

Redesign

There are many moving parts!

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Let's begin with a brief history. . .

- Three Waivers –
 - MR → ID [1990]
 - DD [2001]
 - Day Support [2006]
- Each with different
 - service packages
 - waiting lists
 - populations served, etc



We have been actively working on Waiver Redesign since 2009!

We need to address:

- “DD” Issues
- Cost Issues
- DOJ Requirements, and
- 2014 CMS HCBS Rule

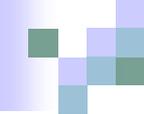


Addressing the DD Issue

- Remove the diagnostic divisions and integrate the ID & DD populations

If that is done then - - -

- Create a “comprehensive” (includes residential) and a “supports” waiver



Issues to Decide

- Managing the Waiting lists – Needs Based [ID] vs Chronological [DD]
- Minimizing impact on those at the “top” of the DD list
- Deciding the Role of the CSBs as Single Point of Entry and Provider of Case Management?
- Minimizing Individual Appeal Rights



Addressing the Cost Issue

- Using the Supports Intensity Scale (SIS) to determine level of support needed
 - Building Individual Supports Budgets, or
 - Utilizing the Fee for Service structure in place and basing the rate on the “level” of need
- The Burns & Associates rates model is based upon the latter.



Issues

- Containing cost while adequately funding services
- Overcoming perception that individuals were receiving “unnecessary” services
- Continuing the balancing act between the need for slots and the need for increased rates – added cost!



You Requested a Study in 2011!

*BBBBB. The Department of Medical Assistance Services and the Department of Behavioral Health and Developmental Services, in consultation with appropriate stakeholders and national experts, shall research and work to improve and/or develop Medicaid waivers for individuals with intellectual disabilities and developmental disabilities that **will increase efficiency and cost effectiveness, enable more individuals to be served, strengthen the delivery of person-centered supports, enable individuals with high medical needs and/or high behavioral support needs to remain in the community setting of their choice, and provide viable community alternatives to institutional placement.***

The Department of Behavioral Health and Developmental Services and the Department of Medical Assistance Services shall report on the proposed waiver changes and associated costs to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees by October 1, 2011.



Then DOJ came along in January 2012, and . . .

- Focus changed
- Energy was directed at TC discharges
- Services were measured in different terms
- Layers of oversight/monitoring/data collection were added



Waiver Redesign is the “Answer”

- We need(ed) to build qualified capacity and the issues were more than combining populations and making services more flexible!
- HSRI was engaged to help study the various factors and propose solutions
- DBHDS proposed an “exceptional rate” to solve discharge issues; CMS initially refused to approve the 25% rate bump because there was no logic in our rate structure
- HSRI → Burns & Associates was engaged to complete a study of the rates paid



Issues

- Meeting Expectations We Set to Comply with the DOJ Settlement Agreement
- Building Capacity to Meet Needs
- Developing a Service Array to Meet Demands
- Minimizing Individual Appeal Rights
- Overcoming perception that individuals were receiving “unnecessary” services

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- Integrating & Managing Waiting Lists
 - Minimizing impact on those at the “top” of the DD list
 - Defining the Role of the CSBs (CFCM)
 - Implementing a New Rates Scheme using SISs to Assign “Levels”

AND



■ Transitioning to the CMS “Final Rule”

- Effective in March 2014 with a five year transition phase
- Requires all HCBS Services to be person centered and fully integrated into the community
- Emphasizes the “setting” in which services can or cannot occur
- Emphasizes supported employment, community integration, privacy in all settings, personal control of space and funds, and choice
- Does not impact ICF/IID programs either state run or in the community; nor does it have specific requirements for number of beds.
- Virginia submitted it’s Statewide Transition Plan on March 17, 2015 and received a request for more information in August



2015 Session

- Approved:

- Small rate increase ← Burns Rate Study
- Acknowledged redesign in several ways
- Did not try to influence design or timeframe

- Not approved:

- 200 slots & rental subsidies for Independent Living



■ Required:

- This amendment provides funding to increase rates for in-home residential services, day services, therapeutic consultation services, congregate residential services, and skilled nursing services effective July 1, 2015. These increases are based on the analysis from the recent rate study of Medicaid waiver rates, which indicates that the rates are inadequate to build the appropriate community capacity to move individuals out of state training centers. The Intellectual Disability, Developmental Disability and Day Support waivers are currently being redesigned and will likely change in fiscal year 2017. **The funding in this amendment provides an investment in the new rates to move the Commonwealth forward to a community-based system for individuals with intellectual or developmental disabilities**
- Language is also added to require the Department of Medical Assistance Services and the Department of Behavioral Health and Developmental Services to report on plans to redesign the Medicaid comprehensive Intellectual and Developmental Disability waivers prior to a submission of a request to the Centers for Medicare and Medicaid Services to amend the waivers. The report is required to be submitted by November 1, 2015

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- The Department of Behavioral Health and Developmental Services in collaboration with the Department of Medical Assistance Services shall provide a detailed report for each fiscal year on the budget, expenditures, and number of recipients for each specific intellectual disability (ID) and developmental disability (DD) service provided through the Medicaid program or other programs in the Department of Behavioral Health and Developmental Services. This report shall also include the overall budget and expenditures for the ID, DD and Day Support waivers separately.



What Is Next?

- Three Waivers with integrated ID/DD populations – the significant differences in service options and, therefore, budgeted cost will be which residential options are available.
- Each Waiver should include the services from the “parent” waiver with possibly some new alternatives, some changes of “units of service” and descriptions/limitations of current services
- Still needed are details and final decisions on
 - management of the single waiting list(s),
 - lists of services to be available in each waiver and descriptions of new services,
 - the use of the SIS to assign individuals to specific “packages” of services



Service “Packages”

Burns “Rates” Proposal

- Based on a “cost” study, which was heavily dependent on wages paid
- Comparisons to other wage groups for like or similar services supported the findings
- In the end, while there are still some areas of disagreement, the conclusions seemed quite valid and supportable – and in fact, led by this Sub-Committee you made an investment in the Rates Plan last year!



Service “Packages,” con’t

Significant factors in the Rates Plan:

- A tiered system, based on Level of Need as determined by the SIS, and
- Rates reflective of the higher costs of truly integrated supports
- If you build a service package to manage the amount and type of service, you inevitably intend to drift toward less service or less expensive services or both.



Conclusion

Every system “driver,” including the new CMS Regulation, DOJ, and best practice is pushing us toward smaller and more integrated supports for everyone based on their preferences and choices.

The concept of “service packages” based on a score from an assessment tool seems to be driving us backward.