



The Redesigned Waivers for Persons with Developmental Disabilities

Senate Finance HHR Subcommittee

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My Life, My Community System Redesign



People with developmental disabilities living, working, and playing in their own communities is becoming the norm,
not the exception

Settlement Agreement and Waiver Redesign

S.A Section	Waiver Meets Requirement:
III.C.1.b.i-iii	Increases number of individuals served by waivers.
III.C.6.	Embeds crisis services into the waivers.
III.C.7.a-b	Includes an array of employment and integrated community engagement services.
III.C.8	Enhances service access and availability, individual/care-giver training, service facilitation.
IV.A-D	Inclusion of transition and other services to support people with intense behavioral and medical needs and facilitate movement from institutional settings.

Meeting the Intent of the Settlement Agreement

The amended waivers for persons with intellectual & developmental disabilities (I/DD) meet the goals and expectations of the DOJ Settlement Agreement:

- HCBS waiver services were rewritten to provide integrated community services that support the needs of the target population.
- Service rates were restructured to support the delivery of community integrated services included in the waivers.

Waiver Amendments Approved by CMS in August 2016

Day
Support
Waiver

DD
Waiver

ID
Waiver

Building Independence Waiver

For adults (18+) able to
live independently in
the community

Family & Individual Supports Waiver

For individuals living
with their families,
friends, or in their own
homes

Community Living Waiver

24/7 services and
supports for individuals
with complex medical
and/or behavioral
support needs through
licensed services

Changes Effective September 1, 2016

- Amended waivers with new services
- New supports levels and reimbursement tiers
- New Waiver Management System (WaMS)
- New eligibility process and revised tool (*Virginia Individual Developmental Disability Eligibility Survey - "VIDES"*)
- Single, statewide, priority-based waitlist

Merged Waiting Lists

Merging the Waiting Lists

ID & DS Waivers

Waiting List Based
on **Urgency of
Need**

Determine
Level of
Priority

DD Waiver

Waiting List Based
on **Chronology**

Determine
Level of
Priority

Waiting List for
Individuals with ID
& DD:
Priorities 1-3

- Prioritization of all individuals on the ID and DD waiver waiting lists
- Completion of the VIDES for all “Priority 1” individuals
- Development of the Waiver Slot Assignment Committees

Waiver Slot Assignment Committees (WSAC)

- Previously, all 40 CSBs maintained separate committees.
- During the redesign, stakeholders raised concern of inconsistencies across committees. CSBs requested to consolidate (now down to 27 committees).
- Nominations come to DBHDS, are vetted, and members appointed. In addition, every committee has a volunteer facilitator who sits on more than one committee.
- Comprised of community members who are not affiliated with an associated CSB, private provider, or an individual seeking waiver services, but who have experience with persons with DD or the service system.
- Impartial body of trained volunteers for each locality/region who are responsible for assigning waiver slots according to urgency of need.
- WSACs will receive training to determine persons with the highest level of need.
- Meetings are held according to protocols to select individuals for a waiver slot when one becomes vacant; when new slots awarded; or when a person presents in an emergency. DBHDS has a regional staff member in each of the five regions to support and coordinate meetings.
- The WSAC is given no information to be able to identify a specific individual when determining slot assignments.

Current Accomplishments

CSBs have become the single point of entry for all individuals with developmental disabilities.

CSBs establishing contracts with private “DD case management” providers.

General Assembly approved rate increases for existing services have been implemented.

Completion of the Supports Intensity Scale® for over 9,000 individuals on the three waivers.

Waiver regulations completed and policy manual in process.

The new Waiver Management System (WaMS) for service authorization, waiting list management and enrollment was operational on 9/1. Staff are working through glitches (as expected) in data transfer.

DBHDS is wrapping up all of the service authorizations from the “old systems” (IDOLS and the DD waiver system).

Current Accomplishments

DBHDS is working with the few remaining Prevocational providers to ensure they are soon licensed as day support providers.

Technical assistance to prevocational services providers.

Extensive training and outreach to providers and family members.

The FY 2017 Community Living waiver slots are expected to be allocated to the CSBs by the end of the month. There are less than 200 individuals on the statewide waiting list who have not yet received a priority level. We must know the number of Priority 1 individuals from each CSB to implement the slot allocation formula.

DBHDS staff have already begun to review individuals' situations related to the need for "reserve" slots to move between waivers and "emergency slots."

The new Waiver Slot Assignment Committee members have received training in the slot assignment process as well as HIPAA expectations.

Training and Communication

- 3,450 stakeholders have received training on the amended waivers.
- Held 18 weekly open conference calls for providers and families with an average of 158 callers per call.
- Toll free number went live May 1 and new interactive webpage went live July 1.
- DBHDS and DMAS issued and posted memos, FAQs, training materials and other email updates on the changes.
- Discussion meetings such as ongoing provider roundtables and statewide stakeholder forums.
- Presentations given at advocacy organizations' conferences.

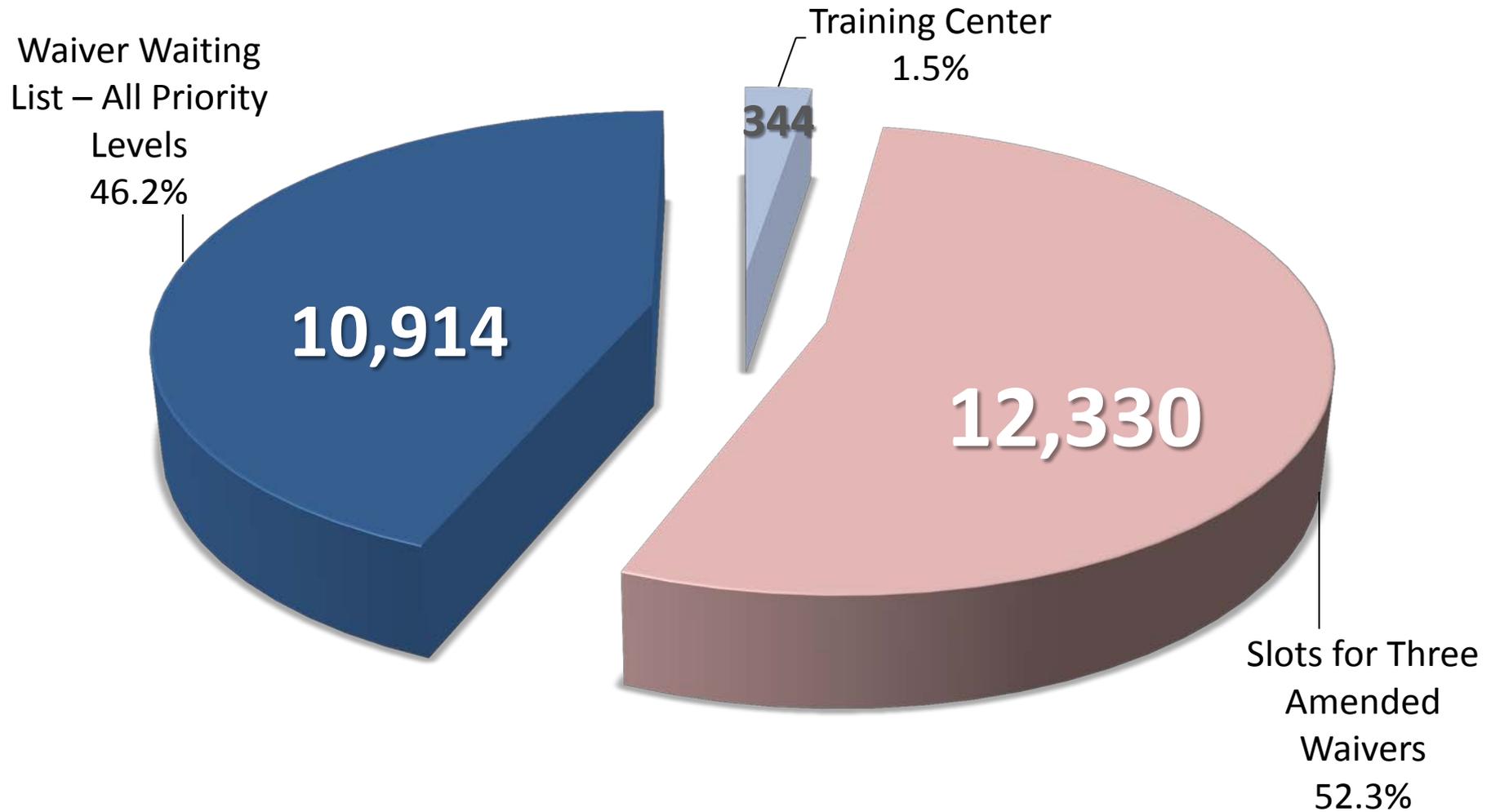
Waiver Redesign Elements In Progress

- Increasing provider capacity
- Implementation of the waiver changes
- Implementing new services
- Completing the enrollment of the DD slots
- Implementation of the new tiered rates – DBHDS staff are working to enter all of the tiers in WaMS/VAMMIS systems by the week of September 19
- Submitting technical amendments to CMS

Waiver Implementation Project Management (9.13.16)

Project Name	STATUS	Estimated Finish
Calendar Development	Launch delayed, in progress 9/1/16. Original Date: 6/20/16	9/20/2016
Waiver Management System (WaMS)	Phase 2 is In Progress	12/31/2016
Waiver Management System (WaMS) Training	TB Scheduled	10/31/2016
Provider Development		12/31/2016
Supports Intensity Scale© SIS	Will complete the entire cohort by June 30, 2017	7/30/2017
Waiver Regulations		6/20/2017
DD Waivers' Slots	In Progress	10/30/2016
Prevocational	Launch delayed, in progress 9/1/16. Original Date: 7/1/16	9/25/16
Waiver Slot Assignment Committees		10/31/2016
Combined DD Waivers Wait List	In progress	9/30/2016
Customized Rates - Process (Post WaMS)		12/30/2016
Waiver Manual		1/1/2017
Generate the Need Levels and Medicaid Tiers		9/25/2016

Statewide Training Center Census and Waiver Information



Individuals Currently Served in Each Waiver

<p>Building Independence Waiver (Former Day Support Waiver) For adults (18+) able to live independently in the community</p>	<p>Family & Individual Supports Waiver (Former DD Waiver) For individuals living with their families, friends, or in their own homes</p>	<p>Community Living Waiver (Former ID Waiver) 24/7 services and supports for individuals with complex medical and/or behavioral support needs through licensed services</p>
<p>273 Individuals</p>	<p>1,162 Individuals</p>	<p>10,582 Individuals</p>

Waiting List (as of 8/30/16)

The following information reflects the previous system of waivers and waiting list. All priority information for the waiting list is anticipated by September 16, 2016 from the CSBs .

Previous Waiver	Waiting List
ID Waiver Urgent	5,100
ID Waiver Non-Urgent	3,358
DD Waiver	2,456
TOTAL	10,914

Three Eligibility Priorities for the Merged Waiting List

Priority	Timeframe
Priority ONE Status	All individuals determined to meet one of the following criteria and require a waiver service within the next year
Priority TWO Status	Individual meets one of the following criteria and a service is needed in one to five years, starting a year from current date
Priority THREE Status	“Active Planning” <ul style="list-style-type: none">• A service is being currently sought• The system has determined that the individual may not need to access a waiver slot for more than five years, unless conditions or supports change in the meantime• The system should plan for future needs, as this person may present at any time

Waiting List Priority Projections

- DBHDS must know the number of Priority 1 individuals from each CSB to implement the slot allocation formula.
- We expect all information will be known by the end of the month.

Current Projected Priorities			
Priority 1	Priority 2	Priority 3	Currently Unknown
21%	25%	27%	27%

Estimated Priorities With “Currently Unknown” Above		
Priority 1	Priority 2	Priority 3
29%	35%	37%

January 2016 Projections		
Priority 1	Priority 2	Priority 3
36%	24%	40%

Waiting List Age Cohorts

Age Cohorts of Individuals on the Waiver Waiting Lists (September 2016)		
< Age 6	683	52% or 5,643
Age 6 to <14	3,349	
Age 14 to <18	1,611	
Age 18 to <22	1,550	14%
Age 22 to <28	1,573	33% or 3,618
Age 28 to <65	1,941	
Age >=65	104	

Slot Allocation Formula

- More equitable and consistent:
 - Population of the CSB
 - Number of Medicaid Covered Lives
 - Priority 1 Wait List Numbers of the CSB, with standard adjustments possible
- Anticipate allocating community living slots to the CSBs by the end of the month, and committees will assign slots to individuals found in greatest need
- Enrolled 200 individuals on the DD chronological waiting list. For 200 slots and open slots, reached the 254th person on the list

Case Management for Former DD Waiver Recipients

- Under the former DD waiver, recipients had private case management services.
- Under the amended Family & Individual Supports waiver, individuals will have a choice between private case management and CSB case management.
- Private DD case management providers have until the end of September to contract with a CSB. All CSBs will contract with at least one private case management provider.
- Individuals can choose the private case manager they had under the DD waiver if the case manager has a contract with the individual's CSB.

HCBS Settings Requirements

Is integrated in and supports access to the greater community

Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources

Ensures the individual receives services in the community to the same degree of access as individuals not receiving Medicaid HCBS

Is selected by the individual from among setting options including non-disability specific settings

Optimizes individual initiative, autonomy, and independence in making life choices

Ensures an individual's rights of privacy, respect, and freedom from coercion and restraint

Facilitates individual choice regarding services and supports and who provides them

****Additional Requirements for Provider-Controlled or Controlled Residential Settings****

Distinguishing Between Settings Under the HCBS Rule

Settings that are not HCB

- Nursing Facilities
- Institution for Mental Diseases (IMD)
- Intermediate care facility for individuals with I/DD (ICF/IID)
- Hospitals

Settings presumed not to be HCB

- Settings in a publicly or privately-owned facility providing inpatient treatment
- Settings on grounds of, or adjacent to, a public institution
- Settings with the effect of isolating individuals receiving Medicaid HCBS

Settings that could meet the HCB rule with modifications

- Settings that require modifications at an organizational level and/or modifications to the PCP of specific individuals receiving services within the setting
- Settings that engage in remediation plans with the state, and complete all necessary actions no later than March 2019

Settings presumed to be HCB and meet the rule without any changes required

- Individually-owned homes
- Individualized supported employment
- Individualized community day activities

Heightened Scrutiny

Settings presumed not to be HCB may not be funded through a state's waivers unless:

- The state submits evidence (including public input) demonstrating that the setting has the qualities of a HCBS setting and NOT that of an institution; **and**
- The U.S. Secretary of HHS finds, based on a heightened review of the evidence, that the setting meets the requirements of a home and community based setting.

CVTC Skilled Nursing Facility Background

- There are currently 182 individuals residing at CVTC, a reduction of 73 percent since the year 2000.
- The nursing facility at CVTC (located in Building 31) is experiencing similar decline in census. Between individuals being discharged to community settings, natural deaths, and transfers to ICF beds the census has declined from 95 several years ago to 35 today.
- However, CVTC is struggling to maintain its staffing levels in the nursing facility, which historically has *exceeded* federal staffing requirements. CVTC is very close to being unable to provide the level of care required for a small number of individuals needing high levels of care. The problem is:
 - There is a state and national shortage of registered nurses (RNs) and certified nursing assistants are also in demand
 - The facility is closing
 - It is atypical work for an RN
 - CVTC has been unable to hire contract nurses in this context

Decertification and Next Steps

- DBHDS plans to **decertify the skilled nursing beds in Building 31 by December 30, 2016 and to reclassify the beds by converting them to intermediate care facility (ICF) beds**, the same level as the rest of the training center.
- DBHDS is not closing beds at this time, but reclassifying beds to ensure the most practical and safest staffing patterns to maximize individuals' safety as CVTC's census declines.
- Building 31 will close by 12/31/17 as CVTC consolidates to the lower campus.
- There are 35 individuals at the nursing facility now and most will experience very little if any difference in care as a result of this change.
- All but six can be served in ICF beds. DBHDS is working with those six families to identify appropriate, high quality locations, and to ensure any services, medical equipment or room modifications are available to meet specialized needs.
- Staff positions will continue working in Building 31 when the beds are recertified as ICF until the building's closure, or they will transition to other units at CVTC.
- DBHDS does not anticipate requiring any additional GF support for CVTC in this option.

My Life, My Community

Updates at
My Life, My Community
at DBHDS.virginia.gov

The following resources are available
to address questions:

- 844-603-9248 (844-603-WAIV)
- Interactive webpage:

www.mylifemycommunityvirginia.org