

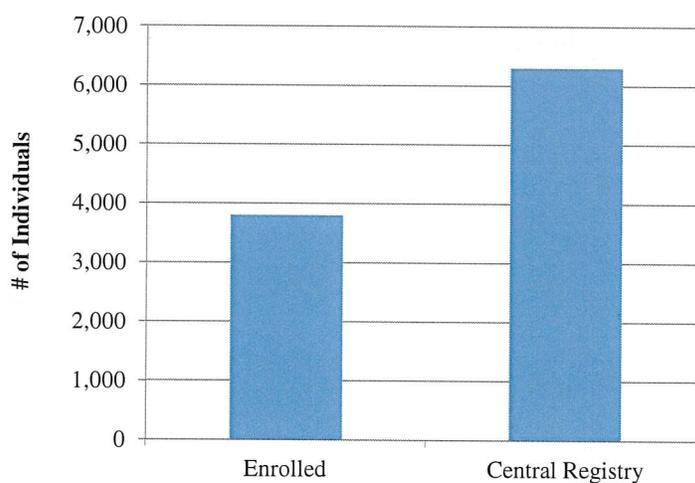
New Mexico Department of Health Developmental Disabilities Waiver Program Update

Presentation to LHHS Interim Committee
Disability Concerns Subcommittee
September 6, 2013

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The Status of the DDW – August 31, 2013

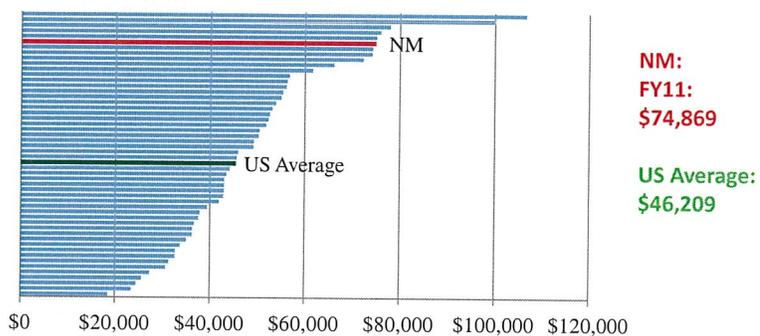


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Average Cost Per Person Through 2011

For those enrolled on HCBS waivers, New Mexico had the sixth highest per-person cost in the nation¹



¹Larson, et al., *Residential Services for Persons with Developmental Disabilities: Status and Trends Through 2011*, Current NM cost is \$73,000.
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Waiver Redesign Highlights

Date	Stakeholder Involvement in DDW Redesign
August – December, 2009	Shared basic information on need to restructure and collected feedback; numerous public meetings held throughout the state; over 450 participants
April, 2010 – December, 2010	<ul style="list-style-type: none"> • DOH Advisory Council on Quality recommends change and endorses Supports Intensity Scale. • DDW Renewal Stakeholder Task Force - <ul style="list-style-type: none"> • 8 meetings • Final Recommendations on 9/10/10
October – November, 2010	<ul style="list-style-type: none"> • Public Meetings on proposed changes – 10 regional meetings • Letter to Legislators on redesign (10/14/10) • Notice letter to Tribes
February, 2011	State/Tribal Workgroup and formal Consultation
Application Submitted to Centers for Medicare and Medicaid (CMS) and Approved - Effective July 1, 2011	

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Date	First Steps in DDW Implementation
April -July 2011 Sept. - Nov. 2011 Dec. 2011	<ul style="list-style-type: none"> ➤ Supports Intensity Scale (SIS) Pilot (500 assessments) ➤ Phase One SIS assessments (400 assessments) ➤ Clinical validation of NMSIS completed
June - Sept. 2011	➤ DDW Rate Study Provider Subcommittee helps design Rate Study, including provider cost survey
January 2012	➤ Rate study completed
February 2012	➤ DDW Rate Study Provider Committee reviews proposed rates; DOH posts rates for comment 2/22/12 – 4/15/12
March – July, 2012	➤ Community meetings on waiver changes (9) and many meetings with individual constituents, providers and organizations (ADDCCP, SHFPA, PFA...)
July 2012	➤ HSD posts rates for 30 day final comment period and HSD posts DDW Regulations
August 6 - 2012	➤ Formal hearing on regulations

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Date	Final Steps in DDW Implementation
Aug.– Oct. 2012	<ul style="list-style-type: none"> ➤ Finalize Regulations and related Policy/Procedures ➤ Create service codes, rates and edits in Omnicaid
Sept. 2012	<ul style="list-style-type: none"> ➤ AAIDD to conduct SIS for new DDW participants ➤ Finalize HSD contract with AAIDD and schedule next round of SIS assessments
Sept. 2012- March 2013	<ul style="list-style-type: none"> ➤ Finalize DDW Amendment with CMS
Sept. 2012 – April 2013	<ul style="list-style-type: none"> ➤ Amend HSD contract with Molina to cover DDW Prior Authorization and train Molina staff on new DDW
July – Dec. 2012	<ul style="list-style-type: none"> ➤ Train providers on DDW Service Standards – 20 regional training held so far. ➤ Continue outreach to individuals/guardians, families, advocates
<p>Full Implementation began in January 2013 Individuals will transition by ISP date beginning in May 2013 Everyone will be in new system by April 30, 2014</p>	
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Date	DDW Implementation Update
January- May 2013	<ul style="list-style-type: none"> ➤ Teams with ISP expiration dates between 5/1 and 7/31 meet to plan ➤ ISPs sent to Molina for approval and data entry ➤ System monitored and adjustments made as needed
July 2013 – March 2014	<ul style="list-style-type: none"> ➤ AAIDD completed initial assessments of DDW participants ➤ DOH continues outreach to individuals/guardians, families, advocates ➤ Technical Assistance to providers is ongoing ➤ Technical Assistance to Molina is ongoing ➤ DOH continues work to build capacity to conduct SIS in state ➤ Transitions into new system completed ➤ System monitored and adjustments made as needed
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What does the DD Waiver Provide?

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THE DDW OFFERS A RICH ARRAY OF SERVICES

- Assistive Technology (new)
- Behavior Support Consultation
- Case Management
- Customized Community Support (replaces adult habilitation and community access)
- Customized Integrated Employment
- Customized In-Home Supports
- Crisis Support
- Environmental Modifications
- Independent Living Transition (new)
- Intense Medical Living
- Living Supports (Supported Living, Family Living)

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THE DDW OFFERS A RICH ARRAY OF SERVICES

- Therapies (OT, PT, and SLP)
- Non-Medical Transportation
- Nutritional Counseling
- Nursing (RN and LPN)
- Personal Support Technology (new)
- Respite
- Socialization and Sexuality Education (new)
- Screening and consultation to address inappropriate sexual behavior (new)
- Supplemental Dental Care

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SERVICES PACKAGES AND RESOURCE ALLOCATION

- Each DD Waiver Group (A-G) has an associated service package
- People select the services they need from the options in their package.
- Service packages were developed using data on:
 - Historical service use in the program.
 - Stakeholder recommendations for waiver design
 - DDW Regulations, Standards and Policies.

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NMSIS Group H

- Designed to address rare or exceptional situations
 - individuals in extenuating circumstances or extreme, unique or complex needs
 - require enhanced support
 - temporary or long term
 - for designated groups/individuals as determined by DOH (e.g. Court Ordered Placements)
- Case by case review.

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DDW Appeals Process Medicaid Fair Hearing Notice

Provided when:

- Individual receives an initial SIS Assessment or their routine reassessment and receives their report with their NMSIS Group Assignment;
- ISP is submitted to Molina and is either approved, partially approved or denied;
- Individual receives a second "initial" SIS Assessment and receives their report with their NMSIS Group Assignment;
- The ISP is modified and submitted to the TPA and is approved, partially approved or denied.

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DOH Quality Assurance and Informal Dispute Resolution

DOH will provide, at no cost to the individual:

- Help using SIS for person centered planning;
- Second initial SIS Assessment, if requested by individual or their guardian;
- Reassessment if the year three routine SIS Assessment not conducted according to DOH protocol;
- Reassessment for significant change of condition or circumstances before three years.

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DOH Informal Dispute Resolution and Medicaid Fair Hearings

- 90 days from the time of Notice to request a Medicaid Fair Hearing.
- DOH dispute resolution process does not limit access to Medicaid Fair Hearing.
- DOH offers an “agency conference”
- Agency conference will attempt to address and resolve issues.
- The agency conference will not reduce time to request or prepare for the Fair Hearing.

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The System is Responsive

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Examples of Policy changes in Response to Feedback on the Rates

- Increased productivity adjustments and administrative costs for Supported Living services.
- Increased allowable case load size hours in productivity adjustment for Family Living service coordinators.
- Removed monthly cap on billable units for Family Living.
- Increased billable hours for therapy and Behavior Support Consultation (BSC) assessments.
- Increased productivity adjustment for BSC.

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Examples of Changes Made Based on Public Comment and the Rate Study

- Family Living substitute care hours up from 500 to 750.
- Household members can provide substitute care.
- Kept Family Living stipend at \$2,051 per month.
- More hours to Service Packages for some DDW Groups.
- Added more Supported Employment hours for job maintenance.
- Job Development paid hourly not as milestone payments.
- Increased hours for Therapy services.
- Increased the number of counties covered by Therapy Incentive rates.

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Updated Impact Analysis

- Fewer than 200 individuals will move from Supported Living or Family Living into hourly in home support models. They have an extra year to plan for this change in service models.
- Individuals with **low need** who currently receive independent living services will see a reduction in their budgets. The shift to appropriate levels of service will happen using an extended transition process which steps down support over time.

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Updated Impact Analysis

- New rates are projected to **increase** funding in the system, by approximately \$800K in FY14.
- In the first year of SIS implementation 89% of the individuals served will receive a budget equal to or greater than the cost of their current utilization.
- Overtime through attrition and as more people enter the system - cost effectiveness will increase.

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Addressing the Waiting List

- April 2012 – DOH allocated 200 individuals with FY13 funding;
- August 2012 – DOH allocated an additional 125 individuals with funding due to program reform and attrition;
- In FY14 DOH will move at least 385 more people from the waiting list into services.
- Senate Memorial 20 Task Force Report on addressing the waiting list due- October 1st.

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