



# Redesign

*There are too many moving parts!*

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# Where did we start?

- Three Waivers –
  - MR → ID
  - DD
  - Day Support
  
- Each with different
  - service packages
  - waiting lists
  - populations served, etc



# 2009 Was a Busy Year!

- April – SISs (more on this later!)
- May – Person Centered Planning
- July – Rates for Residential dropped 1.6%
- July – MFP (Money Follows the Person)
- July – DMHMRSAS became DBHDS



# Addressing the DD Issue

- Remove the diagnostic divisions and integrate the ID & DD populations

If that is done then - - -

- Create a “comprehensive” (includes residential) and a “supports” waiver



# Issues

- Waiting lists – Needs Based vs Chronological
- Minimizing impact on those at the “top” of the DD list
- Role of the CSBs as Single Point of Entry and Case Management?
- Minimizing Individual Appeal Rights



# Addressing the Cost Issue

- Using the Supports Intensity Scale (SIS) to determine level of support needed
  - Building Individual Supports Budgets, or
  - Utilizing the Fee for Service structure in place and basing the rate on the “level” of need
- The Burns & Associates model is based upon the latter.



# Issues

- Containing cost while adequately funding services
- Overcoming perception that individuals were receiving “unnecessary” services
- Continuing the balancing act between the need for slots and the need for increased rates – added cost!



# We tried in 2011!

BBBBB. The Department of Medical Assistance Services and the Department of Behavioral Health and Developmental Services, in consultation with appropriate stakeholders and national experts, shall research and work to improve and/or develop Medicaid waivers for individuals with intellectual disabilities and developmental disabilities that will increase efficiency and cost effectiveness, enable more individuals to be served, strengthen the delivery of person-centered supports, enable individuals with high medical needs and/or high behavioral support needs to remain in the community setting of their choice, and provide viable community alternatives to institutional placement.

This initiative shall include a review of the current Intellectual Disabilities (ID), Day Support and Individual and Family Developmental Disabilities Supports (IFDDS) waivers to identify any improvements to these waivers that will achieve these same outcomes. The Department of Behavioral Health and Developmental Services and the Department of Medical Assistance Services shall report on the proposed waiver changes and associated costs to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees by October 1, 2011.





# Then DOJ came along, and . . .

- Focus changed
- Energy was directed at TC discharges
- Services were measured in different terms
- Layers of oversight/monitoring/data collection were added




# Waiver Redesign is the Answer

- We need(ed) to build qualified capacity and the issues were more than combining populations and making services more flexible!
- HSRI was engaged to help study the various factors and propose solutions
- DBHDS proposed an “exceptional rate” to solve discharge issues; CMS initially refused to approve the 25% rate bump because there was no logic in our rate structure
- HSRI → Burns & Associates was engaged to complete a study of the rates paid



# Issues

- Meeting Expectations We Set to Comply with the DOJ Settlement Agreement  
*(There will be more on this in the DBHDS presentation)*
- Building Capacity to Meet Needs
- Developing a Service Array to Meet Demands
- Minimizing Individual Appeal Rights
- Overcoming perception that individuals were receiving “unnecessary” services

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- Integrating & Managing Waiting Lists
  - Minimizing impact on those at the “top” of the DD list
  - Defining the Role of the CSBs (CFCM)
  - Licensing DD Support Coordinators
  - Implementing a New Rates Scheme using SISs to Assign “Levels”

AND . . . . .



- Transitioning to the CMS “Final Rule”

- Effective in March 2014 with a five year transition phase
- Requires all HCBS Services to be person centered and fully integrated into the community
- Emphasizes the “setting” in which services can or cannot occur
- Emphasizes supported employment, community integration, privacy in all settings, personal control of space and funds, and choice
- Does not impact ICF/IID programs either state run or in the community; nor does it have specific requirements for number of beds.
- Virginia submitted it’s Statewide Transition Plan on March 17, 2015 and . . .



# 2015 Session

- Approved:

- Small rate increase ← Burns Rate Study
- Acknowledged redesign in several ways
- Did not try to influence design or timeframe


- Not approved:

- 200 slots & rental subsidies for Independent Living



## ■ Required:

- This amendment provides funding to increase rates for in-home residential services, day services, therapeutic consultation services, congregate residential services, and skilled nursing services effective July 1, 2015. These increases are based on the analysis from the recent rate study of Medicaid waiver rates, which indicates that the rates are inadequate to build the appropriate community capacity to move individuals out of state training centers. The Intellectual Disability, Developmental Disability and Day Support waivers are currently being redesigned and will likely change in fiscal year 2017. **The funding in this amendment provides an investment in the new rates to move the Commonwealth forward to a community-based system for individuals with intellectual or developmental disabilities**
- Language is also added to require the Department of Medical Assistance Services and the Department of Behavioral Health and Developmental Services to report on plans to redesign the Medicaid comprehensive Intellectual and Developmental Disability waivers prior to a submission of a request to the Centers for Medicare and Medicaid Services to amend the waivers. The report is required to be submitted by November 1, 2015

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- This amendment directs a joint subcommittee created to monitor the closure of the state training centers to continue those efforts and to evaluate any options deemed necessary to ensure that the appropriate supports and safeguards are in place for individuals that transition from training centers into the community. A reporting requirement is also added for the subcommittee to receive more detailed information on the current costs of operating the training centers.
  
  - This amendment requires the Department of Behavioral Health and Developmental services to include stakeholders from the acquired brain injury community in their redesign process of the Medicaid waivers for individuals with intellectual and developmental disabilities
  
  - The Department of Behavioral Health and Developmental Services in collaboration with the Department of Medical Assistance Services shall provide a detailed report for each fiscal year on the budget, expenditures, and number of recipients for each specific intellectual disability (ID) and developmental disability (DD) service provided through the Medicaid program or other programs in the Department of Behavioral Health and Developmental Services. This report shall also include the overall budget and expenditures for the ID, DD and Day Support waivers separately.



# What Is Next?

- Three Waivers with integrated ID/DD populations – the significant differences in service options and, therefore, budgeted cost will be which residential options are available.
- Each Waiver should include the services from the “parent” waiver with possibly some new alternatives, some changes of “units of service” and descriptions/limitations of current services  
*(There will be more on this in the DBHDS/DMAS presentation)*
- Still needed are decisions on management of the waiting list(s) and assignment of slots to begin the process of transitioning individuals to the Waiver most appropriate for their needs and, therefore, creating some clarity in the budgeting process



# Going Forward

- Submission to CMS and approval of the three Waivers
- Submission of the budgetary requirements and approval by the GA to complete implementation of the rates proposal (2016 Session)
- Implementation of new services/rates and systems in the July 2016 to January 2017 timeframe