2013

Senate Memorial 20 Taskforce

Committee Report

Table of Contents

I. Executive Summary ____ 3

II. Introduction ____ 5

III. Recommendation 1 – Expansion of Developmental Disabilities Home and Community-Based Medicaid Waiver ____ 19

IV. Recommendation 2 – Increase attractiveness of Mi Via Home and Community-Based Medicaid Waiver ____ 23

V. Recommendation 3 – Improve intake, information and referral and community navigation ____ 26

VI. Recommendation 4 – Expand and redesign state general fund program into a flexible supports model ____ 30

VII. Conclusion, anticipated challenges and next steps ____ 34

VIII. Appendices ____ 38

A. Senate Memorial 20
B. List of Taskforce members
C. Services Comparison Chart – DDW/Mi Via/SGF
D. Other Taskforce Generated Recommendations
E. Definitions
F. Expedited Allocation Policy

Senate Memorial 20 Report
Executive Summary

Senate Memorial 20 (SM20), introduced by Senator William Soules (D-Dona Ana) during the 2013 legislative session, requests the Department of Health (DOH) to establish a subcommittee of the Advisory Council on Quality (ACQ) to identify strategies to:

1. Decrease the time between placement of the Central Registry and access to services offered by the DOH Developmental Disabilities Supports Division (DDSD) to not more than three years by state fiscal year (FY) 2018 (July 1, 2017).
2. Re-examine the statewide allocation formula to ensure regional allocations are made equitably and consistent with the ruling under *Lewis v. NM DOH (2001).*
3. Submit recommendations to the ACQ and DDSD to act upon within authority and funding appropriated by the Legislature for this purpose.
4. Submit a report to the Secretaries of the Departments of Health and Human Services (HSD), and to the interim Legislative Health and Human Services Committee (LHHS) and the Legislative Finance Committee by October 1, 2013. The report must address: a) what would be needed to accomplish the goal state in #1 above, including effective use of current programs and resources, b) critical components for success with detailed action steps, c) potential obstacles, and d) projection of additional resources needed.

Individuals and groups named in SM20 that participated in the Task Force included: individuals with developmental disabilities and their families and/or guardians; State agency representatives from DOH DDSD and the Division of Health Improvement; Developmental Disabilities Planning Council (DDPC), HSD Medical Assistance Division (MAD); and, subject matter experts from the University of New Mexico, Health Sciences Center, Center for Development and Disability. Service providers, case managers, and advocacy organizations were also represented. (Appendix B: complete list of participants)

SM20 was introduced by Senator Soules in response to the intense attention given to the length of time individuals were waiting for services. Senator Soules introduced this Memorial to try to develop a plan for better use of resources and to reduce the time people wait for services. The Task Force agreed on a set of Values to use as they considered the recommendations for the SM 20 report. These Values are:

Leadership
Communication
Teamwork
Respect
Health and Wellness
Choice/Self-determination
Increasing Independence
Inclusion
Sustainability

Department of Health staff applied the Results-Based Accountability (M. Friedman, *Trying Hard Is Not Good Enough*) framework, a Quality and Results Management model, to draft information for the Taskforce work and to guide the process of developing recommendations.

The DDSD Intake and Eligibility Bureau receives approximately 1,000 registrations for DD Waiver and other services each fiscal year. Of these applications, approximately 300 are confirmed to match the definition for developmental disabilities in the approved DD Waiver application. In every fiscal year in which fewer than 300 individuals are allocated into DD Waiver services, the size of the Central Registry grows larger and the lengths of time individuals wait increases.

In order to improve DD services wait time, the Taskforce made the following recommendations:

1. Expand the Developmental Disabilities Home and Community-Based Medicaid Waiver. This is essential to reducing the waiting time. The rate of attrition and a reduction of the budgets of individuals currently on the DD waiver cannot begin to meet the needs of people waiting; and, therefore, address the intent of this Memorial to reduce the time spent waiting for services.
2. Increase attractiveness of the Mi Via Home and Community-Based Medicaid Waiver.
3. Improve Intake, Information, Referral and Community Navigation; and,
4. Expand and Redesign the State General Fund Program into a Flexible Supports Model.

Significant challenges must be overcome for the Taskforce recommendations to be carried out. Probably the most challenging among them are: 1) additional appropriations, 2) provider and state infrastructure, and 3) workforce gaps.

Introduction

Senate Memorial 20 (SM20) was introduced by Senator William Soules (D – Dona Ana District 37) in response to the length of time individuals are waiting for Developmental Disabilities Waiver (DDW) Program services. Individuals and their families informed the Legislature that the time they wait for services after they apply is up to ten (10) years and some people believed that they had been waiting longer. Senator Soules introduced this Memorial with the goal of developing a plan for better use of resources and to reduce the length of time people wait for DDW services. It is not over-stating the case to say that providing needed services to individuals and their families is not only crisis prevention but family preservation. When services and supports are provided in a timely manner, individuals and their families stay healthier, live in their own homes longer and need less intensive support.

SM20 requests the New Mexico Department of Health (DOH) to establish a subcommittee of the Advisory Council on Quality (ACQ) to identify strategies in order to:

1. Decrease the time between placement on the Central Registry and access to services[1] offered by the DOH Developmental Disabilities Supports Division (DDSD) to not more than three years by fiscal year 2018 (which starts July 1, 2017);
2. Re-examine the statewide allocation formula to ensure that regional allocations are made equitably and consistently with the *Lewis v. NM DOH (2001)* ruling;
3. Submit recommendations to the ACQ and DDSD to act upon within authority and funding appropriated by the Legislature for this Purpose; and,
4. Submit a report to the Secretaries of the Department of Health and the Human Services Department (HSD), and to the interim Legislative Health and Human Services (LHHS) Committee and the Legislative Finance Committee (LFC) by October 1, 2013. The report must address: a) what would be needed to accomplish the goal stated in #1 above, including effective use of current programs and resources, b) critical components for success with detailed action steps, c) potential obstacles, and d) projection of additional resources needed.

Individuals and groups named in the SM20 participated in the Taskforce, including individuals with developmental disabilities, families and/or guardians; State agency representatives from DOH DDSD and Division of Health Improvement (DHI); the Developmental Disabilities Planning Council (DDPC); the HSD Medical Assistance Division (MAD); and, subject matter experts from the University of New Mexico, Health Sciences Center, Center for Development and Disabilities (CDD). Service providers, case managers and advocates from Disability Rights New Mexico (DRNM), The Arc of New Mexico and Parents Reaching Out were represented. Several of these individuals also serve on the ACQ, including Doris Husted, Director of Public Policy, Arc of New Mexico who served as co-chair with Jennifer Thorne-Lehman, Deputy Director, DDSD. The SM20 Taskforce met every other week between June 21 and September 12, 2013.

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[1] *It should be noted that "access to services offered by the DDSD" may include services and programs other than the Medicaid waivers.*

Current Central Registry Background and Data
Developmental Disability Waiver Costs and Capacity

It is vital that a collective effort is undertaken to reduce the waiting period for individuals who have applied for Developmental Disability Waiver (DDW) services in order to achieve more equitable distribution of resources in support of the DD population as a whole and to ensure service system sustainability.

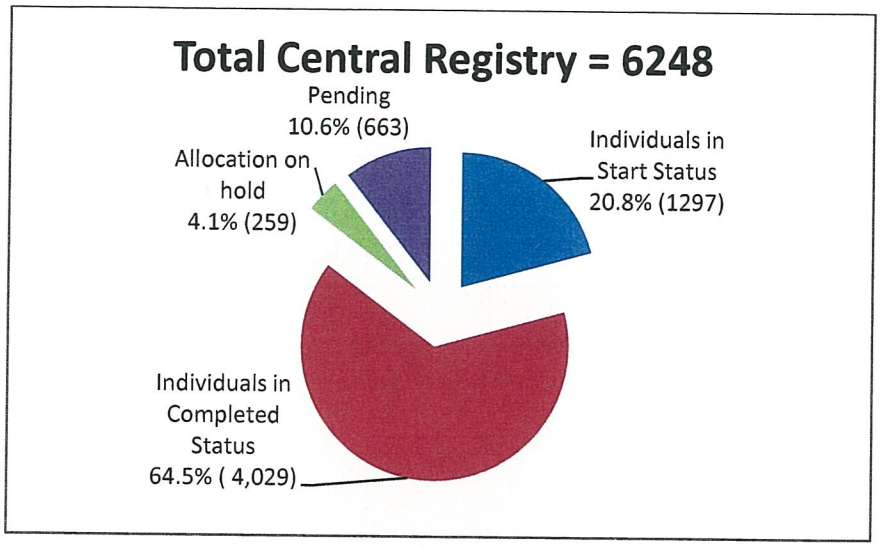
Central Registry Data:

The Developmental Disabilities Supports Division (DDSD) Central Registry includes individuals who have applied for DD Waiver services and are in various stages of the application process. Applicants are placed in categories, which are defined as follows:

- **Start Status:** The individual has submitted an application for DDW but verification of intellectual/development disability (I/DD) has not yet been completed.
- **Pending Status:** Includes children younger than age 8 who have a confirmed specific related condition but do not yet have documentation of substantial functional limitations in three or more areas of life activities. This category preserves the original application date until further documentation of functional limitations can be obtained and submitted at age 8.
- **Completed Status:** Applicants who have completed the application process, been determined to match the definition of intellectual/developmental disability and are waiting for allocation. In addition, those in this status are then eligible for state general fund services such as respite, behavioral support consultation, independent living, supported employment and/or day habilitation on a space available basis, while retaining their place in line for a DDW allocation.
- **Allocation on Hold:** People who have been offered DDW allocation and have chosen to not accept an allocation currently. People in this status keep their original registration date but are not identified for an allocation offer until they request status change from "Allocation on Hold" back to "Completed Status". Some of these individuals may already be receiving Medicaid personal care option, state general fund services, or services through one of the other Medicaid Waiver programs.

"In May of 2012, I lost my home of 20 yrs. If Kayla would have never been booted out of the system, our lives would be so different right now. If Kayla would have received her DD waiver when she was suppose to, I would have been able to get her the services she needed and not worry about having to pay someone for her care, which would have allowed me to find a minimum wage job to at least stay afloat. Also, maybe not be in the position we found ourselves in."

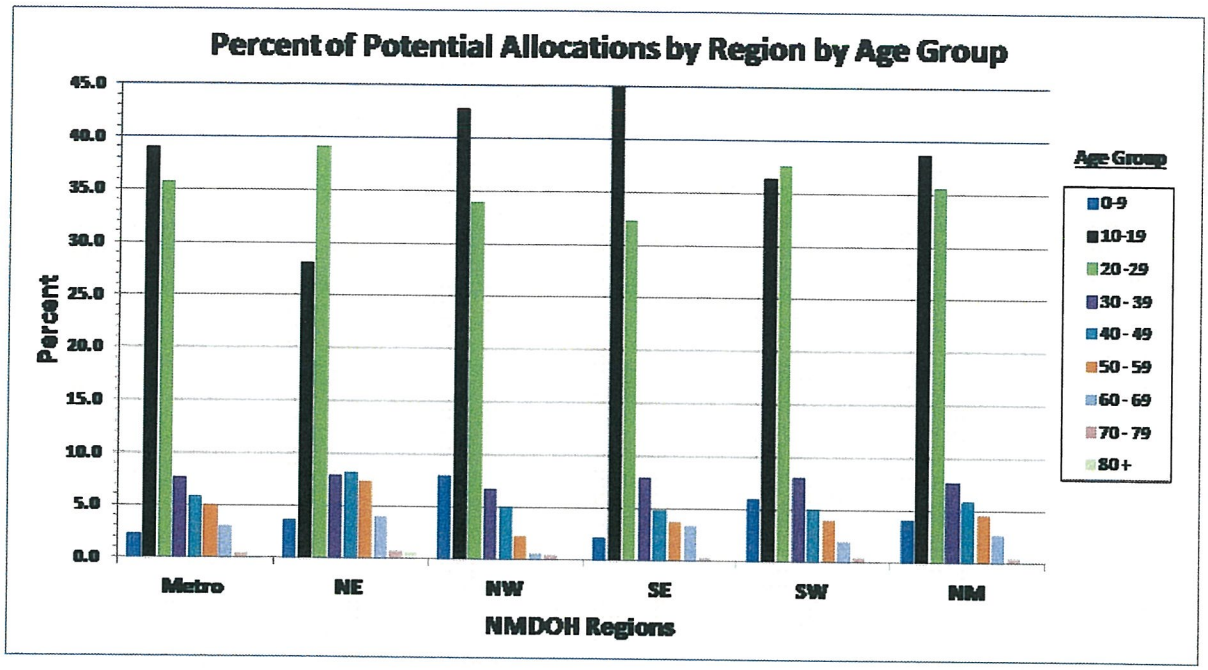
Teresa V. Apodaca, Parent

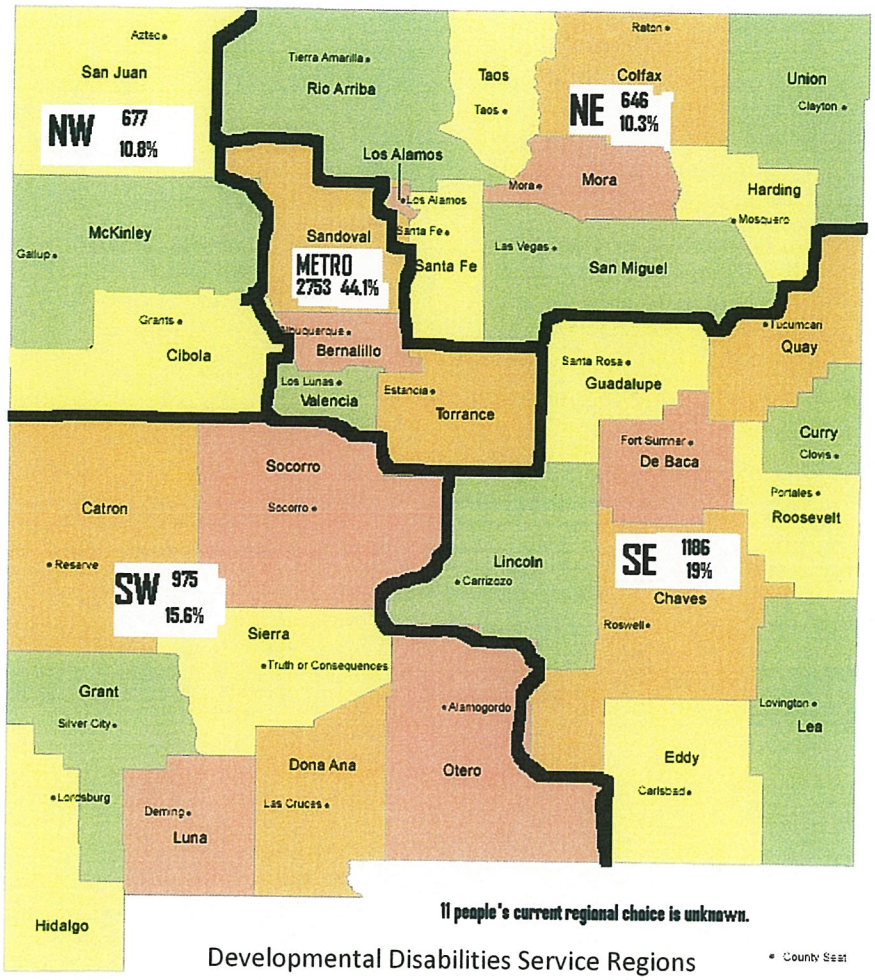


Number of individuals by category as of July 1, 2013

The majority of individuals on the Central Registry (86%) are age 35 or younger.

Age	Number of Individuals	Percentage
<=17	2965	47.5%
18-21	934	14.9%
22-35	1484	23.8%
36-45	267	4.3%
46-55	322	5.2%
56-65	185	3%
66-75	71	1.1%
>=76	20	0.3%
Total	6,248	100%


Percent of Potential Allocations by Region by Age Group
45.0
40.0
35.0
30.0
25.0
20.0
15.0
10.0
5.0
0.0
Percent
Metro
NE
NW
SE
SW
NM
NMDOH Regions
Age Group
0-9
10-19
20-29
30-39
40-49
50-59
60-69
70-79
80+



Developmental Disabilities Service Regions

Statewide Allocation Formula/Selection Criteria:

SM20 charges the Taskforce with re-examining the statewide allocation formula to ensure that regional allocations are made equitably and in a consistent manner with the *Lewis v. NM DOH (2001)* ruling. There is a DDSD policy that allows individuals that meet the expedited allocation criteria to be allocated outside normal process. (Appendix G: Expedited Allocation policy, inclusive of eligibility criteria) The formula presented to and discussed by the Taskforce is outlined below:

1. Calculation of Total Active Cases: The Central Registry cases in the status of ***"Client has Started Registration, Client has Completed Registration, Allocation on Hold, and Pending Registration"*** are totaled by region and statewide.
2. Calculation of Percent of Active Cases Per Region: The percentage of active cases in each region is calculated.

3. Assignment of Regional Percentages: Each region is assigned the percentage of an allocation group based upon the result of the calculation in #2. For example, if the Metro Region has 43% of the active cases, and the total statewide allocation group is 200, then the Metro Region would receive 86 (43%) allocation slots.
4. Allotment of Elderly Caregiver Priority: Within each regional allocation group, 15 % of the slots are designated for "Elderly Caregiver" (where the primary caregiver self reported to be over 65 years of age). Continuing to use the example in #3 above, the Metro Region would allot 13 (15%) Metro slots to Elderly Caregivers, and then assign the remaining 73 slots to achieve the total of 86 for that region.
5. Calculating an Allocation Group: the Central Registry report identifies the earliest registration dates in each region from cases that have a *Completed* status, starting with elderly caregiver cases, and then allocating strictly by date of registration for the remaining slots.

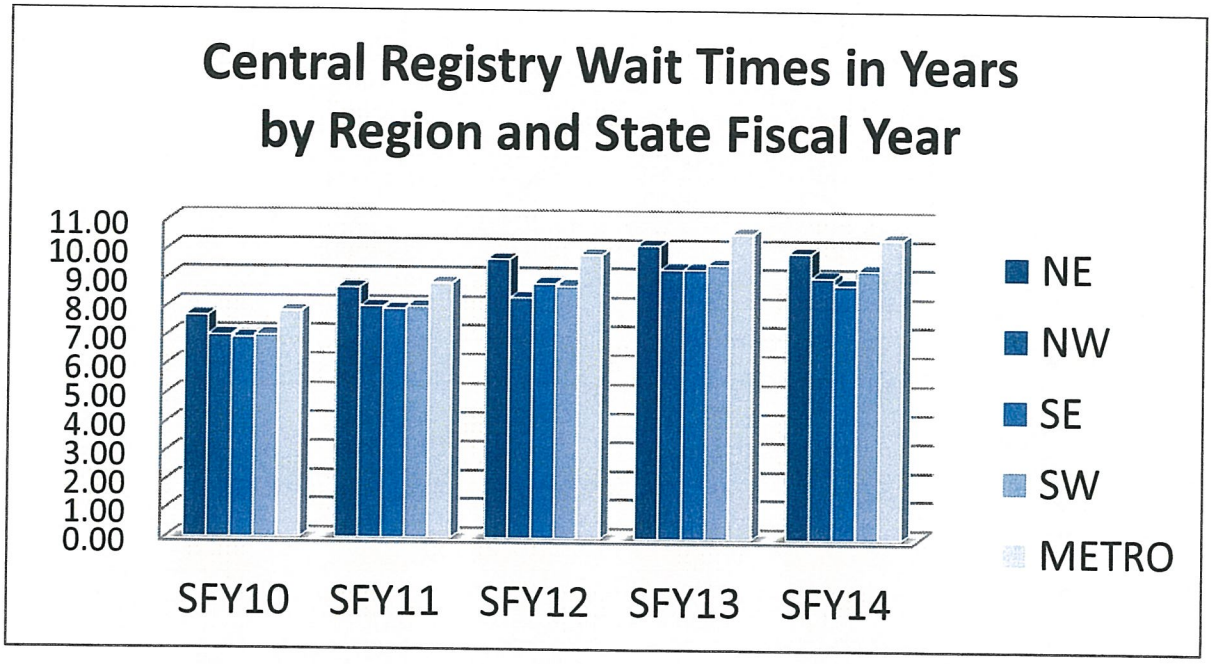
How did the waiting period grow to be so long?

Pace of Applications:

The DDSD Intake and Eligibility Bureau receive approximately 1,000 registrations for the DDW each fiscal year. Of these, approximately 300 are confirmed to match the definition for developmental disabilities in our approved DD Waiver application and are therefore added to the Central Registry in the completed status category. In addition, on average, 70 individuals leave the DD Waiver program due to death, moving out of state, or by choosing to discontinue services. **Any fiscal year in which fewer than 300 individuals are allocated into DD Waiver services, the size of the Central Registry grows larger and therefore the length of time each individual waits increases**. If no new funds are appropriated specifically for individuals waiting during a given fiscal year, DDSD must rely upon the attrition of approximately 70 individuals, inclusive of individuals who meet expedited criteria to determine the size of the allocation group.

For fiscal years 2009 - 2012 combined, only 386 individuals were allocated into services[2] due to budgetary limitations. Therefore, during that four-year period the length of the waiting period grew by approximately 3 years. In fiscal year 2013, 328 individuals were allocated into DD Waiver services[3]. The target for fiscal year 2014 is 385 individuals allocated into services and these are already in process. This allocation is based on the use of the $4.6 million dollar additional appropriation, attrition, and use of funds generated through program reform. However, allocations for FY2013 and FY2014 will only keep the waiting period at the current 10 year timeframe. The graph below shows the increase in wait time by region for the most recent five-year time frame (based on FY2014 projections). Please note that due to the pace of registrations received, the Southeast and Metro regions grew the fastest.

[2] 316 by date of registration and 62 that met expedited allocation criteria.
[3] 309 by date of registration and 19 who met expedited allocation criteria; 37 of these individuals did not begin receiving DD Waiver services until after July 1, 2013 due to complications with confirmation of financial and level of care/medical eligibility through Income Support Division at the time of allocation.



Average Cost Per DDW Participant:

Through fiscal year 2010, the average cost per Traditional DDW participant continued to increase, which negatively impacted the number of new allocations that could be covered by the DDW budget, even in years when appropriations were provided by the legislature specifically for individuals waiting. In fiscal year 2011, DDSD implemented a 5% rate reduction and an 8% reduction to individual budget caps[4] (Annual Resource Allotment or ARA) as cost containment measures. In addition, DDW redesign efforts began in 2009 in an attempt reduce average costs and to minimize the need for supplemental appropriations to cover existing DDW participants. The projected supplemental appropriation for fiscal year 2011 was $11 million; however, due to these cost containment measures only $9 million was actually needed. No supplemental funding has been required since that time.

Changes included in the renewal of the current Traditional DDW incorporated results of an external cost study as well as additional features to ensure that participants receive the specific amount of services they need...no more, no less. Due to these actions, average cost per participant is no longer projected to continue to increase and projected to decrease slightly by fiscal year 2016. The Traditional DDW renewal was approved by the federal government effective at the beginning of fiscal year 2012. The approval includes a *phase-in* period in order for cost benefit to manifest very gradually.

[4] The 8% reduction to the budget caps was an administrative action to ensure that there was not an increase in amount of services purchased as a result of the rate cut, but rather that average cost per budget would go down. There was no reduction in the amount of services delivered to DDW participants as a result of this action.

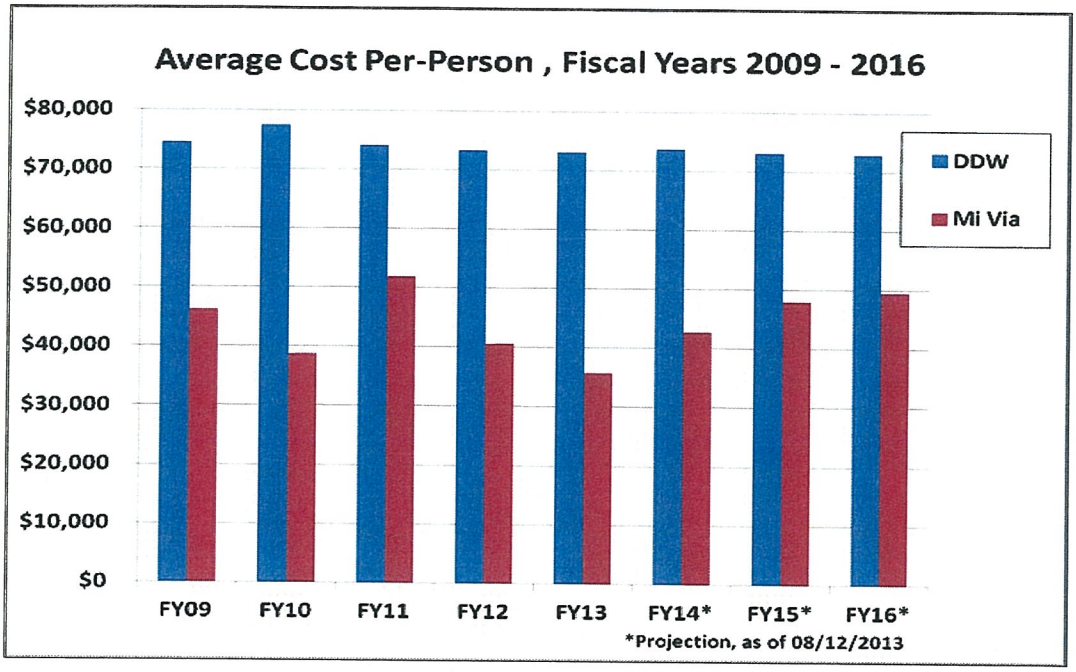
The self-directed ***Mi Via*** option began in 2006. Individuals selecting this option for service delivery instead of the traditional Waiver grew from 131 in fiscal year 2009 to 323 in fiscal year 2013, including both individuals that switched from Traditional DDW and those that made that choice upon allocation. Average cost per participant for this option is currently $42,781 per individual per year, a more cost effective option than the traditional DDW.

Please see the following graph and charts regarding budget appropriations and costs for both the traditional DDW and the ***Mi Via*** Waiver. Projection for the number of participants in fiscal year 2014 were calculated by taking the total for traditional DDW as of August 27, 2012 (3807), and by assuming that 250 of the 385 allocated would select the traditional DDW and 210 existing traditional DDW individuals would change to the Mi Via Waiver, which would be added to the 135 that are projected to select Mi Via at the time of allocation. The increase in the base budget for FY12, despite reductions in the total number of Mi Via and traditional DD Waiver participants as well as reduced average cost per person in both programs, is due to the discontinuation of extra federal match dollars received from the federal stimulus package and the need for New Mexico to return to the normal state match level

State Fiscal Year	Base Appropriation	Traditional DDW Participants	DDW Average Cost Per Person	Mi Via Participants	Mi Via Average Cost Per Person
FY09	$85,022,300	3750	$74,381	131	$46,082.00
FY10	$66,740,200	3693	$77,396	145	$38,628.00
FY11	$60,555,200	3703	$74,071	174	$51,798.00
FY12	$90,526,700	3679	$73,334	192	$40,581.00
FY13	$94,429,500	3788	$73,014	320	$35,782.00
FY14*	$99,029,500	3847	$73,666	645	$42,781.00
FY15*	TBD	TBD	$73,056	TBD	$47,993.00
FY16*	TBD	TBD	$72,854	TBD	$49,548.00

"The wait list for DD Waiver is now approximately 11 years long. That's a very long time in a person's life. Since I'm over 65 and have an adult son on that wait list, will I even make it to see him receive services? Our children with "differing abilities" deserve a much shorter wait time to assist their families in meeting their needs. Let's show our children and adults the respect they deserve."

Barbara K. Johnson, Parent/Guardian



State General Fund DD Services:

Some individuals on the Central Registry are currently receiving state general fund (SGF) services. The *only* increases to the DDSD SGF budget appropriations since the Governor Gary Johnson administration were targeted specifically for children with Autism Spectrum Disorders and for infants and toddlers participating in early intervention services through the Family Infant Toddler Program (FIT). It is misleading to calculate an overall average cost per state general fund participant due to the wide variety of types and intensity of services received by the various populations served through this funding source. Number and annual cost information for individuals served through this funding stream in FY2013 is listed below:

- 158 adults age 18 and older received independent living supports at an annual cost/person of $18,360.
- 343 adults age 18 and older received day services at an annual cost/person of $8,868.
- 83 of the 158 adults receiving SGF funded independent living supports also received day supports for a total cost per person for those receiving both services of $27,228.
- 60 adults over age 21 received respite services in order to give their caregivers a break at an average annual cost of $3,867/adult/year.
- 24 individuals of all ages received SGF funded Behavioral Support Consultation at an average cost of $2,187.50/individual.
- 601 families of children and youth through age 20 received respite services in order to give their caregivers a break at an average annual cost of $2,215/family/year.
- DDSD spent $193,658 from SGF for Crisis Supports to 21 individuals. Crisis funds provided per individual ranged from $50 to $13,771 and averaged $3,228 per individual.
- Parents of 338 children with ASD received SGF funded coaching related to their child's diagnosis at a total cost of $402,525 or $1,191/child/30 hour coaching course.

- $86,000 was spent for groups of children/youth with ASD to participate in recreational respite group events such as theater, horseback riding, baseball games, skiing, arts & crafts.
- 58 children with ASD between age 6-18 received SGF Adaptive Skill Building Services at an average cost of $24,490/year. Children may remain in this program for 2 years and then are discharged to make room for another child with ASD to benefit from the program. Therefore, although there are 58 children funded at any given time, there may be more than 58 children served during each fiscal year depending upon the timing of intake and discharge.
- 13,455 infants/toddlers and their families received early intervention at an average annual cost per family of $2,732.00

See Appendix C for a comparison of current service options within the traditional DD Waiver, Mi Via Waiver and State General Funded services.

System Capacity:

In order to serve individuals on the Central Registry within a 3-year time frame, both state and provider capacity must be increased substantially and quickly. Expanded state capacity (through employees and contractors) is needed in order to process a greater number of allocations and eligibility determinations, monitor and audit more services, train more direct support personnel, arrange, oversee and conduct additional assessments to determine service needs, conduct additional prior authorization, and process additional payments to service providers. Expanded provider capacity is needed in order to recruit, train and retain sufficient staff, supervision of those personnel and coordination of services to a substantially larger number of service recipients. Additional detail on current system capacity and growth needed to meet the recommendations is available in Appendix D.

Current Provider Capacity:

DD services are provided through a network of both not-for-profit and for-profit provider agencies that maintain current Medicaid Provider Agreements with the DOH and HSD. They provide a range of services including residential, day, clinical (therapies, nursing), and case management. Reported here are several key types of providers that serve as proxies for the services: residential, community inclusion (day), case management, respite, adult nursing, non-medical transportation, and physical therapy[5]. This chart is not complete, as it does not include all services provided through the traditional DD Waiver. Some providers serve multiple regions and will therefore show as a duplicate count for number of providers.[6]

[5] Reported by DOH/DDSD/Provider Enrollment Unit as of 8/20/13

[6] The Los Lunas Community Program, reflected in the Residential and Community Inclusions numbers for Metro, is a state-operated service provider that primarily provides Traditional DD Waiver services, but also operates a four bed Intermediate Care Facility for Intellectual/Developmental Disabilities as well as state general fund crisis services. This is an additional resource within our system.

Current Provider Capacity	Number of Providers by Region				
Provider Type	**Metro**	**NE**	**NW**	**SE**	**SW**
Residential[7]	41	18	14	16	25
Community Inclusion [8]	39	18	13	17	22
Case Management	10	4	4	6	7
Respite	22	17	6	15	19
Adult Nursing	12	2	0	3	5
Non-Medical Transportation	9	3	9	7	7
Physical Therapy	24	9	7	5	4

Current Provider Shortages:

There are significant challenges to building capacity in several rural service areas most notably for nursing and therapy services. These challenges will increase as we expand to provide services to more individuals on the Central Registry. Shortages of healthcare professionals in New Mexico mimic national trends. Additionally, as is the case nationally, New Mexico provider agencies are experiencing difficulty with recruiting and retaining direct support staff to provide direct service. It is difficult to accurately predict the needed capacity growth. While the recommended wage in the NM rate study is considered a living wage for a single adult in NM[9], providers report they are unable to pay this wage consistently due to costs of turnover, overtime pay, and other factors. Additionally, this wage is not a living wage for direct support worker that have dependents. The challenge to recruit and retain a quality direct support workforce with low wages and high expectations for quality of care is a problem recognized throughout the country in all home and community based service delivery models as well as within facilities that provide non-skilled direct care. Some further detail regarding needed provider capacity may be found in Appendix D.

Taskforce Process to Determine Recommendations

***The DOH Mission* Statement:**

"Promote health and wellness, improve health outcomes, and assure safety net services for all people in New Mexico" was expanded by the Taskforce to include "with a focus on promoting optimal physical and mental health."

[7] Residential includes Intensive Medical Living, Family Living, Supported Living, Independent Living and Customized In-Home Supports

[8] Community Inclusion includes Customized Community Supports, Community Integrated Employment Supported Employment, Group Supported Employment, Community Access and Adult Habilitation

[9] http://livingwage.mit.edu/states/35

Guiding Values:

The Taskforce agreed on a set of values to use as they considered the content of the SM20 Report. The final set of strategies was selected by consensus using the *Values in Action* process. (Decision Resources, Inc., Mark D. Bennett, 2011)

The Taskforce identified several values that are currently included as Department of Health Values. In addition to these, other values emerged as being pertinent to the specific community of people with developmental disabilities, their families and providers of services. The Senate Memorial 20 report includes recommendations that are based on the following values.

Department of Health Values Selected by Taskforce Members:

Leadership – "Promote growth and lead by example throughout the organization and in communities." This DOH statement of leadership was expanded for the purpose of the Senate Memorial 20 Taskforce to also include: Individuals with influence and power in the system will lead with integrity, compassion and will be good role models. Leaders will be honorable, dependable, know their limitations and intelligently guide people motivating them to participate to the best of their abilities.

Communication – "Placing internal and external customers first, assure that their needs are met" was further expanded to include: Information is shared frequently in a transparent way amongst all parties. It is clear, consistent, simple, and easy to understand. Information is provided in a manner that is direct, free from jargon, timely, complete and honest. Two-way communication is conducted leading to an open exchange of ideas amongst all parties.

Teamwork – "Share expertise and ideas through creative collaboration to work toward common goals" was expanded to clarify the intent to: Work together with an open mindset to develop meaningful decisions while taking into account everyone's opinions and thoughts honoring the ideas and positions of others.

Respect – "Appreciation for the dignity, knowledge, and contributions of all persons" was expanded to include: Treat each person with kindness and common courtesy regardless of differences. Honor the dignity of all despite the level of understanding or agreement. Act in a manner that shows all individuals that they are valued, including their thoughts, input, perspectives and opinions.

Values Added by SM20 Taskforce Members:

Choice/Self-determination – The system of supports and services encourages, honors and supports individuals to have the maximum input and decision-making authority as possible regarding their services, supports, needs and their lives. People will have a range of choices that are meaningful to them including who will support them and how that support will be provided.

Increasing Independence – The system of supports and services will encourage individuals with developmental disabilities to increase skills that allow each person to do things by him/herself.

Inclusion – Individuals with developmental disabilities will have active valued roles in the community of their choice. They will be invited into all aspects of society as full participants.

Individuals will live in an environment that does not allow for 'haves' and 'have nots'. Everyone will have what they need to live and fully participate. Resources, including natural supports and generic services, must be easily available and accessible allowing for informed choices.

Promote Optimal Physical and Mental Health – to assure the service system meets basic needs so individuals can fully participate in their communities. Services and supports must consider the individual in a holistic manner recognizing that each part of an individual's life has an impact on their whole life.

Sustainability – A sustainable system providing supports and services to individuals with developmental disabilities must include the following:

- Adequate funding,
- Enough providers,
- Continuity,
- No more and no less than what is needed,
- Sufficient State infrastructure to support service delivery,
- Flexibility, and
- Simplicity

Planning Framework:

DDSD and Office of Policy and Accountability staff applied the Results-Based Accountability (RBA)[10] framework, a Quality and Performance Management model, to draft information for the Taskforce work groups as a starting point for discussion. Three focus areas were identified as having key influence on the amount of time individuals with Developmental Disabilities wait for services:

1. Management of the Central Registry;
2. The type and intensity of service offerings to individuals waiting for DD services; and,
3. Capacity (Infrastructure and other resources) to support the implementation of recommendations and the subsequent increase in individuals served

The Taskforce applied the RBA framework to guide the process of developing recommendations. Each workgroup followed these steps:

1. Identify and review data relevant to their focus;
2. Provide input to the "Story" behind the data, including contributing factors and related information;
3. Identify partners that have something to contribute to making improvements;
4. Develop the list of "What Works" or best ideas that would contribute to improvements;

[10] *Trying Hard Is Not Good Enough*, Mark Friedman, 2005: www.resultsaccountability.com

5. Create a list of strategies and decide on 3 – 5 strategies to begin working toward improvements; and,
6. Develop an action plan for each of the selected strategies.

This framework was used throughout the process to support good analysis and decision making leading to the recommendations contained in this report. As can be seen from this presentation of the "story" behind the data and the foundational concepts surrounding this issue, the problem of addressing the waiting time for Individuals on the Central Registry to begin to receive services within the DDSD service delivery system is a very complex and multi-faceted problem. This taskforce, through the process described above, has narrowed down their recommendations to the four that would have the most impact on this issue while honoring the intent and timeframes found within the SM 20. Additional recommendations were generated throughout the process, but if they were not directly applicable to our charge, they were instead included in Appendix D.

Recommendation #1: Expansion of Developmental Disabilities Home and Community-Based Medicaid Waiver

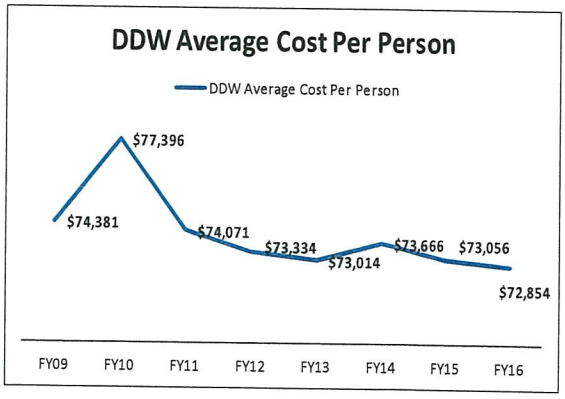
How will this recommendation reduce wait time?

The Developmental Disability Waiver (DDW) is currently the service delivery option that people have applied for and there is a statewide structure in place; therefore, the Senate Memorial 20 Taskforce (Taskforce) recommends expanding the program by increasing the funding to serve more people. The Department of Health (DOH) projects that for every 1,000 individuals offered waiver services, at least 350 will select Mi Via and not more than 650 will select the traditional DDW. The projected appropriation required reflects a conservative estimate of the ratio of Mi Via to traditional DDW allocations.

For fiscal years 2009 through 2012 combined, DOH was able to allocate a total of 316 individuals by date of application, in addition to the 62 who met expedited allocation criteria (total = 386). In fiscal year FY13, 309 individuals were allocated by date of application, plus 19 expedited allocations (total = 328). There are 385 targeted in FY14, not including any expedited allocations. This recommendation is to fund 3,900[11] more allocations by FY2018, which is supported by the following values:

Promote Optimal Physical and Mental Health
Choice/Self-determination
Increasing Independence
Inclusion
Sustainability

What data supports this conclusion?



When the Senate Memorial 20 (SM20) Taskforce (Taskforce) first met throughout the summer, initial fiscal projection data indicated the average cost per person on the traditional DDW would gradually decline to below $70,000 over this three-year period as a result of the changes made to the DDW renewal, effective July 1, 2011. However, an updated fiscal impact analysis was conducted on August 22, 2013 based on necessary policy decisions made by the DOH. The updated fiscal impact analysis projects significantly less initial savings than estimated in the initial analysis conduct during the summer of 2012. As a result, the average cost per person is projected to increase slightly from $73,014 in FY2013 to $73,666 in FY2014, and then drops to approximately $72,854 in FY2016.

[11] This figure accounts for an average of 300 new applicants that match DD definition each year on top of those already in "complete status".

What must be in place for this recommendation to occur?

Even though there is a service delivery system and structure in place for the DDW, the system currently does not have the infrastructure or capacity to serve so many additional individuals (approximately 3,900) quickly enough to decrease the waiting time to 3 years by FY2018. The following steps are critical to successfully implement this recommendation:

- Three consecutive recurring appropriations from the legislature totaling $83,466,754 for direct services and state infrastructure growth; an approximate *doubling* of the DDW program participants and an 85% increase over the FY14 base appropriation. It would be most successful if the allocation group in the first year was smallest and the group in the third year the largest to allow maximum time for system infrastructure development.
- Planning for "ramp up" effect of each group of individuals allocated because:
    - Regardless of the amount of resources directed toward increasing the number of individuals allocated to the DD Waiver Program, there is **always** a significant period of time between notifying individuals that their turn for this program has arrived and completing all steps necessary to confirm program requirements: medical and financial eligibility, assess service needs, interview and select preferred providers, obtain prior authorization for services chosen, and begin service delivery. This time period can range from 60-180 days (or in some rare cases even longer). Timeframes depend upon the status of each individual's financial and medical records, competing scheduling issues for individuals and their families, provider success in recruitment and expansion of physical space to accommodate additional individuals and so forth. DDSD refers to this phenomenon as the "ramp up" effect.
    - From an appropriation stand point, the "ramp up" means that in the first year funds are appropriated for a given number of DD Waiver allocations, only approximately 1/2 can be used directly for their services, yet they will need the full amount beginning in the second fiscal year. This means that reversions typically occur in any fiscal year in which DOH issues a significant number of new allocations. To prevent reversion while better addressing the need for infrastructure growth, the taskforce recommends that the Legislature and Executive Branches allow DOH Budget Adjustment Request (BAR) authority to spend appropriated funds, not needed in the individuals' first year for direct services, on one time only efforts to expand infrastructure. Such infrastructure efforts include:
        - Recruit and enroll additional qualified provider agencies statewide, including start up incentives to support provider and direct staff recruitment and appropriate wages and benefits for direct support personnel.
        - Deliver education, training, and information to families, individuals and providers.
        - Recruit, train and certify additional Supports Intensity Scale® assessors.
        - Obtain and implement a web-based system to effectively manage the central registry, ISP development, utilization review, quality assurances and access to accurate data. This is to ensure the state has the necessary real time data to manage cost and measure the success of this recommendation.
        - Simplify and streamline the program to minimize administrative costs and burdens.
        - To support this substantially larger program, additional staff at DOH, HSD and Medicaid state contractors is needed to process this volume of allocations and verify eligibility,

monitor services, solicit and process additional provider applications and provider agreements, arrange assessments, complete prior authorization, and conduct fair hearings.

	Action Steps	Parties Responsible	Timeline	Performance Measures
1	A. Inform Governor's Office, DOH and HSD Secretaries and the LHHS of the appropriation and related authorizations necessary to accomplish what the SM20 requires: A.1. An appropriation for 3900 individuals over the course of FY2015-FY018 to be allocated to their choice of Mi Via or Traditional DDW program A.2. Assume 40%[12] of individuals select Mi Via and 60% select Traditional DDW A.3. Factor in current 69.07% Federal Match. A.4. 8% of total appropriations allowed to pay for state infrastructure costs to support this growth[13] A.5. $2,000,000 to conduct required SIS assessments **3 year Grand Total: $83,466,754**	SM20 Taskforce and DOH	Begin October 2013	Decisions made on SM 20 Recommendations.
Dependant on level of appropriation and authorization complete steps 2-5 below				
2	Issue 'Call for Providers'; clarify capacity needs by region for each type of service determine and address provider concerns[14]	DDSD	By March 2014 and annually	Increased Provider Capacity confirmed

[12] See recommendation #2; it is hoped the percentage choosing Mi Via option will increase over the course of time (currently at 35%), reducing overall costs and allowing a slightly greater total number of allocations.

[13] Additional DDSD FTE and associated equipment and operating costs will be needed for the following functions: intake & eligibility determination, training and technical assistance, provider recruitment and enrollment, and clinical consultation. Additional DHI FTE and associated equipment/operating costs needed for incident investigations and program compliance surveys for additional participants and providers. Additional HSD FTE and associated equipment/operating costs will be needed to oversee the program, process and audit claims, conduct initial and annual eligibility determination, prior authorization of services, and operation of MMIS system.

[14] In July 2014, determine provider capacity through (1) focused interviews and (2) an on-line electronic survey to determine capacity to expand (1) geographic area, (2) number of individuals served, and/or (3) additional types of services. Key questions: Are you able to find qualified staff? What do you need to expand? What resources would be needed? What are barriers to expansion? In addition, analyze budgeted services for those newly in FY13 and FY14 and compare to historical service usage patterns to project service delivery growth needs.

3	Issue approximately 5,000 letters of interest in order to ensure allocation of 3900 individuals by FY2018	DDSD Intake & Eligibility	Begin April 2014 - November 2014	3900 approved service plans in place by FY2018
4	Monitor utilization, FMAP changes and average cost; adjust subsequent year appropriation request accordingly	DDSD with ACQ	Summer 2015 & 2016	Appropriation needed identified
5	Assess status of waiting period and create recommendations going forward that includes allocation of at least the number to keep the waiting period at 3 years.	DDSD with ACQ	Fall 2018	Waiting list down to 900 individuals by end of FY2018

How do we measure success?

- The successful allocation of 3,900 individuals onto the traditional or Mi Via DD Waiver by FY2018.
- Assess the status of the waiting period and make recommendations that include allocations of at least the number needed to keep the waiting period to no greater than three years.
- Monitor utilization, changes to the federal matching funds and average cost per person on the DDW. Make adjustments to the amount of appropriations requested to the legislature on an annual basis.
- On a continuous basis, monitor and assess system capacity.

"Lily has been on the waitlist since November 2007, when she was 6 months old. As it stands, she will not be eligible for the waiver until she is 11 years old. In the meantime we have been forced to stress other systems and to struggle to make ends meet. The DD Waiver could provide a lifeline that would able our family to live a more normal life."

Lisa Rossignol, Parent

Recommendation #2: Increase Attractiveness of Mi Via Home and Community-Based Medicaid Waiver

How will this recommendation reduce wait time?

Increasing the number of individuals choosing Mi Via upon allocation and increasing the number of individuals switching from DDW to Mi Via will lower expenditures per person so more people can be served with the same amount of financial resources.

This recommendation is supported by the following values:

Increased Independence
Inclusion
Choice/Self-Determination
Sustainability
Inclusion

What data supports this conclusion?

State Fiscal Year	Base Appropriation	Traditional DDW Participants	DDW Average Cost per Person	Mi Via Participants	Mi Via Average Cost per Person
FY09	$85,022,300	3750	$74,381	131	$46,082.00
FY10	$66,740,200	3693	$77,396	145	$38,628.00
FY11	$60,555,200	3703	$74,071	174	$51,798.00
FY12	$90,526,700	3679	$73,334	192	$40,581.00
FY13	$94,429,500	3788	$73,014	323	$35,782.00
FY14 (projected)	$99,029,500	4,057	$73,666	455	$42,781.00

Data presented in the above chart shows the average cost per person for Mi Via compared to the average cost of per person for the traditional DDW. The average per person budget on the Mi Via Waiver is $42,781 whereas the average per person budget on traditional DD Waiver is $73,666.

What must be in place for this recommendation to occur?

- Mi Via waiver must be renewed and approved by CMS in FY 2014
- $200,000 one-time appropriation to contract for renewed and revitalized effort at marketing and education on Mi Via:

- Must address current barriers and misconceptions of how Mi Via works;
- Create materials comparing Mi Via with traditional DDW and State General Fund (so providers can assist individuals in understanding which program may best fit their needs);
- Education to be targeted at multiple groups including: individuals on the central registry, current DDW provider agencies, current DDW participants, DDW case managers, state staff, public schools and young adults in transition from high school.

- Peer Support Program (Recurring $200,000 through contract) to provide support as needed to individuals in Mi Via and their families. Intent of the Peer Support program is social/emotional in nature and different from the consultant service which is bureaucratic and processes paperwork.
- New infrastructure needed:

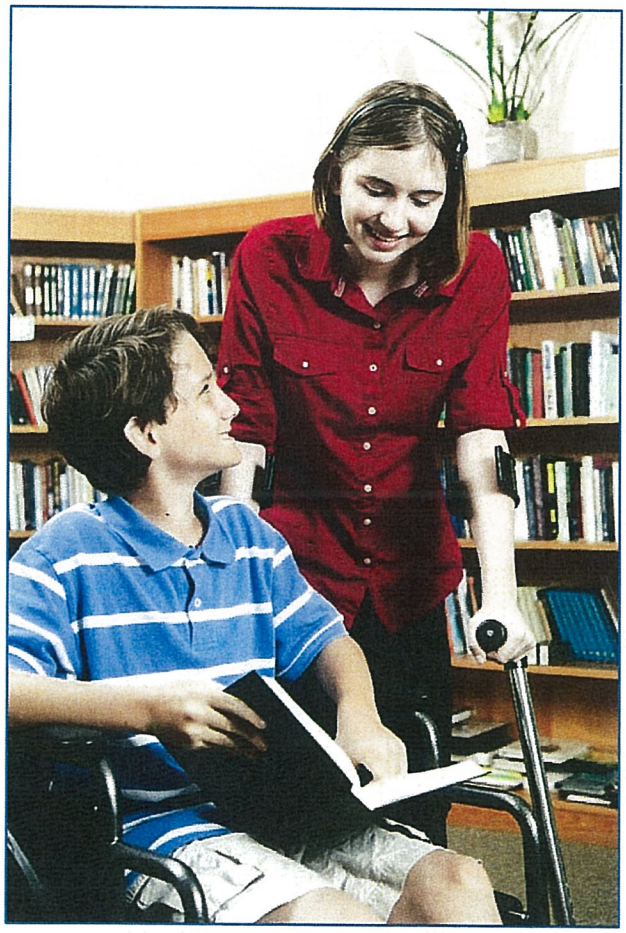
  - State Staff (.5 FTE per region)
  - Regional Peer support (5 regions) (contract and model to be developed)
  - Consultant Agencies (Choice of at least 3 agencies per region)
  - Adequate fiscal management agency (FMA) resources

	Action Steps	**Parties Responsible**	**Timeline**	**Performance measures**
1	***Waiver renewal:***			
	Successfully renew the Mi Via waiver with CMS	DDSD, HSD	Due to HSD by 12/1/13	Waiver submitted to CMS
2	***Education/Marketing:***			
	Develop $200,000.00 appropriation request	DDSD	2014 Legislative Session	Appropriation received
	Complete RFP process	DDSD	March - June 2014	Named contractor
	Develop and disseminate promotional and educational materials cooperatively w/contractor and stakeholders	DDSD, ACQ	FY2015	Increased knowledge of Mi Via
3	***Peer Support Model:***			
	Develop $200,000.00 appropriation request	DDSD	2014 Legislative Session	Appropriation received
	Develop model and complete RFP process	DDSD	Fall 2014	Named Contractor
	Manage Contract and implement Regional Peer Support Program	DDSD	January 2014 forward	Evaluation demonstrates this model is helpful
4	***Infrastructure:***			
	Obtain appropriation of approximately $300,000 to hire 3.0 FTE (.5/region with 1.0 for Metro)	SM20 Taskforce	2014 Legislative Session.	Staff hired

	Increase consultant agency capacity to assure choice of at least 3 consultant agencies per region	DDSD	July 2014	3 choices/region available
	Assure adequate Fiscal Management Agency resources	DDSD, HSD	July 2014	To be determined as part of renewal application

How do we measure success?

- Increased number and percentage of new allocations choosing the Mi Via Waiver.
- Increased number of individuals switching from the DDW to the Mi Via Waiver.
- Satisfaction survey results from individuals participating in the Mi Via Waiver.



Recommendation #3: Improve Intake, Information and Referral and Community Navigation

How will this recommendation reduce wait time?

Through the leadership of DDSD, individuals and their families will be provided with the most current information on all known resources available for individuals with intellectual and developmental disabilities. By providing this information early in the application and central registry process, it may result in individuals' needs being met without the need to utilize the DDW for a longer period of time, therefore increasing the number of allocations choosing "on-hold" status therefore minimizing the number in "complete" status on the central registry. In addition, assisting individuals to prepare for allocation shortens the time between offering DDW services and beginning service delivery. This also supports efficient utilization of appropriations allocated and minimizes ramp up-related reversions as much as possible.

DDSD Intake and Eligibility Bureau does not currently have enough staff to perform this level of information and referral in addition to processing the number of allocations proposed in Recommendation #1 above. When options and resources are clearly identified and explained, individuals have a better understanding of how to access support to meet their needs and can truly make informed decisions. The department anticipates continued use for the additional intake staff to fulfill this role due to the vast expansion of individuals being served on the DD Waiver and the growing infrastructure required to support the recommended expansion.

This recommendation is supported by the following values:

Communication
Teamwork
Choice/Self-Determination

What data supports this conclusion?

Individual and family members that participated in this taskforce emphasized the importance of timely receipt of this type of information. We need to collect measurable data regarding this aspect of the system to appropriately plan for a reduced waiting list. The cost for a short survey would be minimal but requires follow up by DDSD on the results. This process will identify why individuals place their allocation on hold and will be used to plan to expand supports that allow individuals to postpone the need for DD Waiver services. Development of the survey, implementation of a survey and data analysis requires a 6-month period of time to fully understand and use the data effectively to inform our planning.

What must be in place for this recommendation to occur?

- Training and materials for Intake and Eligibility workers so they can be effective in communicating information on all available resources in the community, natural supports, Medicaid waiver

programs, State General Funds information and respite services; therefore, promoting individual choice making and self determination.

- Marketing, public relations work and networking to ensure the DOH has partners and knowledge of resources in all regions throughout the state.
- Time to develop and foster relationships with various programs.

	Action Steps	Parties Responsible	Timeline	Performance Measures
1	Hire additional intake workers and begin to provide allocation preparation support for individuals likely to be allocated in each upcoming year (totaling 3900 by FY2018): A) Explain choice between ICF/MR, Traditional DD Waiver and Mi Via options. B) Help individuals prepare for the eligibility process so when they are allocated they can start services more quickly.	DDSD Intake and Eligibility Bureau with DOH Human Resources	Begin October 2014	Decrease average number of days between receipt of primary freedom of choice and approved services in place.
2	Survey individuals who have selected to place their allocation "on hold" to determine what factors contribute to their decision to wait for the DDW services they have been offered. A. Develop survey questions Send survey to individuals who have already placed their allocation on hold B. Add survey questions to the form individuals receive with letters of interest next to the section where they may choose to place their allocation on hold in order to continue to collect this information in the future. C. Identify and expand factors that help individuals not yet needing DDW services to postpone entry to the DDW for more individuals to the extent possible.	DDSD Intake and Eligibility Bureau	Begin October 2013; Initial report by December 2013 & annually thereafter.	Factors identified cause individuals to place their allocation on hold and used to plan to expand supports that allow individuals to postpone the need for DDW services.
3.	A. Increase and enhance information, referral and community navigation supports for individuals on the Central Registry who already have been determined to match the I/DD definition and at the point DDW application packets are received, in order to assist individuals to receive interim supports promptly. Such support will include	DDSD Intake and Eligibility Bureau	March - June 2014	Percent of individuals offered a DDW allocation that choose to place their allocation on hold because interim supports are meeting their needs increases over FY2014 baseline.

	services available through Centennial Care for Medicaid beneficiaries[15] as well as *community development activities to expand natural and generic supports available to this population*[16]. B. Obtain legislative appropriation in the amount of $200,000 recurring for FY2015 through FY2017 to obtain contractor to carry out this service for individuals and families who have applied/are applying for DD Waiver services. B.1. Issue Request for Proposal[17], select best vendor and put contract in place. B.2. Manage contract and evaluate results of providing these services. B.3. Use results of evaluation to design training for intake workers. B.4. Redirect contract funds to bring more individuals into the DD Waiver or state general fund services beginning in FY2018[18], thus eliminating the need for contract once the bulk of allocations are complete and fully incorporate ongoing coordination into the functions of the Intake and Eligibility Bureau.		2014 Legislative Session July 2014 July 2014-June 2017 FY2018 and ongoing	Appropriation Received Contract in place Scope implemented DDSD is competent to take over this function after Recommendation #1 is complete
4	A. Enhance capability of the Central Registry database to track individuals over time and to generate reports that support planning for service delivery capacity.	DOH Information Technology Services	May - Nov 2013	Percent of individuals offered an allocation that do not respond and are subsequently closed due to inability

[15] Because Centennial Care is not yet implemented and it is not yet clear to what extent benefits of that program will address the specific support needs of individuals with I/DD it will be important for DOH and HSD to collaborate with the contractor for this activity as that program evolves.

[16] Suggestion from out of state DDSD consultant [Beth Mount] for Taskforce consideration on 8/22/13.

[17] RPF to seek entity that is able to link applicants and their families to other resources available while waiting for the DDW. This assistance to be provided by a knowledgeable, neutral person (preferably bi-lingual) to act as a liaison between partners and provide information and explanations, including how to link to Medicaid Care Coordination through Centennial Care as well as other generic resources, natural supports and peer supports appropriate to the individuals diagnoses and family circumstances. Outreach would be expected to coordinate with referral sources such as public school special education programs, physicians, hospitals, social service agencies, military targeted to families with special needs children, etc. *In addition, the selected contractor would undertake community development activities to expand natural supports and generic resources.*

[18] Depending upon results of the Flexible Supports Program pilot, determine how to incorporate entry into that program into the intake and allocation processes.

	B. Replace current Central Registry database with a new database that includes all needed fields[19] for tracking and reporting using up to date software application. C. Collaborate with Vital Statistics to remove deceased individuals from the Central Registry on a periodic basis to reflect true number of individuals waiting. D. Explore the feasibility of obtaining Accurant software to more easily locate individuals who move[20].	Division with DDSD Intake and Eligibility Bureau	By Dec 2013 By Nov 2013 By Nov 2013	to locate is reduced from FY14 baseline.

How do we measure success?

- Enhanced capability of the Central Registry to track individuals over time for a real time picture of individuals and their status on the waiting list.
- Enhanced capability to connect individuals and their families with alternative resources at time of application in order to postpone the need to access the full DD Waiver program (increase number selecting "on-hold" status).

[19] Additional fields include additional contacts, services already received, services desired/needed.

[20] Currently, if letters of interest for allocation are returned, the Intake & Eligibility Bureau attempt to locate a more current address by calling all phone contacts provided to the Central Registry by the applicant, checking the Omnicaid system and for children, checking with the public school system.

Recommendation #4: Expand and Redesign State General Fund Program Into a Flexible Supports Model

Based on the presented background data, the Flexible Supports Model (FSM) would be designed for individuals currently waiting for services on the central registry, primarily between the ages of 10 and 30. We want to provide enough service to this group of individuals to meet their needs in conjunction with their natural supports and primary care provider to encourage them to maintain "on-hold" status on the central registry – thereby minimizing the financial resources needed to support this group and opening up DDW slots to Individuals who are in need of a higher level of service delivery.

The FSM would look similar to "supports waivers" in other states. It would provide a limited amount of State General Funds to be utilized in a flexible manner through a self-directed process. The FSM would not provide residential services but will enhance the Individual's current primary/natural supports. The FSM would have clear definitions of what types of purchases and services are not allowable and will have a non-negotiable budget cap.

The total allowable amount per person per budget year would be $13,000. This amount is less than the state matched funds for an individual receiving either model of DDW services, but is close enough to that amount in the event an Individual in the FSM has changed circumstances and needs to increase their level of support by moving onto the DDW, the funding could then "follow the person". This means that the amount of additional money the state would need to provide to move an Individual from FSM to DDW would be minimal if this program utilizes a money-follows-the-person design.

Within this limited amount of funds the Individual could self-direct the purchase of a variety of traditional support services or opt for more non-traditional purchases or services. Some examples of the traditional services include: environmental modification, respite, behavioral consultation, job development, supported employment, community inclusion supports, customized in-home supports, transportation, and case coordination. This is not a final or inclusive list. Some examples of the non-traditional flexible services and supports, developed by self-advocates and family members, include: universal design modification, assistive devices and technology, non-traditional devices (i.e. customized clothing, adapted furniture, specialized stroller or tricycle, wheelchair cushions and other DME not covered by Medicaid, customized shoes to accommodate AFOs, multiple pairs of glasses, etc.), appliances that can be shown to improve the quality of life for an Individual and their primary care provider (i.e., washer and dryer for an individual who is incontinent and has frequent need for washing), vehicle repairs, conference attendance, tutoring, tuition fees, and costs of specialized training (this is not a final, nor inclusive list). A justification for purchase of items and/or services will be documented within a simple person-centered support plan.

A key component of the FSM would be the role of a community guide to connect individuals with natural and generic supports as well as to develop new community resources. The community guide could support participants to ensure clarity about what Medicaid eligible participants can get through their Centennial Care benefits, especially mental health services. It is important for the success of FSM that the community guide is a person physically located within the community where the Individual

and their family is living. The community guide would also be a community capacity developer and may have within their job description to provide community education (e.g., churches, senior centers, and other generic services within a community). Ultimately this role would either work closely with the Intake and Eligibility Community Navigator (Recommendation #3) or perhaps be the same person once the role is established.

Implementation of the FSM reinforces the SM20 values:

Increasing independence
Inclusion
Sustainability
Choice/Self-determination
Teamwork

How will recommendation reduce wait time?

It will meet Individual's (and families) support needs through self-direction and a flexible set of services within a capped budget. This will increase the number of people, who when allocated, will elect a "hold" status because their needs are met. With more people electing "hold", those who need the DDW comprehensive services will be offered a spot more quickly.

What data supports this conclusion?

- Numerous other states' 1115 waivers offer a similar model with a non-residential service package and flexible service options (i.e., Missouri "Waiver of Hope" program, Colorado and Oregon supports waivers programs). FSM mirrors this development utilizing state general funds exclusively to minimize infrastructure needs and ensure flexibility.
- NM previously provided a similar model with a much smaller budget cap: the Self-Directed Family Support Program (SDFS). This program began as a pilot in 2000 through a federal grant and continued with support by State General Fund dollars until 2010. The program served between 80-177 individuals and their families each year and selected participants from the next allocation group on the central registry, as FSM proposes. A number of persons were so satisfied with the small amount of support provided by the SDFS that they put themselves on "hold" status. This was one of the very few services offered to persons on the central registry. The SDFS utilized a Family Resource Specialist to assist the Individual in directing their budget usage as well as provided them with information on resources and services to assist with transition to the DDW.
- Other studies showing cost-effectiveness of self-direction and flexibility:
  - Smith, G. A. (1999). Closing *the Gap: Addressing the needs of people with developmental disabilities waiting for supports.* Alexandria, VA: National Association of State Directors of Developmental Disabilities Services, Inc.
  - Smith, G. A., Agosta, J., Fortune, J., & O'Keeffe, J (2007). *Gauging the use of HCBS support waivers for people with intellectual and developmental disabilities: Final project report* (HHS, ASPE, and DALTCP under contract #HHS-100-03-0025). Retrieved from http://aspe.hhs.gov/_/office_specific/daltcp.cfm
  - Weiner, J. M., Tilly, J., & Alecxih, L. B. (2002). Home and Community-Based Services in Seven States. Health Care Financing Review, 23(3), 89-115.

What must be in place for this recommendation to occur?

	Action Step	Responsible Parties	Timeframe	Performance Measure(s)
1	Request an approved renewable appropriation to HB2 of $2,000,000. If funding is received establish pilot as described in 2-6 below	DOH	To begin FY 2015	Funds received
2	Implement a pilot program for FSM for at least 100 individuals statewide	DDSD	FY 2015 – FY 2016 (two full years)	External Program Evaluation and Satisfaction Surveys
3	Evaluate the FSM pilot – include in evaluation impacts of Centennial Care	Contractor via RFP	FY 2016	Program Evaluation complete
4	Address procurement barriers and other barriers identified in evaluation by making changes to FSM and developing policy	DDSD, HSD	FY 2016	FSM standards and other related policies developed
5	Plan for full implementation and transition from current SGF model to new FSM	Steering committee, DDSD, HSD, pilot contractors	FY 2017	Transition plan completed and implemented
6	Request additional appropriations to fully implement and expand the FSM	DDSD	FY 2017	Funds received
7	If funding is received establish implement FSM	DDSD	FY 2018	Satisfaction Surveys and Program Monitoring (via contracts and/or provider agreements)

Long-Term Infrastructure Needs:

- Staff positions within DOH to manage this program
- Fiscal Agent/Brokerage/Community Guide – RFP
- Provider capacity –this is hard to project due to the ability to utilize funds flexibly
- ACQ sub-committee to assist with design of the program, revise SGF standards, plan for transition from current SGF model to new SGF model (run this through the ACQ)
- Marketing plan highlighting benefits, unique aspects of program, success stories, etc...

How do we measure success?

Quality of Program

- Client satisfaction survey to measure quality

- Number of people choosing this model
- Program Evaluation

Impact on the Waiting List and effective utilization of funds

- Increase in individuals selecting "on hold" status on the Central Registry
- Reduced system wide per-person expenditures

Conclusion and Next Steps

The Senate Memorial 20 (SM20) Taskforce has outlined four major recommendations to address the charge of the memorial:

- ***Recommendation 1: Expansion of Developmental Disabilities Home and Community-Based Medicaid Waiver;***
- ***Recommendation 2: Increase attractiveness of Mi Via Home and Community-Based Medicaid Waiver;***
- ***Recommendation 3: Improve Intake, Information Referral, and Community Navigation; and,***
- ***Recommendation 4: Redesign and Expansion of the State General Fund Program into a Flexible Supports Model.***

However, implementing the recommendations within the SM20 timeframe would impose significant stresses upon recipients, current provider agencies, and state agencies (DOH: DDSD and DHI; and, HSD). This may result in the inability to meet the timeframes recommended. The Taskforce is optimistic that the amount of growth to meet the SM20 charge may be possible if the anticipated challenges and barriers are openly acknowledged, discussed, and considered in planning. Therefore this report includes a list of anticipated challenges to be weighed along with the recommendations.

Anticipated Challenges:

- **Development, Recruitment, and Retention of a Direct Support Workforce**
  New Mexico, like much of the nation, has a shortage of qualified direct support personnel. Even with the *current* size of the Development Disabilities Waiver (DDW) program, recruitment and retention of qualified direct support personnel is a significant and ongoing challenge for provider agencies and for Individuals who hire their own support personnel through the Mi Via Waiver. The degree of growth proposed by SM20 will compound this workforce concern. It will not be possible to provide adequate and consistent direct services without a sufficient direct support workforce. Building the required workforce to meet the projected needs will take time and cooperation with many other systems (i.e., Department of Workforce Solutions, Educational Institutions, Division of Vocational Rehabilitation, etc.).
- **Availability of Recurring Funds and Ongoing Allocation of Funds for Service Delivery**
  The Taskforce acknowledges the challenging position of the Legislature in determining what funds are available annually for these programs. Unless we continue to allocate into services at least 300 individuals annually, we cannot maintain the average waiting time once it is reduced to an acceptable level.

- **"Ramp Up" Effect**

  From an appropriation stand point the "ramp up" means that in the first fiscal year that funds are appropriated for a given number of DDW allocations, only approximately 1/2 of the funds can be used directly for services, yet Individuals in service will need the full amount beginning in the second fiscal year. Consequently, reversions typically occur in any fiscal year in which a significant number of new allocations occur. To prevent reversion while better addressing the need for infrastructure growth to match service delivery growth, this Taskforce recommends that the Legislature and Executive Branches allow DOH Budget Adjustment Request (BAR) authority to spend appropriated funds that were not needed in the individuals' first year for direct services, on one time only efforts to expand infrastructure. Within Recommendation #1 there is a detailed description of what DDSD refers to as the "Ramp Up" effect.

- **Time to Develop Necessary Infrastructure and Service Capacity**

  The Taskforce is concerned that there is not adequate time between now and the beginning of FY2018 to build the capacity necessary to bring at least 3,900 people into services by that time. Therefore, the allocation of these individuals may need to be extended out further than FY2018 to FY2019 or even FY2020. A change in the timeframe would alter the number of allocations and associated appropriations needed during each year in Recommendation #1. A revised timeframe would also need to account for the approximately 300 additional applications added to "complete status" each year. This strategy would support the potential for everyone involved to benefit more significantly from implementation of the other three recommendations, which would possibly further reduce the average cost and, therefore, the amount of appropriations needed to meet our goal.

- **Simultaneous Medicaid Program Changes:**

  Many of the Individuals waiting for DDW services and all of those receiving DDW services will also be receiving Centennial Care. Centennial Care implementation creates a need for an initial, robust public education effort and increased administrative workload; although, in the long run, Centennial Care creates will create additional opportunities for services to individuals waiting for the DDW. Coordination with Centennial Care in conjunction with recommendations contained in this report is essential. The overlapping timeframes of the implementation of Centennial Care and the implementation of the recommendations contained in this report will require careful planning, coordination between state agencies, and educational efforts for those who are eligible for both the DDW and for Centennial Care. There may also be additional implications regarding how Centennial Care services may impact individuals waiting for DDW services, but this impact is unknown at this time.

Statewide Allocation Formula

SM20 requests the Taskforce to review the current allocation formula that is explained in the Introduction. The Taskforce reviewed the current formula and believes that it offers the most equitable solution and should be maintained in its current approach, at least until such time as the waiting period is successfully reduced to 3 years. Although the current approach does result in somewhat varying lengths of waiting periods in the 5 different regions, if allocation was made strictly by date of registration alone without accounting for the percentage of individuals applying from each region, few if any individuals outside the Metro Region would ever receive allocations for the next several allocation groups. Once the waiting period is successfully reduced to 3 years, "pending" status parameters may need to be adjusted and "elderly caregiver" consideration may be less critical. In addition, a renewed emphasis on processing "start status" registrations more quickly will become imperative, although this should be reasonable to expect once the volume of new allocations returns to a level of approximately 300/year. At that time, a review of Central Registry Data should occur to determine if the current statewide allocation formula should then be adjusted.

Next Steps

1. Executive and Legislative support is requested for legislative policy or other actions presented in the SM20 report recommendations, including Budget Adjustment Request (BAR) authority to spend appropriated funds that were not needed in the individuals' first year for direct services and on one time only efforts to expand infrastructure.
2. DDSD and HSD would continue with system improvements already underway that will shorten waiting periods somewhat, even within current resources, such as: database enhancement for improved data collection; more efficient procedures for intake and allocation; and, the ongoing efforts to implement a philosophy of service delivery that emphasizes Individuals living as independently as possible and that supports people to utilize natural supports and generic services.
3. Educate stakeholders and the general public regarding the reasons the waiting period grew to be so long and solicit their support for implementing strategies to "turn the curve" and reduce the waiting period to a more reasonable level - ideally not more than three years.

Final Thoughts:

The SM20 Taskforce included a number of self-advocates and family members in their planning efforts. It is important to remember that while this legislative report includes a significant amount of administrative language – the proposed recommendations will change the lives of thousands of New Mexicans with intellectual and developmental disabilities that have been waiting for needed supports for far too long. If we do not take steps to address this growing concern, the number of

people waiting each year for services and support will continue to escalate – negatively impacting a significant number of people with disabilities, their families, and their communities.

"*We've waited long enough. It's time for all of us to get the services that we need right now. I have waited seven years so far and my good friend waited over 10 years. Please, no more waiting! Thank you*" - Cynthia Berkheimer, Self Advocate Trainer, NM Center for Self Advocacy and SM20 Taskforce Member

Senate Memorial 20

Appendices

APPENDIX A: SM20

SENATE MEMORIAL 20

51ST LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2013

INTRODUCED BY

William Soules

A MEMORIAL

REQUESTING THE DEPARTMENT OF HEALTH TO CONVENE A SUBCOMMITTEE TO CONDUCT A STUDY AND REPORT ON WAYS TO REDUCE THE TIME THAT ELIGIBLE INDIVIDUALS WAIT FOR DEVELOPMENTAL DISABILITY SERVICES.

WHEREAS, people with developmental disabilities are among New Mexico's most vulnerable residents; and

WHEREAS, people with developmental disabilities and their families benefit greatly from the accommodations and services that enable them to live safely and productively in communities across the state; and

WHEREAS, without that support, those with developmental disabilities would be less able to live independently and their families would be less able to care for them; and

WHEREAS, young adults with developmental disabilities who

underscored material = new
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have recently left the public school system are in particular need of timely access to services; and

WHEREAS, those services, such as employment support, promote independence and inclusion in community life, help to preserve essential skills and reduce the hardship on caregivers, who, without the services, might have to leave their jobs; and

WHEREAS, the developmental disabilities supports division of the department of health operates programs for those with developmental disabilities; and

WHEREAS, the developmental disabilities supports division, through the developmental disabilities waiver program, is funded to serve only about four thousand one hundred individuals each year; and

WHEREAS, as of December 31, 2012, approximately six thousand individuals are waiting for services offered through those programs; and

WHEREAS, the average time between placement on the central registry and the receipt of services is eleven years; and

WHEREAS, there is a great difference in time between placement and services based on where a person lives; and

WHEREAS, the department of health has begun to reform its programs to improve the timeliness of access to critical services; and

WHEREAS, the need for developmental disabilities services

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[~~bracketed material~~] = delete

calls for more funding and greater capacity to reduce the wait of individuals for services; and

WHEREAS, having additional persons served by the waiver program will create jobs throughout the state, which would benefit New Mexico's economy;

NOW, THEREFORE, BE IT RESOLVED BY THE SENATE OF THE STATE OF NEW MEXICO that the department of health be requested to convene a subcommittee of the advisory council on quality supports for individuals with developmental disabilities and their families; and

BE IT FURTHER RESOLVED that the subcommittee be composed of, among others, individuals with developmental disabilities, family members and guardians of individuals with developmental disabilities, representatives of the developmental disabilities supports division and representatives of the medical assistance division of the human services department; and

BE IT FURTHER RESOLVED that the subcommittee also include members of the advisory council who represent service providers and case managers and representatives of disability rights New Mexico, the ARC of New Mexico, parents reaching out, the center for development and disability and the developmental disabilities planning council; and

BE IT FURTHER RESOLVED that the subcommittee study and identify strategies to reduce the time between placement on the central registry and access to services offered by the

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developmental disabilities supports division to not more than three years and reexamine the statewide allocation formula to ensure that regional allocations are made equitably and consistent with the decision in *Lewis v. New Mexico Department of Health* (2001); and

BE IT FURTHER RESOLVED that the developmental disabilities supports division provide subject-matter experts to work with the subcommittee; and

BE IT FURTHER RESOLVED that the subcommittee make formal recommendations to the full advisory council; and

BE IT FURTHER RESOLVED that the developmental disabilities supports division, within its authority and consistent with funding appropriated by the legislature for this purpose, act on the advisory council's recommendations and prepare a report detailing what would be needed to accomplish by fiscal year 2018 the goal of reducing the wait time of any person needing services to a maximum of three years; and

BE IT FURTHER RESOLVED that the report address the effective use of current programs and resources, describe critical components for success, identify potential obstacles, detail the action needed to address each critical component and potential obstacle and include projections of additional resources needed to reach the goal; and

BE IT FURTHER RESOLVED that the developmental disabilities supports division provide the report to the secretary of

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health, the secretary of human services, the legislative health and human services committee and the legislative finance committee by October 1, 2013; and

BE IT FURTHER RESOLVED that copies of this memorial be transmitted to the developmental disabilities supports division of the department of health; the secretary of health; the secretary of human services; and the advisory council on quality supports for individuals with developmental disabilities and their families, for appropriate distribution to interested persons.

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APPENDIX B: TASK FORCE MEMBERS

SENATE MEMORIAL 20 TASK FORCE MEMBERS

SELF-ADVOCATES
LAUREL DEAN
CYNTHIA BERKHEIMER, CENTER FOR SELF-ADVOCACY

PARENTS
LISA ROSSIGNOL
THERESA APODOCA
BARB JOHNSON

PROVIDERS
SCOTT NEWLAND, UNIDAS CASE MANAGEMENT AGENCY
JIM COPELAND, ALTA MIRA FAMILY SERVICES
GABRIELA RAMOS, CARINO CASE MANAGEMENT AGENCY
CAROL WATTS, NM CONSUMER DIRECT PERSONAL CARE

THE ARC OF NEW MEXICO
RANDY COSTALES

PARENTS REACHING OUT
JOHNNY WILSON

DISABILITY RIGHTS NEW MEXICO
LILY MARTINEZ

CENTER FOR DEVELOPMENT & DISABILITY (UNM)
TANYA BAKER-MCCUE
BRIANNE CONNER (LEND graduate student)

ASSOCIATION OF DEVELOPMENTAL DISABILITIES COMMUNITY PROVIDERS
ANNA OTERO HATANAKA

MI VIA ADVISORY COMMITTEE
DORIS HUSTED

LOCAL EDUCATION AGENCY (CLOVIS PUBLIC SCHOOLS)
RALPH DAVIS

DEVELOPMENTAL DISABILITIES PLANNING COUNCIL
AGNES MALDONADO

DOH/OFFICE OF POLICY AND ACCOUNTABILITY
CHRISTINA PEREA
KELLY GALLAGHER
TRES HUNTER SCHNELL

DOH/DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION
ANDREW CONTICELLI
CATHY STEVENSON
GAYLA DELGADO
JENNIFER RODRIGUEZ
JENNIFER THORNE-LEHMAN
MARC KOLMAN
LES SWISHER
PHIL MOSKAL
ROBERTA DURAN
LISA STORTI
WENDY CORRY
PAT SYME

HUMAN SERVICES DEPARTMENT MEDICAL ASSISTANCE DIVISION
KIMBERLY RIEBSOMER
ANNABELLA MARTINEZ

LEGISLATORS
SENATOR WILLIAM O'NEILL
REPRESENTATIVE STEPHANIE GARCIA RICHARD

APPENDIX C: DD SERVICE OPTIONS

Appendix C: NM Developmental Disabilities Service Options

	Mi Via	DD Waiver	State General Funds (SGF)
Average cost	**$42,781 (state match $13,232)**	**$73,666 (State match $22,785)**	**Range = $2,215 to $27,288**
Services and Supports	Living supports, community membership, health and wellness, and other supports: e.g., transportation, emergency response services, respite, related foods.	Case management; residential - including customized in-home (aka independent living) supported or family living; day services, including community access, habilitation and employment; therapies; behavioral support consultation; assistive technology; non-medical transportation; and respite.	Services range from early intervention, respite, adaptive skill building and evaluation for children to limited independent living supports, supported employment and/or day habilitations and respite for adults.
Funding	**Medicaid**: allocated to each individual based upon an assessment; budget is individualized according to need.	**Medicaid:** allocated to each individual based upon an assessment; budget is individualized according to need.	**State General Funds (SGF)**: appropriated by the Legislature to the Department of Health and given to DD providers rather than assigned to particular individuals through a Request for Proposals process.
Eligibility/ Waiting List	Available only to individuals with a new allocation or transferring from the DD Waiver. Must apply for placement on the developmental disabilities Central Registry (waiting list); once found medically eligible, wait for services can be up to 10 years.	Must apply for placement on the developmental disabilities central registry; once found medically eligible, wait for services can be up to 10 years.	There is no wait for early intervention services. For other services, except for adults previously "grandfathered" into the SGF program, individuals must apply for the DD Waiver and match the definition for I/DD. However, individuals do not also need to meet Medicaid level of care criteria or financial eligibility in order to qualify. Wait for services can be up to 10 years but is usually shorter for respite - although respite

			services may be limited to approximately 200 hours/family/year.
Choices	Allows individual to live in the location of his/her choice and to hire, fire, supervise and manage employees or their own choosing with support from a representative of their own choosing.	Offers a menu of choices including residential (including family living), day services, community access, employment, therapies and specialized supports such as relationship education and crisis support. Provider agencies must be chosen to provide services before a plan is developed and services begin.	Provider agencies offer the type of services based on the "slot(s)" they have available in their contract with the Dept. of Health. Not every service is offered to every person. Some individuals may be offered allocation to the DD Waiver prior to an opening for services with their local SGF provider becoming open.
Other	Does not have traditional external case management. Consultant agencies assist in developing the services, and supports plan, submitting plan to appropriate agencies and putting the plan into action.	Independent case management is part of the waiver; Healthcare providers are selected by the individual; habilitation/maintenance therapies are available based on need after an individual assessment and prior authorization.	Does not come with case management; therapies are not available unless the individual has Medicaid state plan benefits and meets medical necessity criteria for therapy services. May include short term, but not ongoing behavioral support consultation or crisis supports.

Appendix D: Other Recommendations Generated by the Taskforce

The recommendations contained in this appendix were acknowledged by the taskforce as having the potential to improve the DD system, yet would not directly reduce the waiting time for those applying for the DD Waiver program. These recommendations include:

1. Increase post-secondary education and employment opportunities:
   a) Issue grants to replicate Eastern New Mexico University's community college model for individuals with I/DD in other locations and for disciplines/degrees.
   b) Issue grants to develop self-employment start up models, including access to incubator space.
   c) Assure fair wages for DD population.
   d) Allow payment for tuition, incubator space and business start up consultation under all service programs including the traditional DDW.
2. Develop a holding fund, via a legislative bill, that allows any unspent DDW SGF match to rollover rather than revert. This will provide incentive for people to keep their spending at a level that meets their need because they won't have to "spend or lose it." Maryland has a similar program called the Waiting List Equity Fund, developed by a 1994 statute. There was also a bill in the previous NM legislature to allow DDPC to rollover guardianship funding rather than have it revert; build on this precedent. This fund could be used for pilot projects, expedited allocation, infrastructure development, expansion of respite services and the like.
3. Host quarterly community (in towns/cities not just the regional seat) service option meetings for anyone on Central Registry, as well as anyone in services interested in other service options. Have representatives from DDSD central registry/eligibility unit, Mi Via consultant agencies, and SGF community guides give an educational presentation to the group on each service that will include its strengths and its limitations. This would be a positive educational opportunity. Include a checklist of activities that families and Individuals can pursue to prepare for allocation (i.e. estate planning, PCP, record keeping). This also provides Individuals and families a forum to connect with each other, building community as well as natural and generic supports. A meeting of this type will also encourage natural support circles. This should accompany an easy to navigate website and written materials, not replace them.
4. Ideas for the website: Include a self-assessment that directs people to the service options that best meet their needs (SGF, Mi Via, DDW, or other). Website should be easy to navigate, have a place to email a question, have a place to request written materials. Website should be accessible and able to be translated into Spanish. Success stories for each service, how people use the services creatively and research that supports positive outcomes of self-direction with flexible funding.
5. DDSD to send out a bi-annual needs assessment to people on the Central Registry. This will give everyone better information about what needs exist, by age group. This would be a self-assessment sent in paper and electronically for a valid sample size based on the

population (with a 95% confidence level). With that level of return, it will minimize DDSD staff time and give enough information to determine aggregate needs.

6. Work with the Public Education Department to mandate that local education agencies (LEA) designate transition coordinators that not only ensure compliance with IDEA requirements to establish a transition plan associated with Individual Education Plans for high school special education students, but who also assists students with DD Waiver applications, including submission of relevant special education evaluations and other documentation which support verification of I/DD diagnosis, as well as share information on the difference between traditional DDW and Mi Via as well as other relevant programs available through Medicaid Centennial Care, state general fund, Division of Vocational Rehabilitation, Independent Living Centers and the like. Such transition planning should begin at 14 years of age, to allow more youth to graduate with their class and not have to stay in school until age 22.
7. Increase marketing and communication among agencies to increase global awareness of DDW by hospitals, social workers, pediatricians, schools and other public assistance programs. Maintain regular contact with identified entities to ensure they have the latest information, literature, and pamphlets. Develop and maintain relationships with partners to ensure the information is readily available to families. This could have the effect of increasing the number of applications to DDW and thus to the length of the waiting period.
8. Analyze budgeted services for those newly allocated, sorted by DDW Group, and compare to long term DDW participants to better project future average cost per participant.

Appendix F: Definitions

ACQ - Advisory Council on Quality, a group assembled by the Department of Health to advise the Department on quality supports and services for individuals with developmental disabilities and their families.

Allocation – The term for when individuals who are on the Central Registry receive funding for participation in the Developmental Disabilities Waiver program.

CMS – Centers for Medicare and Medicaid Services which is the federal agency responsible for Medicaid and for approving Medicaid Waivers.

Centennial Care – The Centers for Medicare and Medicaid Services approved Medicaid waiver allowing the state to combine several existing Medicaid waivers into one managed care waiver and adding long term services to the list of services required to be provided by the managed care organizations (currently – Blue Cross, United, Molina and Presbyterian).

Central Registry – Official name for the list maintained by the Developmental Disabilities Services Division holding the names of individuals who have applied for Developmental Disabilities Waiver services.

DDSD – Developmental Disabilities Supports Division of the Department of Health, responsible for managing services to individuals with developmental disabilities of all ages.

DDW – Developmental Disabilities Home and Community-Based Medicaid Waiver, the agreement with the Centers for Medicare and Medicaid Services authorizing the use of federal Medicaid money for approved services outside an institution for people with developmental disabilities.

Expedited Allocation – Process by which an individual receives an allocation to the Developmental Disabilities Waiver based upon meeting certain criteria rather than by date of application. Criteria is limited to: confirmed abuse, neglect or exploitation by current caregiver(s); terminal illness or death of primary caregiver; court determination of incapacity to stand trial and ordered into DD services; or return from medical treatment facility stay in excess of 60 days, and no other viable placement option available including placement in an Intermediate Care Facility for individuals with Intellectual/Developmental Disability (ICF/IDD).

FMA – Fiscal Management Agent (currently Xerox) Agency that manages the money for individuals on the Mi Via Waiver, including writing paychecks and paying other approved bills.

FMAP – Federal Medical Assistance Percentage: The percentage of the medical cost of Medicaid paid by the federal government

HSD – Human Services Department, the Single state agency for Medicaid that contracts with the third party assessor and the fiscal management agency and determines financial eligibility for Medicaid services, including the waivers.

ISD – Income Support Division, the division of the Human Services Department that determines financial eligibility for the Medicaid waivers.

MAD – Medical Assistance Division, the division of the Human Services Department that administers the Medicaid program in New Mexico.

Medicaid Waiver – An application to the Centers for Medicare and Medicaid asking for a "waiver" from certain federal requirements of the Medicaid program; these include: delivery of an approved list of services outside an institution, for example: day activities, therapies, nursing, employment support, and residential support.

Natural support – Unpaid supports given to individuals with developmental disabilities. The supports could come from co-workers, friends, and family.

"Ramp up" – The term used to describe the time between allocation of individuals from the Central Registry to the time services actually begin to be delivered. During this time frame the individual must complete the following steps: obtain a physical exam from their primary care practitioner, work with their selected case manager to complete and submit the level of care packet, have the level of care packet reviewed and approved, take evidence of financial eligibility to the Income Support Division and get financial eligibility confirmed, receive a supports needs assessment, select services providers, meet with case manager and service providers to create an Individual Service Plan based upon results of the support needs assessment, and obtain approval of the ISP from the Medicaid third party assessor. Because these steps can take up to 180 days, "ramp up" time results in reversion of state general funds appropriated for the purpose of bringing individual off the Central Registry into the DD Waiver program during the first fiscal year.

TPA – Third Party Assessor, independent agency contracting with the state to determine the medical eligibility and level of care for individuals with developmental disabilities and well as provide prior authorization for services proposed in the Individual Service Plan.

Waiting List – Unofficial, more commonly used, descriptive name for the Central Registry.

APPENDIX F: EXPEDITED ALLOCATION POLICY

New Mexico Department of Health (DOH) Developmental Disabilities Supports Division (DDSD) POLICY	Policy Number: IEB-001-R Supersedes: Expedited Allocation to the Developmental Disability Waiver Program Policy 6-18-07
Policy Title: Expedited Allocation to the Developmental Disability Waiver Program Policy	
Effective Date: July 1, 2010	
Approved:	Date: 6-16-10

I. PURPOSE

The purpose of this policy is to establish criteria for the Department of Health (DOH) employees to follow in providing for the expedited allocation of individuals on the Central Registry who meet the federal definition of developmental disability to be allocated Waiver services on a basis other than the individual's date of registration.

II. POLICY STATEMENTS

It is the policy of the DOH Developmental Disabilities Supports Division (DDSD) to allow for expedited allocation to the Developmental Disabilities (DD) Waiver Program under special circumstances and in response to legal mandates. If a person qualifies for an expedited allocation and subsequently is determined to meet both medical and financial eligibility criteria, services would not begin immediately but would be available sooner than if the person had to wait for allocation based upon the date of registration. In order to meet the expedited allocation criteria, at least one of the specific criteria from A, B, C, or D, and criterion E must be met:

A. An individual on the Central Registry who has been determined to have a developmental disability and whose current situation meets the statutory definition of abuse, neglect and/or exploitation as substantiated by Adult or Child Protective services; **or**

B. An individual on the Central Registry who has been determined to have a developmental disability and due to death or sudden disability of his/her primary caregiver is without continued care or an alternate primary caregiver; **or**

C. An individual on the Central Registry who has been determined to have a developmental disability who was most recently on a civil DD commitment pursuant to NMSA, 1978 §43-1-13 (and as referenced in NMSA, 1978 §31-9-1.6), and who continues to need developmental disabilities services to assure health and safety; **or**

D. An individual who previously was determined eligible for and participated in the DD Waiver Program whose case was closed administratively by the Human Services Department in accordance with their rules due to the client's need for inpatient hospitalization or other residential clinical treatment that extended past sixty (60) days, and who now has completed such treatment and is ready to return to the DD Waiver Program; **AND**

E. Current available resources are inadequate to maintain the health and safety of the individual.

The DDSD has sole authority in the determination of an Expedited Allocation in accordance with this policy and other DDSD rules and requirements.

III. APPLICABILITY

This policy applies to all DOH/DDSD employees processing requests/referrals for expedited allocation.

IV. DEFINITIONS

Abuse: Means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish.

Central Registry: Means a database that lists DD Waiver, ICF/MR and SGF registrants. It is used to track registration and mental retardation/related condition match determinations and in allocation for eligible individuals. Allocations to services for DD Waiver registrants are made by registration date.

Developmental Disability: An applicant is determined to have a developmental disability by means of meeting the targeted population criteria contained in the Developmental Disabilities Waiver agreement.

Developmental Disability (DD) Waiver Program: Means a Medicaid Home and Community-Based services waiver for individuals with Developmental Disabilities that was made possible by Title XIX Home and Community-Based Services Act of 1981. This act made an exception to or 'waived' traditional Medicaid requirements by making Medicaid funds available for home community-based services as an alternative to institutional care. This program helps children and adults with developmental disabilities.

Expedited Allocation: Means the early initiation of eligibility determination activities for the DD Waiver Program by means other than the individual's date of registration for this program.

Exploitation: Means the deliberate misplacement of consumer's property, or wrongful, temporary or permanent use of a consumer's belongings or money without the consumer's consent.

Neglect: Means the failure to provide goods and services necessary to avoid physical harm, mental anguish or mental illness.

V. REFERENCES

CFR 42, Public Health

DDSD CMS 1915c DDW Renewal Application App_0173.90.R2, 9-21-06 and the crisis section on pages 22, 88, 115 – 117.

Policy Number IEB-001 - Expedited Allocation to the Developmental Disability Waiver Program Policy June 18, 2007.