



Summary of Changes in DDS Waivers

Comprehensive Waiver Renewal and the IFS Waiver Amendment

Changes in Waiver Services Effective October 1, 2008

The following is a comparison of the services in the IFS and Comprehensive Waivers prior to October 1, 2008 and the services in the IFS Waiver and Comprehensive Waivers effective October 1, 2008.

Waiver Services in Place Prior to October 1, 2008	Waiver Services Effective October 1, 2008
	New: Adult Day Health
	New: Health Care Coordination
	New: Live In Care Giver
Residential Habilitation CTH in Comprehensive Waiver only	New in IFS Waiver: Residential Habilitation CTH (now in both IFS and Comprehensive Waivers)
Individual Directed Goods & Services in Comprehensive Waiver only	New in IFS Waiver: Individual Directed Goods & Services (now in both IFS and Comprehensive Waivers)
IFS Individual Supports (IS) Habilitation and Supported Living (IFS Residential Habilitation)	New Name: Individualized Home Supports replaces Supported Living (SL) and IS Habilitation (in both waivers)
Consultative Services	New Name: Clinical Behavioral Support Services
Consultative Services	New Name: Nutrition
Family & Individual Consultation & Support	New Name: Independent Support Broker
Residential Habilitation CLA (Comp only)	Residential Habilitation CLA (Comp only)
Assisted Living (Comp only)	Assisted Living (Comp only)
Personal Support	Personal Support
Adult Companion	Adult Companion
Respite less than 24 hours	Respite less than 24 hours
Respite overnight	Respite overnight
Supported Employment - Individual	Supported Employment - Individual
Supported Employment - Group	Supported Employment - Group
Group Day Supports	Group Day Supports
Individualized Day Supports	Individualized Day Supports
Family Training (IFS Waiver only)	Family Training (IFS Waiver only)
Environmental Modifications	Environmental Modifications
Vehicle Modification	Vehicle Modifications
Transportation	Transportation
Transportation-trip	Transportation - trip
Specialized Medical Equipment and Supplies	Specialized Medical Equipment and Supplies
Personal Emergency Response System	Personal Emergency Response System
Interpreter Services	Interpreter Services

Definitions of New Waiver Services

Adult Day Health Services – *New to both Waivers*

Eligible Waiver Participants: Adults who would benefit from adult day care in a structured, comprehensive program in a protective setting.

Supports include: A variety of health, social and related support services such as socialization, supervision and monitoring, personal care, and nutrition.

Waiver Service Definition: Adult day health services are provided through a community-based program designed to meet the needs of cognitively and physically impaired adults through a structure, comprehensive program that provides a variety of health, social and related support services including, but not limited to, socialization, supervision and monitoring, personal care and nutrition in a protective setting during any part of a day. There are two different models of adult day health services: the social model and the medical model. Both models shall include the minimum requirements described in Section 17b-342-2(b)(2) of the DSS regulations. In order to qualify as a medical model, adult day health services shall also meet the requirements described in Section 17b-342-2(b)(3) of the DSS regulations. This service may not be provided at the same time as Group Day, Supported Employment, Respite, Personal Support, or Individualized Home Supports.

Health Care Coordination – *New to both Waivers*

Eligible Waiver Participants: Individuals with identified health risks who live in their own homes with less than 24 hour support and who have medical needs that require healthcare coordination not otherwise available.

Supports are provided by a registered nurse and include:

- Assessment, education, and assistance including the development of an integrated healthcare management plan
- Clinical and technical guidance
- Assistance to manage complex health care services and supports, improve health outcomes and prevent admission to a nursing facility.
- Training/retraining staff on health interventions
- Monitoring the effectiveness of health interventions
- Coordinating specialists
- Evaluating treatment recommendations
- Reviewing lab results, monitoring, coordinating tests/results
- Reviewing diets.

Waiver Service Definition: Assessment, education and assistance provided by a registered nurse to those waiver participants with identified health risks living in their own homes with less than 24 hour supports, who, as a result of their intellectual disability, have limited ability to identify changes in their health status or to manage their complex medical conditions. These participants have medical needs that require more healthcare coordination than is available through their primary healthcare providers to assure their health, safety and well-being. This service will ensure that there is communication between primary care physicians, medical specialists, and behavioral health practitioners, and will provide a resource person to communicate to consumers and direct support staff (if utilized by the participant) and train them to follow through on medical recommendations. The RN Healthcare Coordinator will complete a comprehensive nursing assessment on each participant and develop an integrated healthcare management plan for the participant and his/her support staff (if utilized by the participant) to implement. This service shall provide the clinical and technical guidance necessary to support the participant in managing complex health care services and supports to improve health outcomes and prevent admission to a nursing facility. Support provided includes, but is not limited to, the following: train/retrain staff (if utilized by the participant) on interventions, monitor the

effectiveness of interventions, coordinate specialists, evaluate treatment recommendations, review lab results, monitor, coordinate tests/results, and review diets. This service is only available to individuals with identified health risks who receive less than 24 hour supports in their own home. The RN Healthcare Coordinator may not provide skilled nursing services that are available under the Medicaid State plan.

Live-in Caregiver – *New to both Waivers*

Eligible Waiver Participants: Individuals who live in their own homes who have an unrelated live-in caregiver who provides a waiver service such as Individualized Home Supports or Personal Support.

Service includes: This waiver service provides a rent and food reimbursement to the individual to cover extra costs resulting from having a Live-in Caregiver.

Waiver Service Definition: When a waiver service such as Individualized Home Supports or Personal Support is provided by an unrelated, live-in caregiver, funding is available to cover the additional costs of rent and food that can be reasonably attributed to the unrelated live-in personal caregiver who resides in the same household as the waiver participant. The reimbursement for the increased rental costs will be based on the DDS Rent Subsidy Guidelines and will follow the limits established in those guidelines for rental costs. The reimbursement for food costs will be based on the USDA Moderate Food Plan Cost averages. Payment will not be made when the participant lives in the caregiver's home or in a residence that is owned or leased by the provider of Medicaid services.

Existing Waiver Services – New to the IFS Waiver

Residential Habilitation (Community Training Homes) – *New to IFS Waiver*

Waiver Service Definition: Assist with the acquisition, improvement and /or retention of skills and provide necessary support to achieve personal outcomes that enhance an individual's ability to live in their community as specified in their Individual Plan. This service is specifically designed to result in learned outcomes, but can also include elements of personal support that occur naturally during the course of the day. Examples of the type of support that may occur in these settings include:

- Provision of instruction and training in one or more need areas to enhance the individual's ability to access and use the community;
- Implement strategies to address behavioral, medical or other needs identified in the Individual Plan;
- Implement all therapeutic recommendations including Speech, O.T., P.T., and assist in following special diets and other therapeutic routines;
- Mobility training;
- Adaptive communication training;
- Training or practice in basic consumer skills such as shopping or banking; and,
- Assisting the individual with all personal care activities.

Provision of these services is limited to licensed CTH settings. Payments for residential habilitation in these settings do not include room and board, the cost of facility maintenance, upkeep or improvement. This service may not be used in combination with Individualized Home Supports, or Personal Support. Not included in the payment for services in CTHs is an average of 30 hours per week when it is expected that participants will be receiving Group Day Supports, Individualized Day Supports, Supported Employment, or Adult Day Health services.

Individual Goods and Services – *New to IFS Waiver*

Eligible Waiver Participants: This service is only available for individuals who self-direct their supports.

Waiver Service Definition: Services, equipment or supplies that will provide direct benefit to the individual and supply must either reduce the reliance of the individual on other paid supports, be directly related to the health and/or safety of the individual in his/her home or in the community, be habilitative in nature and contribute to a therapeutic goal, enhance the individual's ability to be integrated into the community, or provide resources to expand self-advocacy skills and knowledge, and, the individual has no other funds to purchase the described goods or services. Experimental and prohibited treatments are excluded. This service is only available for individuals who self-direct his/her own supports, and must be pre-approved by DDS and follow DDS Cost Standards. DDS Cost Standards are a set of guidelines which are used to ensure applies consistent criteria with respect to the appropriateness of the services or items to be approved in this service definition and their cost. This service may not duplicate any Medicaid State Plan service. Direct supports under this service may not be provided at the same time as Individualized Day Supports, Group Day, Supported Employment, Respite, Personal Support, Individualized Home supports, or Adult Companion.

Changes in the Names or Specifications of Existing Waiver Services

Individualized Home Supports – *Formerly Supported Living (SL) or Individual Supports Habilitation*

Waiver Service Definition: This service provides assistance with the acquisition, improvement and/or retention of skills and provides necessary support to achieve personal habilitative outcomes that enhance an individual's ability to live in their community as specified in the plan of care. This service includes a combination of habilitative and personal support activities as they would naturally occur during the course of a day. This service is not available for use in licensed settings. The service may be delivered in a personal home (one's own or family home) and in the community. Payments for Individualized Support do not include room and board. This service may not be provided at the same time as Group Day, Individualized Day, Supported Employment, Respite, Personal Support, Adult Companion, and/or Individualized Goods and Services.

Employees must be able to demonstrate competence/knowledge in positive behavioral programming, working with individuals who experience moderate to severe psychological and psychiatric behavioral health needs and ability to properly implement behavioral support plans if required by the participant.

Clinical Behavioral Support Services – *Formerly Consultative Services*

Waiver Service Definition: Clinical and therapeutic services which are not covered by the Medicaid State Plan, necessary to improve the individual's independence and inclusion in their community. This service is available to individuals who have intellectual disabilities and demonstrate an emotional, behavioral or mental health issue that results in the functional impairment of the individual and substantially interferes with or limits functioning at home or in the community. Professional clinical service to include: 1) Assess and evaluate the behavioral and clinical need(s); 2) Develop a behavioral support plan that includes intervention techniques as well as teaching strategies for increasing new adaptive positive behaviors, and decreasing challenging behaviors addressing these needs in the individual's natural environments; 3) Provide training to the individual's family and the support providers in appropriate implementation of the behavioral support plan and associated documentation; and, 4) Evaluate the effectiveness of the behavioral support plan by monitoring the plan on a monthly basis, and by meeting with the team one month after the implementation of the behavior plan, and in future three month intervals. The service will include any changes to the plan when necessary and the professional(s) shall be available to the team for questions and consultation. The professional(s) shall make recommendations to the Individual Support Team and Case Manager for referrals to community physicians and other clinical professionals that support the

recommendations of the assessment findings as appropriate. Use of this service requires the preparation of a formal comprehensive assessment and submission of any restrictive behavioral support program to the DDS Program Review Committee for approval prior to implementation. This service is limited to \$2,500 per year unless additional services in a plan year are authorized via the Prior Approval process.

Qualifications for Behavior Specialist Only

- Masters degree in psychology, special education, applied behavior analysis, or other related field and course work in human behavior and one year experience working with people with intellectual disabilities.
- or-
- Bachelor's degree in psychology, special education or other related field and review and approval by the DDS Clinical Review Panel and one year experience working with people with intellectual disabilities.

Note: This service does not include counseling.

Nutrition – *Formerly Consultative Services*

Waiver Service Definition: Clinical assessment and development of special diets, positioning techniques for eating; recommendations for adaptive equipment for eating and counseling for dietary needs related to medical diagnosis for participants and training for paid support staff to ensure compliance with the participant's dietary needs. These services are not covered in the Medicaid State Plan. This service is limited to 25 hours of service per year.

Independent Support Broker – *Formerly Family and Individual Consultation and Support*

Waiver Service Definition: Support and Consultation provided to individuals and/or their families to assist them in directing their own plan of individual support. This service is limited to those who direct their own supports. The services included are:

- Assistance with developing a natural community support network
- Assistance with managing the Individual Budget
- Support with and training on how to hire, manage and train staff
- Accessing community activities and services, including helping the individual and family with day to day coordination of needed services.
- Assistance with negotiating rates and reimbursements.
- Developing an emergency back up plan
- Self advocacy training and support

Changes in Cost Standards and Billing

Environmental Modifications

The maximum benefit over the term of the waiver (5 years) is \$15,000.

Vehicle Modifications

The benefit package is limited to a maximum of \$10,000 within the waiver period per recipient for vehicle modifications. Once this cap is reached, \$750 per individual per year may be allowable for repair, replacement or additional modification with prior approval.

Individualized Home Supports – This service must be billed in 15 minute increments.

Health Care Coordination – This service must be billed in 15 minute increments.

Wheelchair Transportation – If an individual requires a wheelchair accessible vehicle for transportation the rate for the service for that individual is 85 cents per mile.

Updated IFS Waiver Service Packages and Limits

The maximum amount of annualized funding available to individuals enrolled in the IFS waiver for purchase of waiver goods and services is \$58,000.

The IFS Waiver covers the following service packages and associated service limits defined by total cost for groups of waiver services and supports.

IFS Waiver Service Packages and Limits: the total amount of available services within each package is based first on the individual's assessed level of need, and, for any individual may not exceed without prior approval, the following limits:

Home/Community Package to \$28,000	Day/Vocational Package to \$26,000	Ancillary Package to \$6,000	Other: require individual approvals
Individualized Home Supports	Group Day Options	Specialized Medical Equipment and Supplies	Environmental Modification
Personal Support	Individualized Day Supports	Clinical Behavioral Support up to \$2,500 per year	Vehicle Modifications
Community Training Home	Supported Employment	Interpreter Services	Family Training
Adult Companion	Adult Day Health Services	Transportation	Health Care Coordination
Respite		Nutrition up to 25 hours per year	Individual Goods and Services
Live-In Companion			
PERS			

The Department is continuing to analyze the historical funding data and refine the prospective allocation methodology from the present allocation method of categorizing people with an LON of 1 or 2 as Minimum with a allocation range up to \$27,300; those with an LON scores of 3 or 4 as Moderate with an allocation range up to \$60,100 and those with LON scores of 5, 6, and 7 as Comprehensive with an allocation range up to \$92,800 to an allocation amount based on more current use data. Individuals with scores of 8 have exceptional support needs and will receive an allocation based on their individual support needs

Quality Management Strategy

CMS requires that each waiver contains a Quality Management Strategy that includes:

- Process for trending and analyzing discovery and remediation information
- Process for prioritizing and operationalizing system design changes
- Process for monitoring and analyzing the results of system design changes

to ensure compliance with the following Federal Assurances and sub-assurances:

- Level of Care
 - An evaluation for LOC is provided to all applicants for whom there is reasonable indication that services may be needed in the future.

- The levels of care of enrolled participants are reevaluated at least annually or as specified in the approved waiver.
- The processes and instruments described in the approved waiver are applied appropriately and according to the approved description to determine participant level of care.
- Service Plans
 - Service plans address all participants' assessed needs (including health and safety risk factors) and personal goals, either by the provider of waiver services or through other means.
 - The state monitors service plan development in accordance with its policies and procedures.
 - Service plans are updated/revised at least annually or when warranted by changes in the waiver participant's needs.
 - Services are delivered in accordance with the service plan, including the type, scope, amount, duration and frequency specified in the service plan.
 - Participants are afforded choice: Between waiver services and institutional care; and between/among waiver services and providers.
- Qualified Providers
 - The state verifies that providers, initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services.
 - The state monitors non-licensed/non-certified providers to assure adherence to waiver requirements.
 - The state implements its policies and procedures for verifying that provider training is conducted in accordance with state requirements and the approved waiver.
- Health and Welfare
 - The state, on an ongoing basis, identifies, addresses and seeks to prevent the occurrence of abuse, neglect and exploitation.
- Administrative Authority
 - The Medicaid Agency retains ultimate administrative authority and responsibility for the operation of the waiver program by exercising oversight of the performance of waiver functions by other state and local/regional non-state agencies (if appropriate) and contracted entities.
- Financial Accountability
 - State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.

The Quality Management Strategy includes a Continuous Quality Improvement process of discovery, remediation and improvement. The DDS Quality Improvement Strategy will use the newly automated Quality Service Review (QSR) system to provide discovery data related to Service Plans, Health and Welfare, and Qualified Providers.