

Developmental Disabilities Waiver Program Update

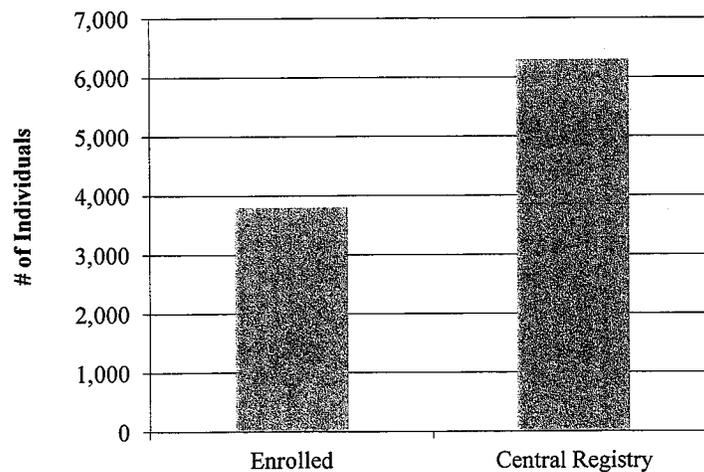
Presentation to LHHS Interim Committee
Disability Concerns Subcommittee
October 1, 2013

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The Status of the DDW – August 31, 2013



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How Does NM Compare To Other States Without Institutions

Average Cost per Person for HCBS waiver Services by State with No Public Institution (FY 2011)

State	Average Cost
Maine	\$78,836
Alaska	\$72,797
District of Columbia	\$149,079
Hawaii	\$39,582
New Hampshire	\$42,195
New Mexico	\$73,014
Oregon	\$43,301
Vermont	\$54,684
National Average (All States)	\$57,740

Source: Larson et al., 2013

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Waiver Redesign Highlights

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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 (ADDCP, 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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Benefits of the New DDW

- Creates a fairer system by aligning individual needs and services
- Improves alignment between individual needs and provider rates
- Replaces a system that resulted in more than half of individuals being assigned to the highest need
- Ensures individuals are placed in appropriate community settings instead of more restrictive residential settings
- Enhanced oversight of therapy and behavioral support consultation

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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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Examples of Annual Budgets

DDW Group B – Mild to moderate I/DD, fewer general support needs than 50% of I/DD population:

\$63,000 to cover Case Management, In Home Supports, Therapy, Behavior Support Consultation, Other Services such as: Personal Support Technology, Assistive Technology, Non medical transportation, Relationship Classes...

DDW Group E – Significant I/DD, often with physical and medical support needs. General support needs exceed 75% of IDD population:

\$103,256 - \$163,130 to cover Case Management, Family Living /Supported Living, Therapies, Behavior Support Consultation, Other Services such as: Personal Support Technology, Non Medical Transportation, Nutritional Counseling, Supplemental Dental...

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DDW Base Budgets

Include: Case Management, Cost for Choice of Living Arrangement, and Day Services including Employment and Customized Community Supports.

NM SIS Group	Customized In-Home Supports (Independent)	Customized In-Home Supports (Family/Friends)	Family Living	Supported Living	Intense Medical
NM DDW Group A	\$29,424	\$31,953	NA	NA	NA
NM DDW Group B	\$39,916	\$39,129	NA	NA	NA
NM DDW Group C	\$45,133	\$50,886	\$60,956	\$97,173	NA
NM DDW Group D	\$53,187	\$52,346	\$59,836	\$96,053	NA
NM DDW Group E	NA	\$64,821	\$64,956	\$127,867	NA
NM DDW Group F	NA	\$64,821	\$67,996	\$127,867	\$175,297
NM SIS Group G	NA	\$65,961	\$70,276	\$130,147	NA

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Professional Services Budget

Includes: Physical Therapy, Speech Therapy, Occupational Therapy, and Behavioral Support Consultant

(Requires Prior Authorization Approval)

NM DDW Group	Therapy Max Amount Possible with PA Per Year Standard Rate	Therapy Max Amount Possible with PA Per Year Incentive Rate	BSC Max Amount Possible with PA Per Year Standard Rate	BSC Max Amount Possible with PA Per Year Incentive Rate
NM DDW Group A	\$5,837	\$7,444	\$7,707	\$9,930
NM DDW Group B	\$5,837	\$7,444	\$7,707	\$9,930
NM DDW Group C	\$5,837	\$7,444	\$9,649	\$12,435
NM DDW Group D	\$11,674	\$14,888	\$7,707	\$9,930
NM DDW Group E	\$17,511	\$22,331	\$7,707	\$9,930
NM DDW Group F	\$17,511	\$22,331	\$7,707	\$9,930
NM DDW Group G	\$11,674	\$14,888	\$12,238	\$15,776

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“Other Service” Budget: Services are available to all DDW participants in all NM SIS Groups based on need and prior authorization.

<u>Service</u>	<u>Cap</u>
Environmental Modifications	\$5,000 Every 5 Years
Personal Support Technology	\$2,500
Assistive Technology	\$250
Independent Living Transition	\$1,500
Supplemental Dental Care	1 visit per ISP year (1 other covered by Medicaid card)
Non-Medical Transportation	\$760 mile and \$460 passes
Adult Nursing	
Nutritional Counseling	
Crisis Supports	
Preliminary Risk Screening & Consultation	
Socialization & Sexuality Education	6 Classes Per Lifetime
Therapy Initial Assessments	
BCS Initial Assessments	
Extra Supported Employment	

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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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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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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 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.
- Added 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

- 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.
- DOH is meeting with providers to address their ongoing concerns over administrative costs, staff recruitment/retention and their request for financial incentives to support innovation and quality in the system.

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Updated Impact Analysis

- Approximately 8% of the waiver participants (fewer than 200 individuals) will move out of 24 hour residential models into hourly in-home support models.
 - They have an extra year to plan for this change.
- Individuals with **low need** who currently receive independent living services may see a reduction in their hours of service.
 - This will happen using an extended transition process which steps down support over time.

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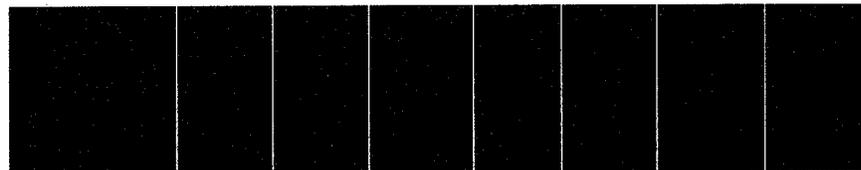
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DDW Rates

- Supported Living: Increase of almost 4%when including non-ambulatory stipend and about 1% without the non-ambulatory stipend
- Family Living: Projected reduction of <4% when bundling substitute care and unbundling nursing. No reduction to Family Stipend.
- Customized In-Home Support and Respite: Increased by 35%
- Customized Community Supports (Group): Decreased by < 8%
- Individual Supported Employment: An accurate projection, depends on the amount of services to each person under the grant methodology in the previous waiver – may be up to 27%
- Group Supported Employment: Decreased by 13%
- Behavioral Support Consultant: Decreased by 6%
- Therapies: Increased by 6%

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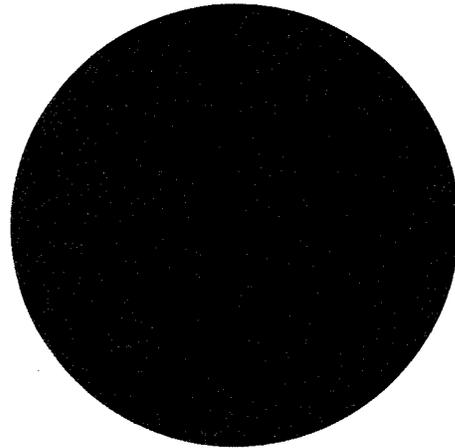


New Providers	5	1		1	2		9
Providers Expanding Services	11	4	5	10	5	1	36
Self Imposed Moratorium	15	3	4	5	2	0	29
Providers who have dropped a service	6		5	5	3		19
Providers who have withdrawn	6	1				1	8

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FY 13 SGF Waiver Funding



- FY13 Waiver Funding (\$92,921.5)
- FY13 Projected Reversion (\$2,800.00)

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FY 13 Reversion

- Contributing Factors:
 - ramp-up effect and underutilization:
 - On average newly allocated individuals use between 6 and 8 months of service instead of 12 months.
 - They also use fewer types of services in the first year.
 - The reversion from ramp up can't be prevented under the current funding methodology.
 - attrition
 - Higher than projected attrition (by approximately 15 people)
 - Fewer expedited (emergency) allocations needed than projected

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What will DOH do to serve as many people as possible in FY14?

- Allocate based on new lower per person cost
- Have already funded additional slots up front based on higher attrition in FY13 and underutilization
- Track impact of individuals transitioning to appropriate service levels and allocate additional slots if funding becomes available.
- Work with HSD and case managers to speed up entry into services

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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 from program reform and attrition;
- In FY14 DOH will move more at least 400 more people from the waiting list into services.
- Senate Memorial 20 Task Force Report on addressing the waiting list.

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