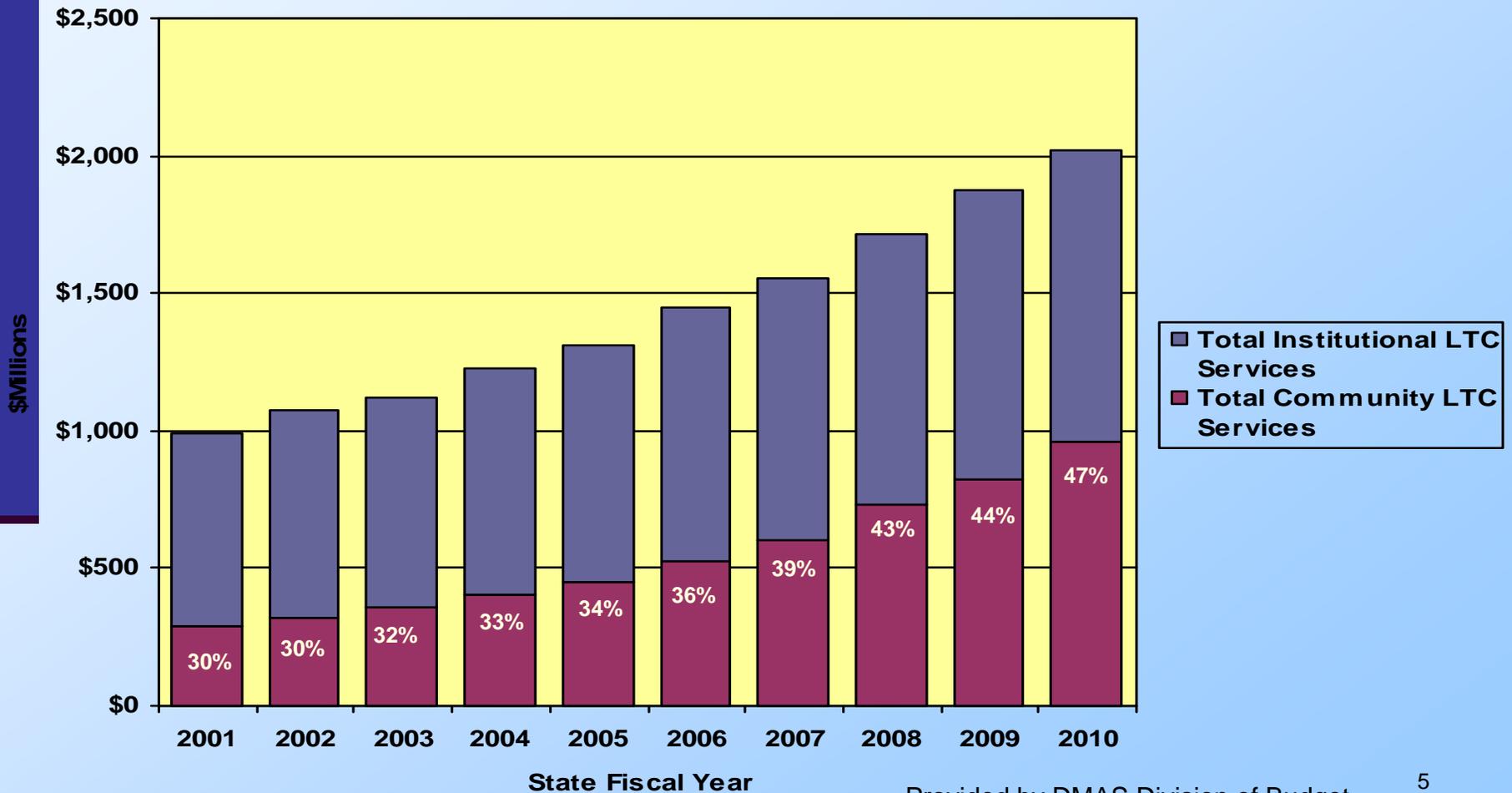
- Medicaid is the single largest source of financing for long-term care
- Medicaid accounts nationally for 67% of financing for institutional care
- Medicaid waivers permit a shift from institutional to a home-and-community based service delivery
- In FY 2010
 - 24,703 Virginians received care in a nursing facility
 - 1,843 in an intermediate care facility for the mentally retarded (ICF/MR)
 - 31,027 in their homes and communities

Medicaid Provides LTC Services through Multiple Models

- Institutional Services
 - Nursing Facility; includes Specialized Care
 - Intermediate Care Facilities for persons with ID
 - Long-Stay Hospitals
- Community Services
 - Program of all Inclusive Care for the Elderly (PACE) (8)
 - Home and Community Based Care Waiver Programs (7)

Service Trend is Moving to Community

Community-Based Services as a % of Total Virginia Medicaid Long-Term Care Spending



Provided by DMAS Division of Budget

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What is a 1915c Waiver?

■ Waivers are:

- Optional programs that provide States flexibility to develop and implement alternatives to more costly institutional care (NF, ICF/MRs) and target specific populations (aged, persons with disabilities).
- Provides Virginia a 50-50 match from federal funds
- Approved by Centers for Medicare and Medicaid Services (CMS) initially for 3 years, and then renewed in 5 year.
- A partnership between the family and Medicaid providers to safely support an individual living in their home and community

■ Waivers must:

- Waiver must offer choice to all participants: Between community or institution, between providers, and services received
- Waiver must be cost effective compared to the alternative institutional placement

Important Advantages of Waivers

- Diverting individuals from institutional care if they can be served in the community and offers choice of settings
- Objective assessment is used to determine care needs
- Applicant must meet same criteria used for admission to institution
- Cost savings

- Facts about Virginia Waivers
 - Virginia's waiver eligibility criteria is amongst the strictest in the Nation
 - Virginia, since 1977 has had a Mandated by Code of Virginia (§ 32.1-330) a nursing facilities preadmission screening program

What are Virginia's Seven Waivers ?

- Elderly or Disabled with Consumer Direction Waiver
(Originated 1982 {one of the first in the nation} added CD in 2005)
- Technology Assisted Waiver *(1988)*
- HIV/AIDS Waiver *(1991)*
- Intellectual Disability (Mental Retardation) Waiver *(1991)*
- Individual and Family Developmental Disabilities Support Waiver (DD Waiver) *(2000)*
- Day Support Waiver *(2005)*
- Alzheimer's Waiver *(2006)*

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What makes one Medicaid Waiver Eligible?

■ Categorical Eligibility

- Must be in a Covered Group
 - Aged, blind and disabled (*Most Common*)

■ Financial Eligibility

- Must meet established Income limits
- Income limits vary by group and are related to
 - current SSI limits
 - some percentage of the federal poverty level (FPL)

■ Waiver Eligibility

- Meet age criteria
- Meet diagnosis/functional criteria
- Meet alternate institution criteria

Eligibility and Enrollment by Waiver

Waiver	Alternate Institutional Placement	Functional Eligibility Criteria	Eligibility Determination
AIDS/HIV	Nursing Facility/ Hospital	No age limit Diagnosis of HIV	DSS/VDH/Hosp (UAI)
EDCD	Nursing Facility	No age limit, meet NF criteria	DSS/VDH/Hosp (UAI)
Alzheimer's	Nursing Facility	55 and older, Diagnosis of Alzheimer's or related dementia (NO MR/ID)	DSS/VDH/Hosp (UAI)
Tech	< age 21 Hospital	21 and under - meet criteria based on various methods of respiratory or nutritional support. (tracheotomy, oxygen, tube feeding)	DSS/VDH/Hosp (UAI)
	> age 21 Specialized Care Nursing Facility	21 and older - dependent at least part of each day on a mechanical ventilator to meet complex tracheotomy criteria.	
Developmentally Disabled	Intermediate Care Facility for the Mentally Retarded (ICF/MR)	Age 6 and above diagnosis of Dev. Disability (NO MR/ID)	VHD Child Development Clinic (LOF)

MR/ Intellectual Disability	Intermediate Care Facility for the Mentally Retarded (ICF/MR)	Under Age 6 at developmental risk or Above age 6 diagnosis of MR/ID	CSB (LOF)
Day Support	Intermediate Care Facility for the Mentally Retarded (ICF/MR)	Diagnosis of MR/ID & on MR/ID waiver wait list	CSB (LOF) 12

Service Plan Development and Authorization by Waiver

Waiver	Develops Service Plan (Initial and Annual Updates)	Service Authorization	Quality Management Review
AIDS/HIV	Provider of Services Individual/ Family (Case management optional)	KePRO	DMAS
EDCD	Provider of Services Individual/ Family (No case management)	KePRO	DMAS
Alzheimer's	Assisted Living Facility Individual/ Family	KePRO	DMAS
Tech	DMAS Case Manager Provider of Services Individual/ Family	KePRO	DMAS
Developmentally Disabled	Private Case Manager Individual/Family	KePRO	DMAS
MR/ Intellectual Disability	CSB Case Manager Individual/Family	DBHDS	DMAS
Day Support	CSB Case Manager Individual/Family	DBHDS	DMAS

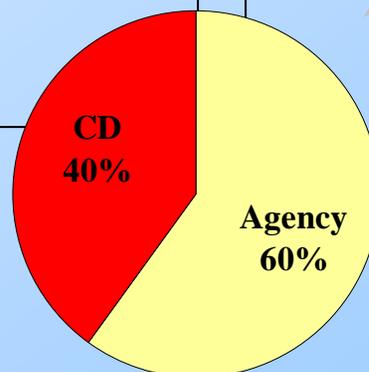
Two Delivery Models for Waiver Services

Consumer Directed

- Staff
 - Participant employed, trained & supervised
- Participation level
 - 9,500
- FY 2010 Expenditures
 - \$166 million

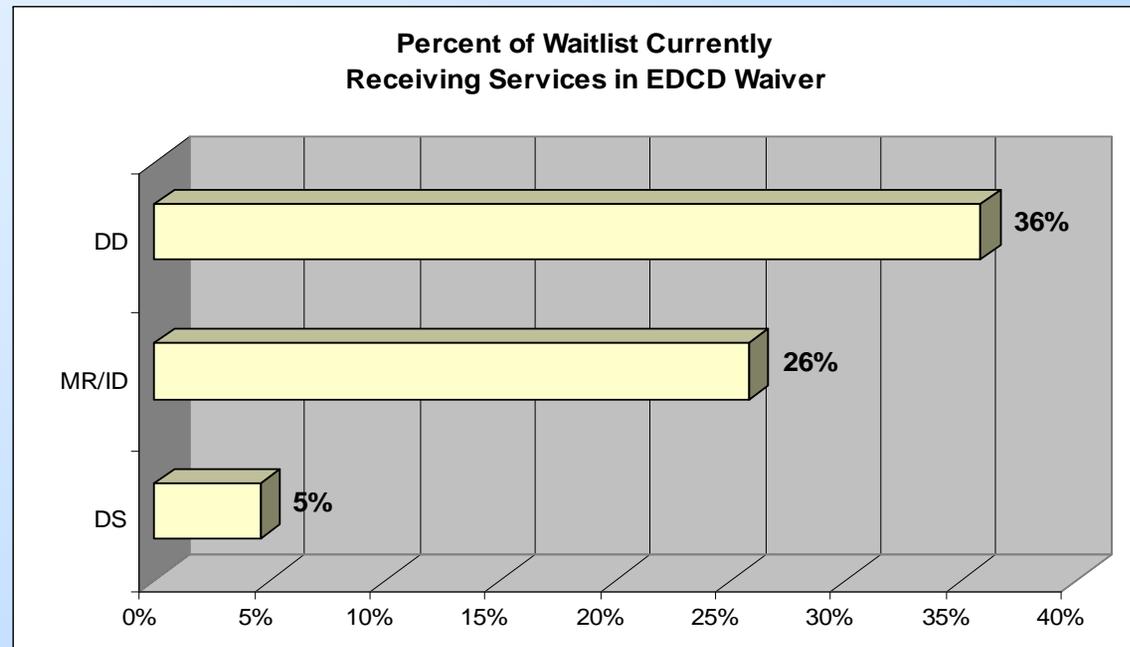
Agency Directed

- Staff
 - Agency employed, trained & supervised
- Participation level
 - 23,600
- FY 2010 Expenditures
 - \$251 million



EDCD waiver's unique role

EDCD waiver can provide services while an individual is on another waiver wait list if the individual meets the criteria for both waivers



- 26% of MR/ID waitlist is actively receiving services
- 36% of DD waitlist is actively receiving services

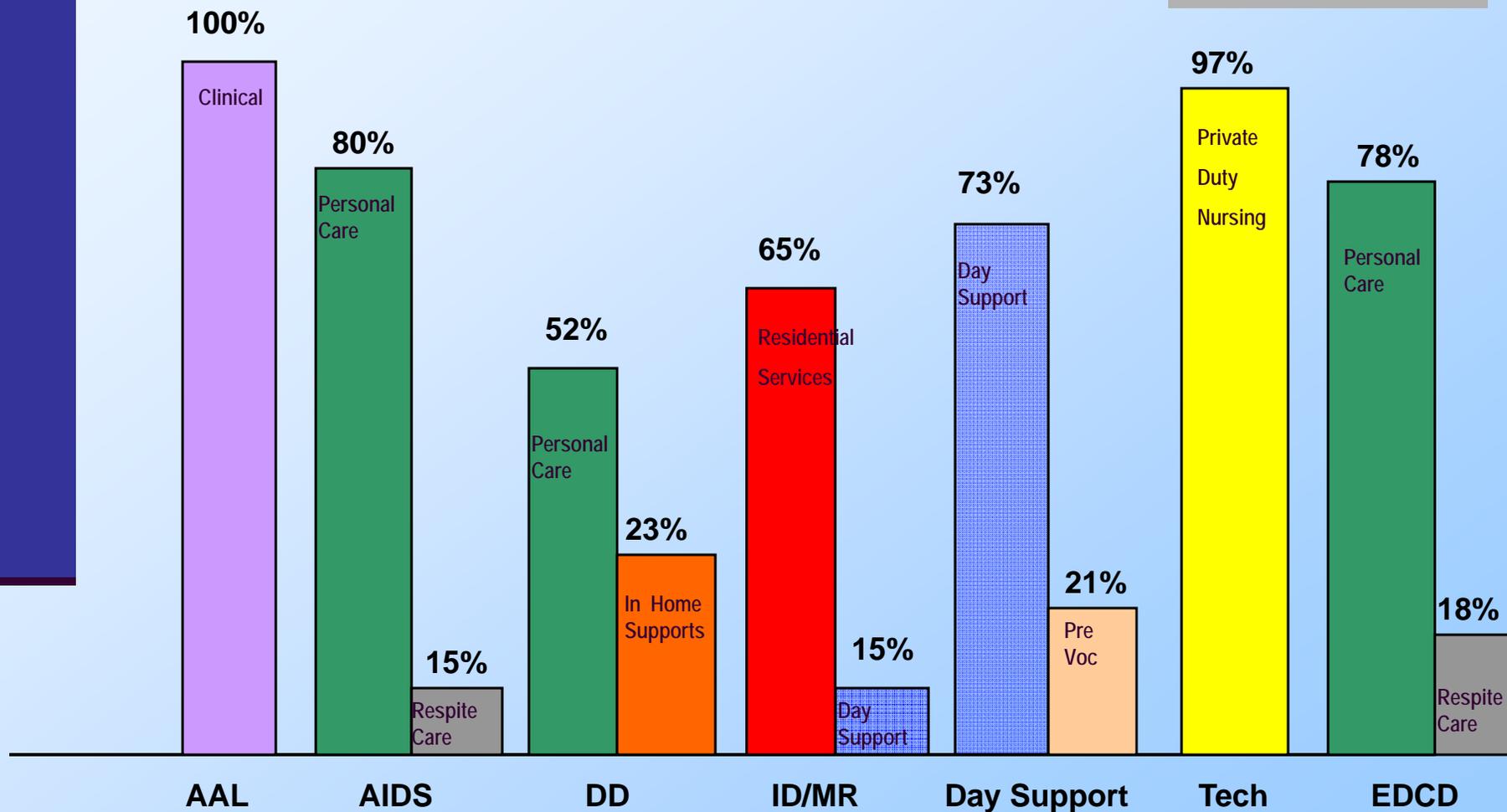
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Enrollment and Expenditures by Waiver

Waiver	Enrollment (Dec10)	FY 10 Waiver Expenditures	FY 10 Acute Expenditures*	FY 10 Total Cost of Waiver
AIDS/HIV	38	\$847,876	\$1,248,408	\$2,096,284
Alzheimer's	50	\$755,565	\$47,429	\$802,994
Tech	364	\$32,216,898	\$20,103,143	\$52,320,041
Developmentally Disabled	555	\$17,457,451	\$6,414,948	\$23,872,400
EDCD	19,902	\$369,820,850	\$122,837,387	\$492,658,237
Day Support	272	\$3,512,660	\$3,020,091	\$6,532,751
MR/ Intellectual Disability	8,175	\$518,836,076	\$97,095,271	\$615,931,347

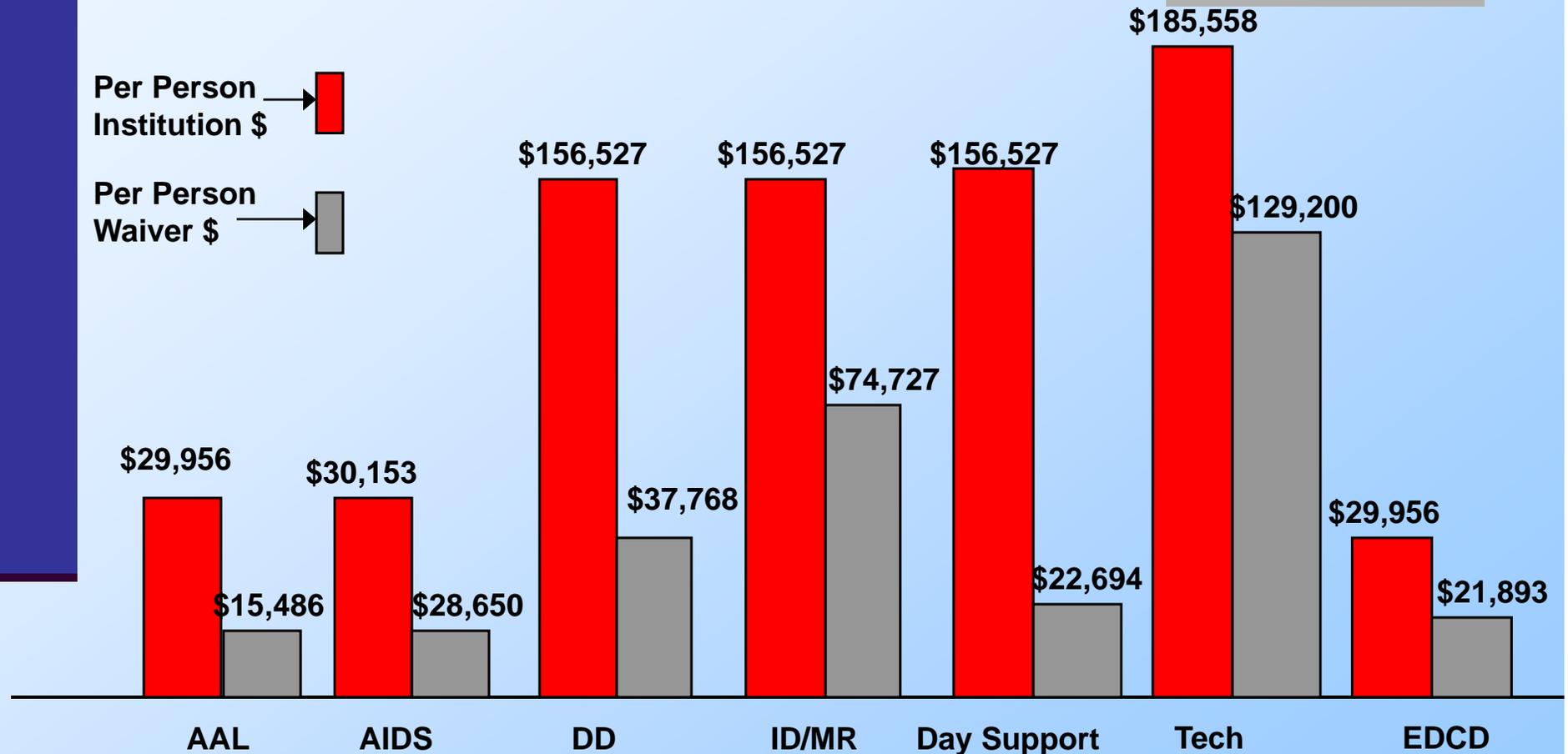
Leading Service Cost % by Waiver



Waiver Are Less Costly Than Institutional Care

Per Person Institution \$

Per Person Waiver \$



Difference \$14,471 \$1,502 \$118,759 \$81,800 \$133,833 \$56,358 \$8,062

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How do you Change Waivers?

Key area's

General Assembly

Request Budget amendments as needed to fund changes

CMS

Submit amendment specifically describe details of the change

Ensure all changes meet with CMS and Omstead requirements

Assure MOE met

Typical processing time for amendments is 90 days approval

Infrastructure

Draft & process regulatory changes

Update current waiver manuals

Automated Systems Changes

Rate Changes

Educate Stakeholders

Inform Medicaid members

Any
questions?

