Status of Implementation of the Supports Waiver for CAP-MR/DD

Legislative Oversight Committee on MH/DD/SAS

September 23, 2009

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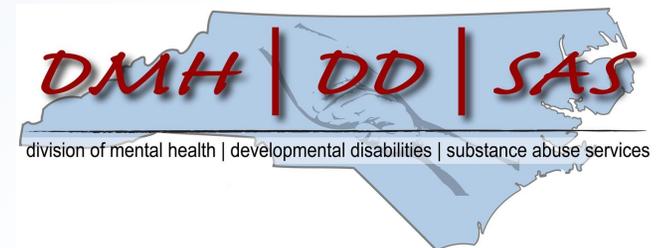
What is the Supports Waiver?

- The Supports Waiver, also known as the Tier 1 waiver, offers services and supports to people with developmental disabilities whose needs can be met with services costing no more than $17,500 per year.

- Implemented in November, 2008, the Supports Waiver served 187 people in SFY 2009.

- Expect to serve nearly 1,000 this year.
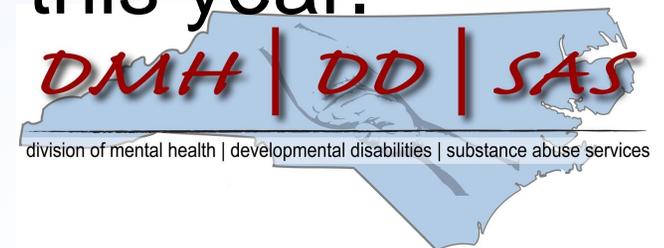
How are the Supports and Comprehensive Waivers Alike?

- Eligibility criteria are the same
  - Must meet ICF/MR Level of Care criteria
  - Federal definition of developmental disabilties
  - Same financial eligibility criteria
    - Asset and income standards
    - Waive parental and/or spousal assets and income
- Not entitlements – can limit participation based upon CMS approval and fund availability
- When services are covered in both waivers the services are the same: service definitions, requirements, provider qualifications, etc.
- Neither waiver includes case management within the waiver but both require participants to receive case management services

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How are they different?

- Supports
  - Max annual benefit = $17,500
  - Serves people living in their own home or with family
  - Offers opportunity to self-direct services

- Comprehensive
  - Max annual benefit = $135,000
  - Serves people living in their own home, with family, or in group settings
  - Does not offer self-direction option

Services in the Supports Waiver

The only services in the Comprehensive Waiver that are not available in the Supports Waiver are Home Supports (family as provider) and Residential Supports (paid living settings.) For all of the rest, the difference is amount and intensity to stay within the $17,500 maximum.

- Personal Care
- Respite Services
- Transportation
- Participant/Natural Support Training and Education Services
- Home and Community Support Services
- Individual Goods and Services
- Augmentative Communication
- Home Modifications
- Supportive Employment

- Specialized Equipment and Supplies
- Personal Emergency Response System
- Vehicle Adaptations
- Adult Day Health
- Day Supports
- Long Term Vocational Support
- Specialized Consultative Services
- Crisis Services
- Behavioral Consultation

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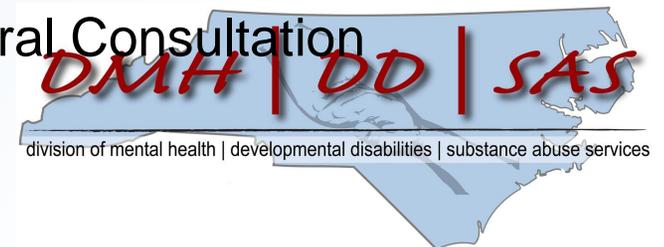
Self-Direction

- Self-Direction is a national movement in the DD community. It is about helping people live up to their full potential and includes the following principles:
    - Freedom of choice of services/supports to receive and the staff who deliver them
    - Authority over how services/supports are delivered
    - Support for organizing services/supports in a way that may be unique to the individual
    - Responsibility to manage public funds appropriately

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Self-Direction in the Supports Waiver

- Effective November 1, the Supports Waiver will include the option for recipients to self-direct the following services:
  - Personal Care
  - Respite
  - Training and Education
  - Home and Community Supports
  - Individual Goods and Services
  - Respite

- Recipients who self-direct will have access to the other services in the waiver through the agency-directed model

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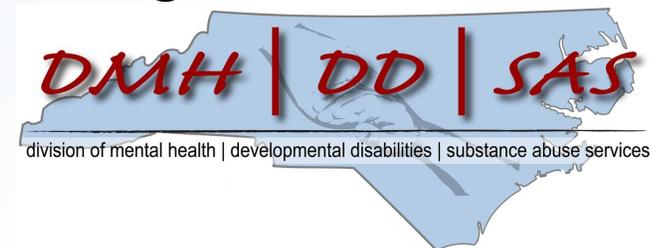
Self-Direction Requirements

- Individuals wishing to participate in self-direction will be assessed to determine risks and their individual supports needs

- The budget will be based upon the prior year's Cost Summary, if the person was previously on the waiver, or the Person Centered Plan if they are new to the waiver.

- Individuals self-directing will be required to use the services of a financial management agency and a Community Resource Consultant.
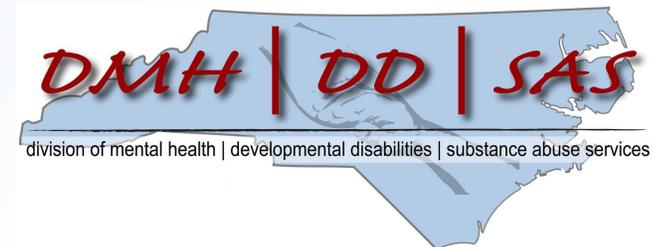
Participant's Responsibilities

- May be assisted by a non-paid representative
- Determines which services in plan will be self-directed and which will be agency-directed
- Recruits, interviews, selects staff – terminates staff when necessary
- Negotiates salary rates and benefits
- Determines staff duties and evaluates performance
- Verifies time worked
- Manages budget

Financial Management Service (FMS) Agency

- FMS will be selected through a Request for Proposal process. All participants who self-direct will be required to use the state vendor.
- RFP has not yet been released.
- This is an administrative function; the cost is not included in the maximum benefit available through the waiver.
- FMS Duties:
  - Serves as employer of record for participant's staff
  - Conducts all required employment verification checks – criminal records, citizenship status, credentials.
  - Performs all payroll functions, including tax withholding, W2s, etc.
  - Advises the participant on the availability and cost of insurance and other employee fringe benefits.
  - Processes any payroll deductions and payments for fring benefits.
  - Maintains separate accounting for each participants budget and expenditures
  - Provides participant, LMEs and state with status reports on participants' budgets and expenditures.
  - Bills Medicaid for services provided (average of 25 hours per participant per year).
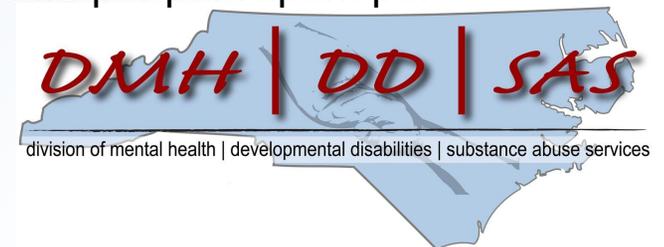
Community Resource Consultant

- CRC will be selected through a Request for Application process. All participants who self-direct will be required to use a state vendor.
- RFA has not yet been released.
- This is an administrative function; the cost is not included in the maximum benefit available through the waiver.
- CRC Duties:
  - Assist and train the recipient on how to recruit, train, hire, evaluate staff performance, etc.
  - Assist participant to develop staff job descriptions and scheduling plans
  - Provide on-going information to the participant to understand their responsibilities under self-direction
  - Assist the participation to objectively evaluate their experience with self-direction

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Future Plans

- General Assembly has directed DHHS to implement 4 Tiers of the CAP-MR/DD Waiver.

- Current Comprehensive Waiver will be amended when Tiers 2 and 3 are developed.

- Plan to include self-direction as an option in Tier 2 (maximum annual benefit of $45,000

Questions?