



Building a Good Life through the New DD Waivers

April 2017

Presented by Ann Bevan (DMAS) and Eric Williams (DBHDS)

DBHDS Vision: A life of possibilities for all Virginians

Welcome

About Medicaid...

About Medicaid...

Medicaid eligibility is based on...

- countable income
- membership in a covered group
- Virginia residency
- citizenship status

eligibility is reviewed annually

About Medicaid...

Medicaid facts

- DMAS covers 1 in 3 births in Virginia
- 50% of Medicaid enrollees are children
- Two in three nursing facility residents are supported by Medicaid

About Medicaid...

Medicaid facts

- Medicaid's home and community-based waivers support over 46,700 Virginians in a community setting of their choosing
- Medicaid is the primary payer for behavioral health services in Virginia

State Plan Services

- The Virginia Medicaid program is authorized under Title XIX of the Social Security Act
- The State Plan serves as Virginia's contract with CMS and authorizes Virginia to receive Federal Financial Participation (FFP), also referred to as the federal "match"
- All services included in the State Plan must be available in the same amount, duration, and scope to all Medicaid recipients

- Home
- Administration and Business
- Behavioral Health, Addiction and Recovery Treatment Services
- Client Services
- Commonwealth Coordinated Care
- Commonwealth Coordinated Care Plus (MLTSS)
- Delivery System Reform
- Incentive Payment (DSRIP)
- Dental Services
- Fiscal Information
- Governor's Access Plan (GAP)
- Learning Network
- Long Term Care and Waiver Services

 dmas.virginia.gov

LONG TERM CARE & WAIVER SERVICES



[PAS](#) | [Aging & Medical Services](#) | [PACE](#) | [Waiver Services & Rates](#) | [NF Quality Improvement Questions](#)

- [FAQs for Consumer Directed Attendant Hour Limits](#)
- [To assess Pre-Admission Screening documents – Click on PAS link above](#)

LONG-TERM CARE RESOURCES & GUIDEBOOKS

- ◆ [Check List for Hospital Case Managers/Social Workers for Discharge Planning](#)
- ◆ [Guide for Long-Term Care Services in Virginia](#)
- ◆ [Virginia Medicaid Program at a Glance](#)

Waivers for people with DD and ID

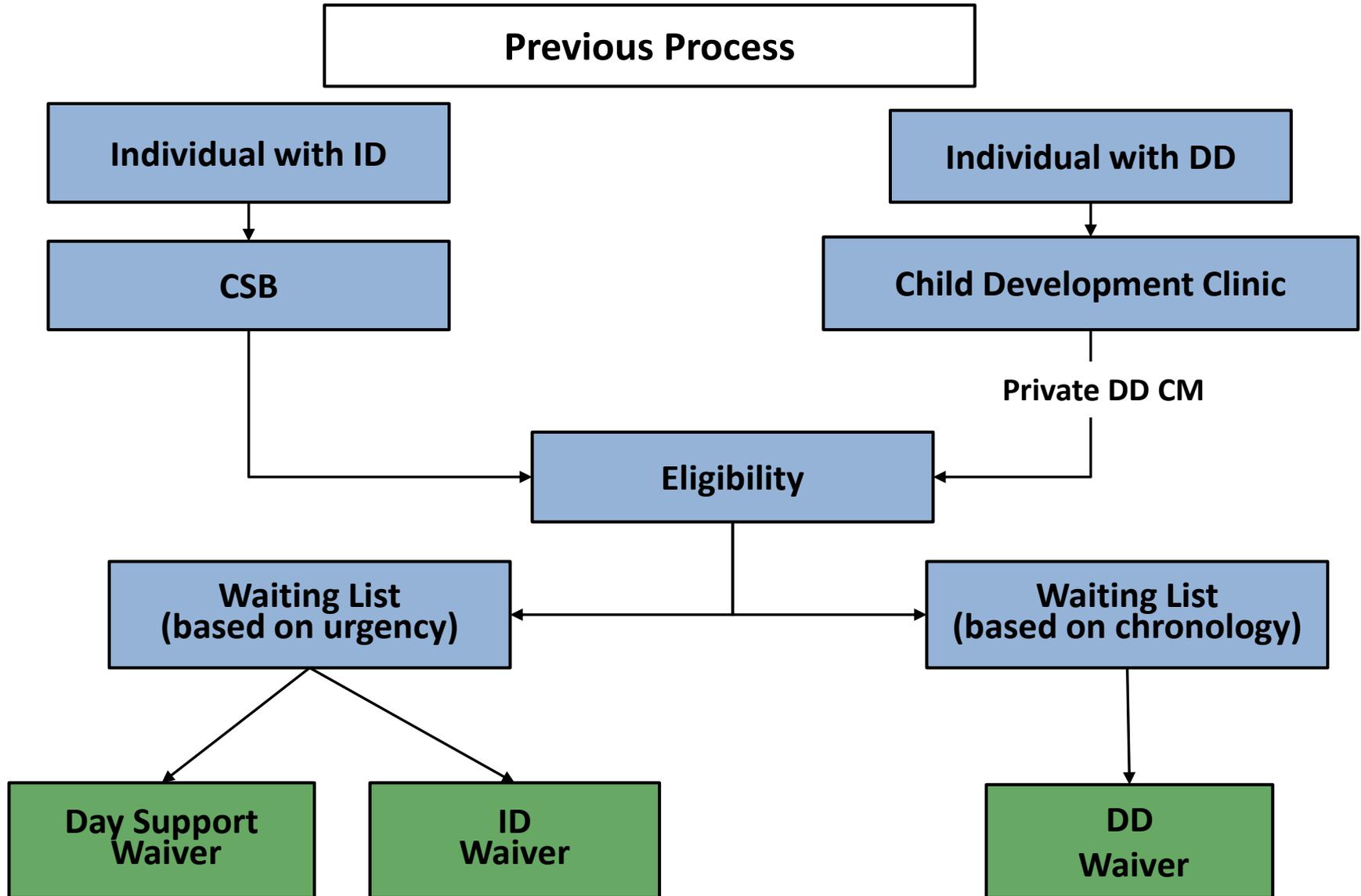


Waivers prior to redesign

- Bifurcated system
- Less service options
- No rate methodologies
- Stagnant reimbursement



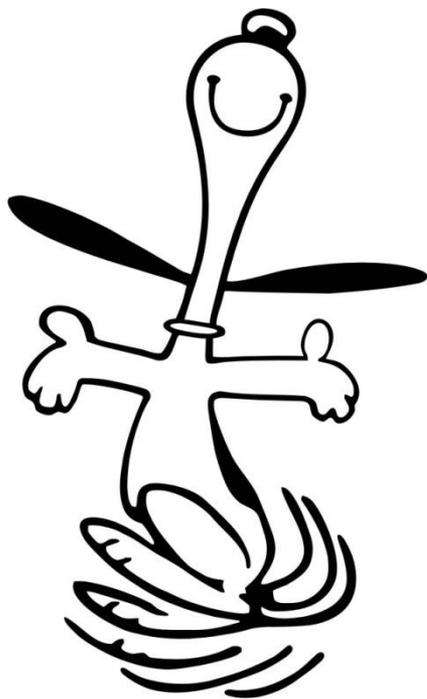
Waivers prior to redesign



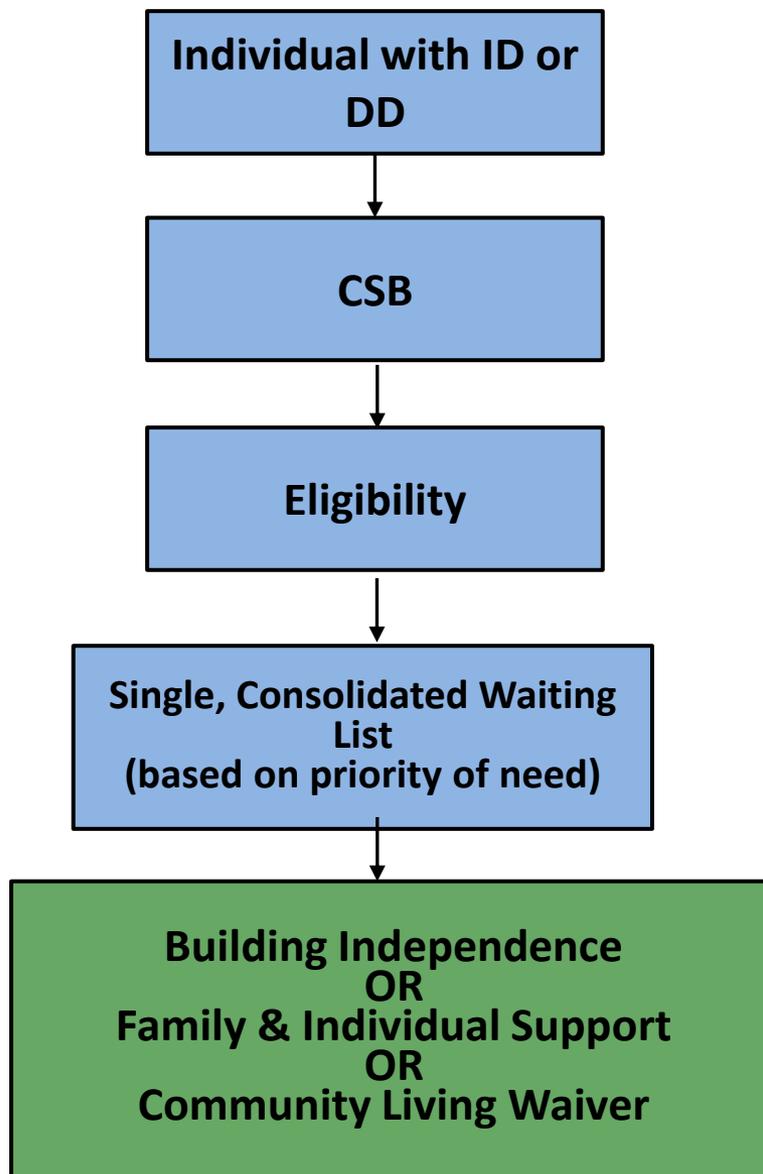


The New DD waivers

Waivers after redesign



Revised Process



Waivers after redesign

- New DD definition
- Single statewide waiting list
- Streamlined access
- Progressive levels of support
- Rate methodologies
- Enhanced reimbursement that incentivizes smaller settings

Integrated DD Waiver Redesign

Day
Support
Waiver

Building Independence Waiver

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

Individuals own, lease, or control their own living arrangements and supports are complemented by non-waiver-funded rent subsidies.

DD
Waiver

Family & Individual Supports Waiver

For individuals living with their families, friends, or in their own homes, including supports for those with some medical or behavioral needs. Available to both children and adults.

ID
Waiver

Community Living Waiver

Includes residential supports and a full array of medical, behavioral, and non-medical supports. Available to adults and children. May include 24/7 supports for individuals with complex medical and/or behavioral support needs through licensed services.

Eligibility

DD Waivers' Eligibility Factors

- ✓ Possess a diagnosis of DD
- ✓ Meet level of care criteria (determined by the VIDES)
- ✓ Meet Medicaid financial eligibility
- ✓ Accept services within 30 days

Eligibility

DD Waivers' Waiting List Criteria

Three Priorities

Eligibility

Priority One Status

At least one of the following:

- An immediate jeopardy exists to the health and safety of person due to primary caregiver condition (and no other caregivers).
- An immediate risk to the health or safety of the individual, primary caregiver, or other person living in the home due to either of the following:
 - behavior presenting a risk/cannot be managed
 - physical/medical needs, presenting a risk/cannot be managed
- Lives in an institution with a viable discharge plan OR
- A young adult who is no longer eligible for IDEA services (<27)

Eligibility

Priority Two Status

At least one of the following:

- Health and safety of person likely to be in future jeopardy due to
 - o unpaid primary caregiver(s) having a declining chronic or long-term physical or psychiatric condition that limit ability
 - o no other unpaid caregivers available; and
 - o skills are declining as a result of lack of supports;
- At risk of losing employment supports;
- At risk of losing current housing due to a lack of adequate supports and services; or
- Needs or desired outcomes that with adequate supports will result in a significantly improved quality of life.

Eligibility

Priority Three Status

At least one of the following:

- Receiving a service through another funding source that meets current needs;
- Is not currently receiving a service but is likely to need a service in five or more years; or
- Has needs or desired outcomes that with adequate supports will result in a significantly improved quality of life.

Eligibility

To be considered for slot assignment, an individual must:

- ✓ Be determined to meet one of the Priority One criteria
- ✓ Accept the specific Waiver if it were offered

And continue to...

- ✓ Meet diagnostic and functional eligibility requirements
- ✓ Be willing to accept services within 30 days

Levels and Tiers

Seven levels and four tiers for adults

Reimbursement Tier 1		Mild Support Needs Individuals have some need for support, including little to no support need for medical and behavioral challenges. They can manage many aspects of their lives independently or with little assistance.
Reimbursement Tier 2		Moderate Support Needs Individuals have modest or moderate support needs, but little to no need for medical and behavioral supports. They need more support than those in Level 1, but may have minimal needs in some life areas.
Reimbursement Tier 3		Mild/Moderate Support Needs with Some Behavioral Support Needs Individuals have little to moderate support needs as in Levels 1 and 2. They also have an increased, but not significant, support needed due to behavioral challenges.
		Moderate to High Support Needs Individuals have moderate to high need for support. They may have behavioral support needs that are not significant but range from none to above average.
Reimbursement Tier 4		Maximum Support Needs Individuals have high to maximum personal care and/or medical support needs. They may have behavioral support needs that are not significant but range from none to above average.
		Intensive Medical Support Needs Individuals have intensive need for medical support but also may have similar support needs to individuals in Level 5. They may have some need for support due to behavior that is not significant.
		Intensive Behavioral Support Needs Individuals have intensive behavioral challenges, regardless of their support needs to complete daily activities or for medical conditions. These adults typically need significantly enhanced supports due to behavior.

Resource

Levels and Tiers

Tiered Services

- Group Home Residential
- Sponsored Residential
- Supported Living
- Independent Living Residential (2 tiers)
- Group Day
- Community Engagement
- Group Supported Employment

Levels and Tiers

Reimbursement increases based on:

The support need level



Levels and Tiers

Reimbursement may decrease based on:

The size of the licensed home or number of people supported



Services & Support Options

Services and supports available in the DD Waivers can be considered across these categories.

Employment
and Alternate
Day Options



Self-Directed
Options



Residential
Options



Crisis Support
Options



Medical and
Behavioral
Support
Options



Additional
Options



Services & Support Options

Employment and Day Options	Building Independence	Family & Individual	Community Living
Individual Supported Employment	✓	✓	✓
Group Supported Employment	✓	✓	✓
Workplace Assistance Services		✓	✓
Community Engagement	✓	✓	✓
Community Coaching	✓	✓	✓
Group Day Services	✓	✓	✓



Services & Support Options

Crisis Support Options	Building Independence	Family & Individual	Community Living
Community-Based Crisis Supports	✓	✓	✓
Center-based Crisis Supports	✓	✓	✓
Crisis Support Services	✓	✓	✓



Services & Support Options

Residential Options	Building Independence	Family & Individual	Community Living
Independent Living Supports	✓		
Shared Living	✓	✓	✓
Supported Living		✓	✓
In-home Support Services		✓	✓
Sponsored Residential			✓
Group Home Residential			✓



Services & Support Options

Medical and Behavioral Support Options	Building Independence	Family & Individual	Community Living
Skilled Nursing		✓	✓
Private Duty Nursing		✓	✓
Therapeutic Consultation		✓	✓
Personal Emergency Response System (PERS)	✓	✓	✓



Services & Support Options

Additional Options	Building Independence	Family & Individual	Community Living
Assistive Technology	✓	✓	✓
Individual and Family Caregiver Training		✓	
Electronic Home-Based Services	✓	✓	✓
Environmental Modifications	✓	✓	✓
Transition Services	✓	✓	✓

No earlier than 7/1/17	Building Independence	Family & Individual	Community Living
Community Guide w/ Peer Mentor	✓	✓	✓
Benefits Planning	✓	✓	✓
Non-medical transportation	✓	✓	✓



[Behavioral Health Wellness](#)[Children and Families](#)[Community Services Boards \(CSBs\)](#)[Developmental Services](#)[Autism](#)[Crisis Services](#)[\\$name](#)[DOJ Settlement Agreement](#)[Home-Community-Based-Services-Settings-Regulations](#)[Community Integration Project Team](#)[Individuals Seeking Community Services Providers](#)[Community Support Services](#)[Early Childhood Intervention](#)[My Life My Community - ID/DD Waiver Redesign](#)[SP 607 Workgroup](#)[Developmental Services](#)

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[Individuals & Families](#)

receive the supports they need to live full lives in the community.

Waiver Redesign

[Developmental Services](#)

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[My Life My Community](#)

- [Waiver Amendments Regulations](#)

Questions on Waiver Redesign: If you have questions on the redesign of the intel waivers and the changes associated with waiver redesign, please contact

- 1-844-603-9248

Please click the link below to access an interactive map with information relating

- <http://www.mylifemycommunityvirginia.org/>

Stakeholder Informational Call Schedule and Recordings:

- [DBHDS Stakeholder Call Schedule \(January to March 2017\) NEW](#)
- November 2, 2016
- November 9, 2016
- November 16, 2016
- November 30, 2016
- December 7, 2016
- December 15, 2016

DD waivers and EDCD

- Elderly and Disabled Waiver with Consumer Direction
- Referrals from acute care hospitals, nursing facilities, the local department of social services (LDSS) or the local health department (LHD)
- Medicaid eligible and Virginia Universal Assessment Instrument (UAI) completed by their local preadmission screening team
- Compatible with Early and Periodic Screening, Diagnosis, and Treatment Services (EPSDT) if under 21

DD waivers and EDCD

- Eligible individuals must meet the nursing facility eligibility criteria;
- EDCD service may be used while on a wait list for other waivers (one must meet criteria for both waivers); and
- EDCD offers two methods of service delivery 1) agency-directed and 2) consumer-directed

Available Services:

Adult Day Health Care

Medication Monitoring

Personal Care Aide Services

Respite Care

Personal Emergency Response System (PERS)

Transition Coordination

Transition Services



Early and Periodic Screening, Diagnosis, and Treatment Services (EPSDT)

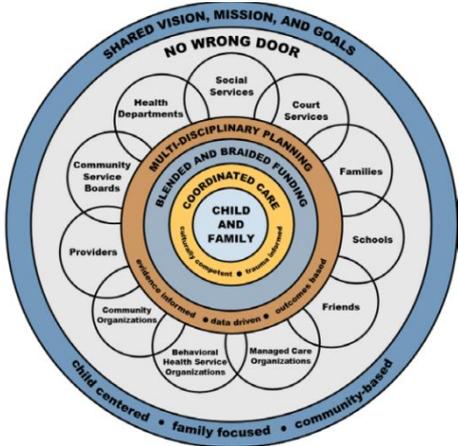


EPSDT

- Comprehensive and preventive child health program
- Children under 21 years old
- Medicaid eligible
- Comprehensive and preventive child health program
- Screenings by physicians or certified nurse practitioners
- Services must be medically necessary

804-786-6134

Comprehensive Services Act (CSA)



CSA

- law enacted in 1993 ; state-local partnership
- a single state pool of funds to purchase services for at-risk youth and their families
- State Executive Council (SEC) oversees
- Office of Children's Services (OCS) administers
- Focus: effective, innovative systems of care

(804) 662-9815

Children's Crisis Services (REACH)



Children's Crisis Services (REACH)

- Provides timely access to crisis supports
- Employs qualified professionals
- For children up to 18 years old with DD and co-occurring behavioral or MH diagnoses
- Programs are tailored to each region
- Provides training, assessment, crisis/safety plan development, and crisis support

Children's Crisis Services (REACH)

Region I (Charlottesville and Surrounding):

Crisis Line #(888) 908-0486

Children's Director: Amanda Cunningham

Region II (Northern):

Crisis Line #(844) 627-4747

Children's Director: Katherine Edwards

Region III (Southwest):

Crisis Line #(855) 887-8278

Children's Director: Denise Hall

Region IV (Richmond and Surrounding):

Crisis Line #(855) 282-1006

Children's Director: Autumn Richardson

Region V (Southeastern):

Crisis Line #(888)255-2989

Children's Director: Brandon Rodgers



Considerations

Typical funding order



Transition of existing approvals beginning June 1, 2017



Process for services typically not covered by IEP/CSA



Considerations

Change in supports covered for services

- Supports focusing more on community integration and inclusion.
- Waivers added many new services such as private duty nursing, new crisis services, shared and independent living, etc.
- Prevocational services removed.

Considerations

Change in DD services unit structures

- New rate methodologies
- Some existing (and new) residential services moved to a daily rate
- Day services that had a “block” structure were changed to an hourly rate with new ratio requirements, activities, and a new combined limit

Considerations

Duplication of services

- Some services are incompatible
- Services can be covered under one source
- Services work together in arranging schedules and concurrent supports if authorized (e.g. skilled nursing alongside residential services or behavioral consultation during day services)

Considerations

Compatible/Incompatible Combinations of Services in the DD Waivers

IF an individual is authorized to receive a service in this column;	THEN, the services in this column MAY NOT be authorized.
In-Home Supports (H2014)	<p>Group Home Residential</p> <p>Sponsored Residential</p> <p>Supported Living Residential</p> <p>Note: In-Home Supports can be requested for individuals also approved for Group Home or Sponsored Residential services in limited circumstances when an individual regularly spends time away from the licensed residential services site visiting family on the weekends.</p>
Independent Living Supports (T2032)	<p>None</p> <p><i>Only available in the BI waiver.</i></p>
<p>Shared Living (T1020)</p> <p>AGE LIMIT: 18 years of age and older</p>	<p>Group Home Residential</p> <p>Sponsored Residential</p> <p>Supported Living Residential</p>
Group Home Residential (H2022)	<p>Agency-Directed Respite</p> <p>Consumer-Directed Respite</p>

Resource



Plus

**Commonwealth
Coordinated Care Plus**

Your Health. Your Care.



CCC Plus

Primary goal is to improve health outcomes

- New statewide Medicaid managed care program beginning Aug 2017 for over 214,000 individuals
- Participation is required for qualifying populations
- Integrated delivery model that includes medical services, behavioral health services and long term services and supports (LTSS)
- Care coordination and person centered care with an interdisciplinary team approach

CCC Plus



- 65 and older
- Adults and children living with disabilities
- Individuals living in Nursing Facilities (NFs)
- Individuals in Tech Assisted Waiver
- Individuals in EDCD Waiver
- Individuals in the 3 waivers serving the DD populations for their acute and primary services
- *CCC and Medallion 3 ABD populations transition to CCC Plus

CCC Plus

Coordination with Medicare and Medicaid

Medicare covers:

- Hospital care
- Physician & ancillary services
- Skilled nursing facility (SNF) care
- Home health care
- Hospice care
- Prescription drugs
- Durable medical equipment

Medicaid covers:

- Medicare Cost Sharing
- Hospital and SNF (when Medicare benefits are exhausted)
- Nursing facility(custodial)
- HCBS waiver services
- Community behavioral health and substance use disorder services
- Medicare non-covered services, like OTC drugs, some DME and supplies, etc.

CCC Plus covers:

- Medicaid services
- Medicare coinsurance and deductibles
- Coordination with the members Medicare health plan
- Dual Special Needs Plan (DSNP) contracts facilitate care coordination across the full delivery system
- Option to choose the same health plan for Medicare and Medicaid

CCC Plus

Services for CCC Plus enrolled individuals that are paid for through fee-for-service.

- Dental Services (*Smiles for Children*)
- School Health Services
- Preadmission Screening
- Developmental Disabilities (DD) Waivers – Carve out includes waiver services, related transportation, case management and support coordination. Also includes waiver services covered through EPSDT for DD Waiver enrolled individuals.

(DD Waiver services covered through EPSDT includes: Private duty nursing, Skilled nursing, Personal care, Assistive Technology, Center-based Crisis, Community-based Crisis.)

Non-waiver services are covered under CCC Plus program.

Questions?

thank
you!

