

CAP-MR/DD Tiered Waivers

Update to the Joint Legislative
Oversight Committee on MH/DD/SAS

August 26, 2008

Tiered Waivers

- Two new waiver applications were submitted to CMS on August 1, 2008.
- Requested effective date Nov. 1, 2008
- Tier 1 Waiver – Supports Waiver. Maximum benefit = \$17,500 year.
- Comprehensive Waiver – replacement for current waiver.
- Since these are considered new waivers by CMS, initial approval will be for maximum of 3 years.

Common Elements

- Person Centered Planning
- If a service is in both waivers, the service definition is the same.
- Providers will have one year from the date of enrollment with DMA or the implementation date of the new waiver, whichever is later, to earn national accreditation.
- Implementation of uniform risk assessment tool – Supports Intensity Scale.
- Waiver “slots” will be allocated quarterly on a per capita basis. If an LMEs does not use new slot in 60 days they will be reallocated.

New Recipients

- Priority given to individuals leaving state developmental centers, people leaving PBH catchment area who were participating in Innovations waiver, individuals to be served through Money Follows the Person grant.
- Individuals in an emergency situation given priority for CAP-MR/DD participation
 - Homelessness or pending imminent homelessness with no viable housing alternative
 - At significant risk of serious physical harm At significant risk of causing serious physical harm to others
 - Requiring protection from confirmed abuse, neglect, or exploitation;
 - Caregivers unable to provide adequate care due to caregivers' significantly impaired health

Waiting List

- All other potential recipients will be prioritized using a standardized instrument that takes acuity of need and time spent waiting for waiver services into consideration.

Supports Waiver

- Include option for self-direction for individuals living in their own home or with family.
- If self direct, must use services of a financial manager and supports broker.
- Requesting federal approval to serve up to 2000 in Year 1, 3000 in Year 2, and 4000 in Year 3.

Comprehensive Waiver

- Replaces existing waiver for recipients requiring more than \$17,500/year in services and supports.
- Will not provide option for self-direction.
- Maximum benefit of \$135,000/year. Presumed maximum benefit without specific DMH/DD/SAS approval = \$100,000/year.
- Requesting federal approval to serve 9250 in Year 1, 9500 in Year 2, and 9750 in Year 3.

New Service Definitions

- Behavior Supports – professional to work with consumer, family and existing provider to develop an individual-specific behavior intervention plan and train staff and family on interventions.
- Home Supports – service provided by parents to adult children in the home. Combination of habilitation and personal care service. Like existing residential supports definition for recipients served in group homes, will have various levels of intensity.

Additional New Services

- Long-term vocational supports – assisting recipients to maintain a job when they no longer need the intense service of supported employment. Provides periodic support.
- Transitional Work Service – functions like group supported employment. Appropriate for employment opportunities like a mobile work force in which a group of consumers perform a function such as maintenance, lawn care, etc.

Residential Supports

- Clarification to residential supports definition:
 - CMS requires states to justify why anyone served through a Home and Community Based Waiver would reside in a home with more than 4 recipients.
 - NC waiver requests to
 - “grandfather” homes and recipients for homes with 6 beds or less, and
 - “grandfather” recipients living in homes of 7-15 beds, and
 - Review within 6 months Person Centered Plans for individuals living in facilities with more than 15 beds to identify a less institutional setting.

Process

- Service definitions were posted for 45 day review and comment, through August 17, 2008
- DMA and DMH/DD/SAS staff currently reviewing comments received
- Will make any changes in the waiver documents necessary based upon that feedback

Next Steps

- Will spend months of September and October training consumers, families, providers, LMEs on proposed changes in the waivers. Will also identify individuals currently served on the waiver that would appropriately transition to the Supports Waiver.
- Assuming timely CMS approval, will implement new waivers November 1, 2008.
 - Self-direction options of Supports Waiver will not be implemented until after January 2009
- Will begin work of writing 2 additional waivers, for Tiers 2 and 3 following successful implementation of the first two waivers. Targeting July 2009 to begin process.