



Virginia Department of
Behavioral Health &
Developmental Services

**My Life, My Community
Waiver Design Advisory Committee
(WDAC)
Meeting**

September 30, 2014

Meeting Agenda

- **Introductions (Members and Visitors)**
- **Open Public Comment Period (Visitors only 2 mins)**
- **Follow-up from Previous Meeting**
 - **Issues to Revisit**
- **Waiver Redesign Status Update (Connie Cochran)**
 - **Waiver Amendments**
 - **Timeline-Input & Recommendations**
 - **System Design & Proposed Waiver Design Elements**
- **Proposed Service Array (Dawn Traver)**
 - **Proposed new services**
 - **Potential services under consideration**
 - **Vote on services to be included in service array**

Follow Up from Previous Meeting

Dawn Traver, Waiver Operations Director

Waiver Redesign Status Update

Connie Cochran, Assistant Commissioner

My Life, My Community Waiver Design Advisory Committee (WDAC)

Present: Waivers do not support individuals with intellectual and developmental disabilities in leading full lives in the community

- No clear relationship between support needs and funding levels
 - Based on historical supports, rather than actual usage
- Geographic variation in funding levels and availability of services
- Current imbalance in rate structure for some services
- Current service models do not reflect the desired level of community integration

My Life, My Community

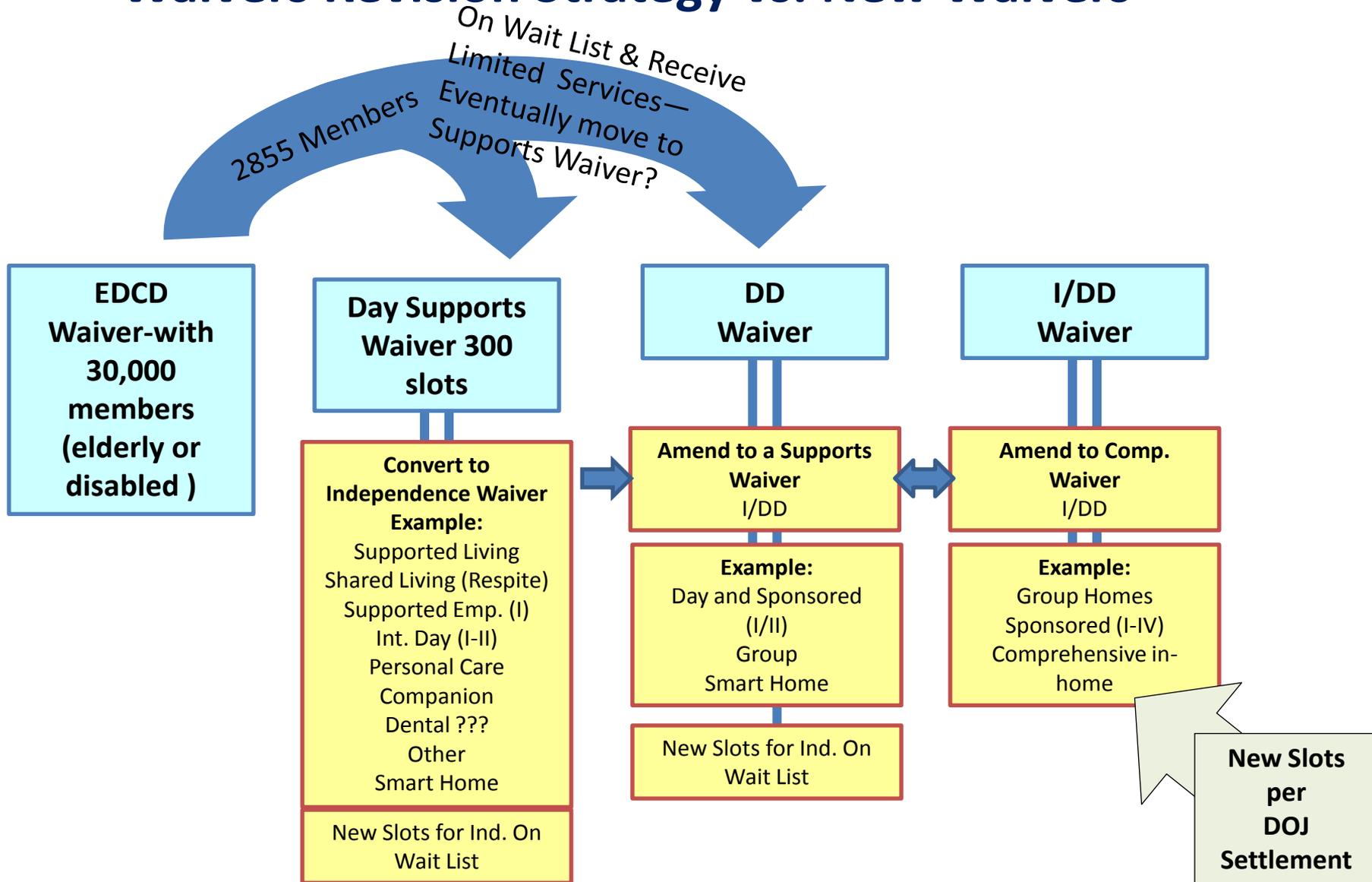
Waiver Design Advisory Committee (WDAC)

Future: New waiver structure that better addresses current and future needs and occurs within an infrastructure supporting best practices and best use of resources.

- Value added data – SIS
- Flexible supports budget - retrospective vs. prospective approach
- More consumer-directed options
- Better community integration
- Access to qualified providers
- Individual choice with fiscal controls – budget add-ons
- Defensible, balanced service model

**How Do We Get from Here to
There?**

Waivers Revision Strategy vs. New Waivers



(HCBS or 'I' or 1115 ?)

Services

The state wants to make sure that the services and budget are:

- ✓ **Fair for everybody**
- ✓ **Based on individual needs and choices**
- ✓ **Available when they are needed**



We Need to Balance w/ Needs Based Model

What's Important to people

What's Important to the system

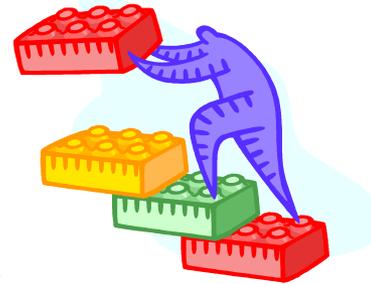


Person-centered system that can last over time

Moving Forward

To move forward and reach our goals, we must:

1. Build on the successes we've achieved
2. Be willing to change some things
3. Balance wants with the best use of the money available now & new services
4. Create new options in order to promote more integrated settings





Challenges

1. Deliver SIS and other evaluations
2. Determine Level of Need
3. Allocate Budget
4. Plan services
5. Administer base service package
6. Monitor service package

How Will It Work?

- Find out about your need for support.
- Based on your support needs, you will get a level.
- You get a budget you can spend to get your services.



About Your Actual Budget

A **budget** is how much money you have and how you plan to spend the money.



Your budget for services is made up of **2 parts**:

1. Where you live



2. What you do during the day.



Other services like nursing, therapeutic consultation, employment services, crisis services, and assistive technology are added on to your base budget if you need them.

Base Budgets

SIS
Level

1

2

3

4

5

6

7

Where You live



+

Day Activities



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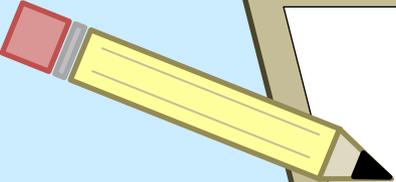
Budget

1. Deliver SIS and other evaluations

2. Determine Level of Need
3. Allocate Budget
4. Plan services
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To administer—current 3 years---do we change to every 4 years for adults—leave the same for children---to allow wait list assessments?

Regional Positions (5) to work with CSBs, families, private providers



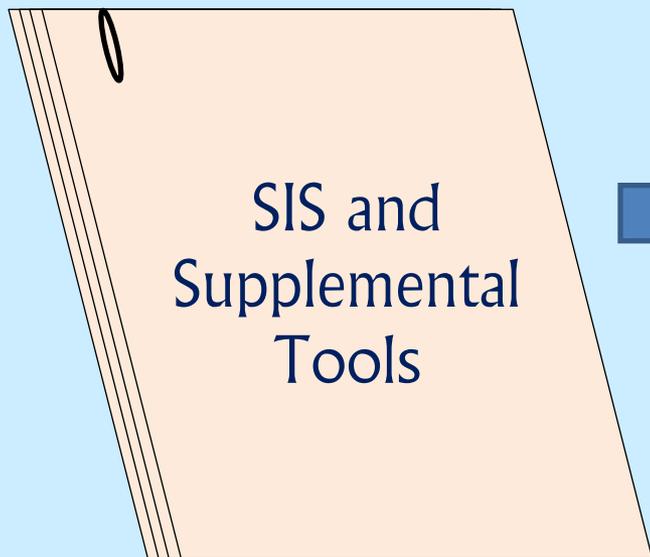
SIS
&
Supplemental
Tools

1. Deliver SIS and other evaluations
- 2. Determine Level of Need**
3. Allocate Budget
4. Plan services
5. Administer base service package
6. Monitor service package

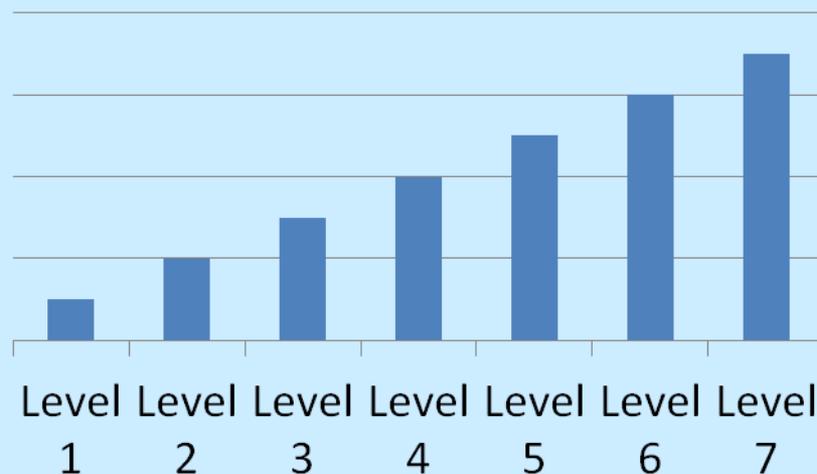
Seven Levels with base packages

Exceptions—Individual's needs may exceed base package within a specific level—remain in level with "E" designation

Mediation if issues in determining with State Representatives



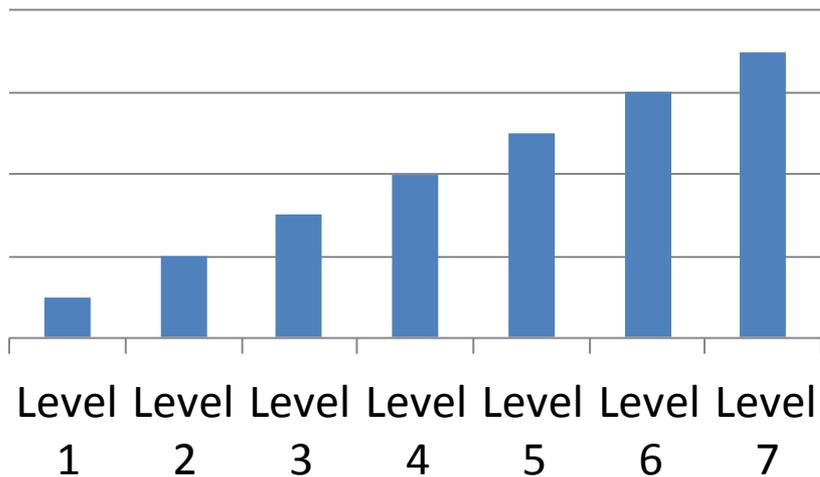
Level of Service



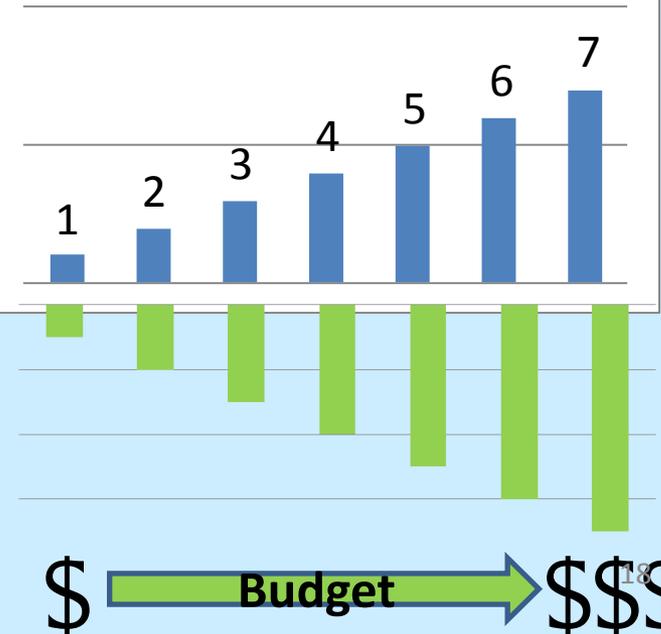
1. Deliver SIS and other evaluations
2. Determine Level of Need
- 3. Allocate Budget**
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Basic Package—where one lives & spends the day
 Additional Services & Needs
 Work closely with Support Coordinator

Level of Service



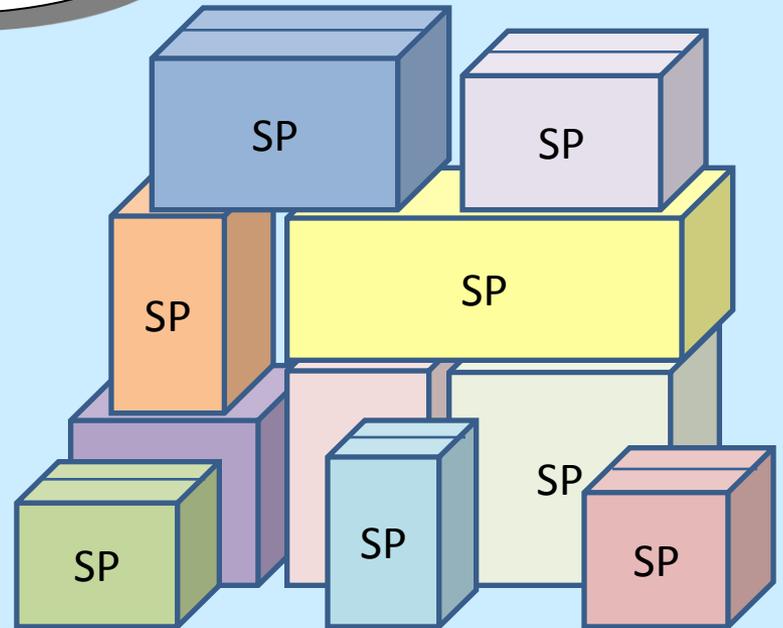
Level of Service



1. Deliver SIS and other evaluations
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Individual Support Plan
Choice of Providers
Other

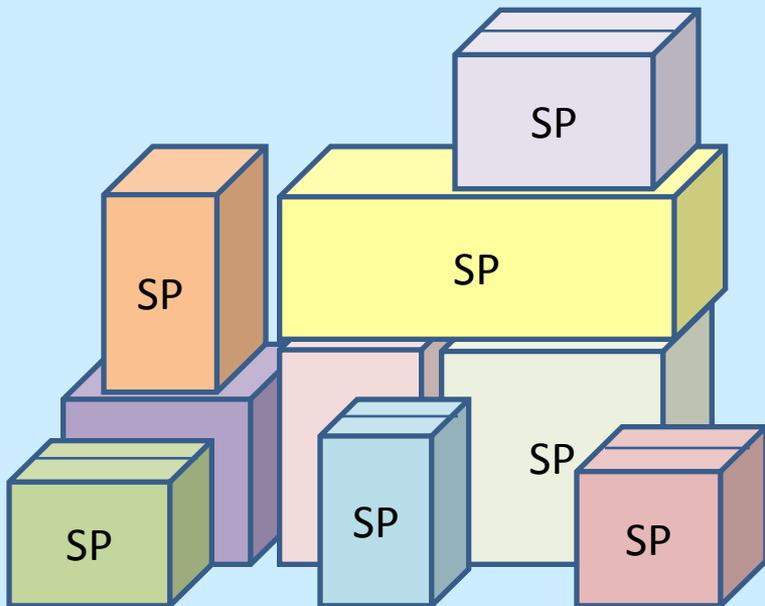
Level of Service



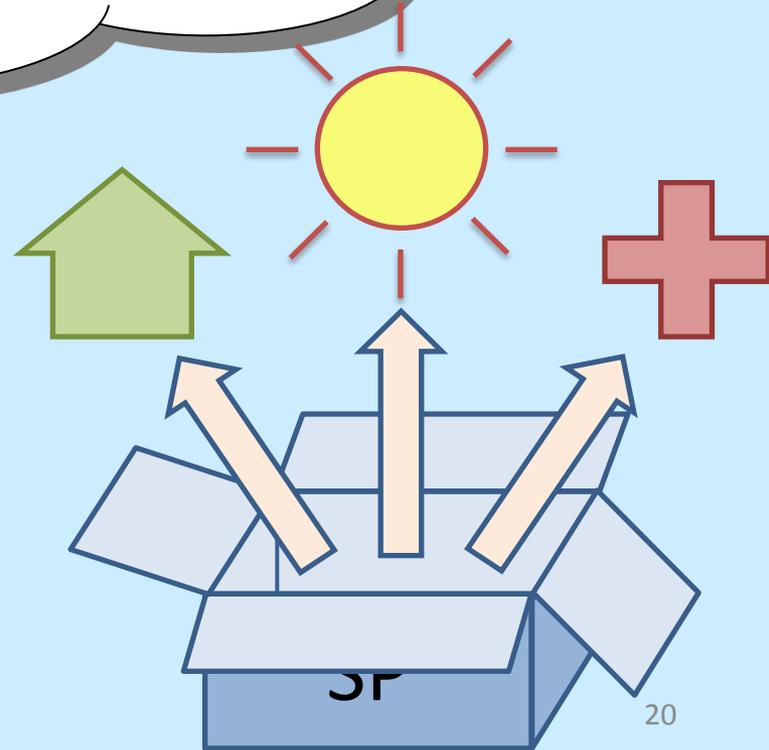
Service Packages

1. Deliver SIS and other evaluations
2. Determine Level of Need
3. Allocate Budget
4. Plan services
- 5. Administer base service package**
6. Monitor service package

Monitoring of Utilization and Costs

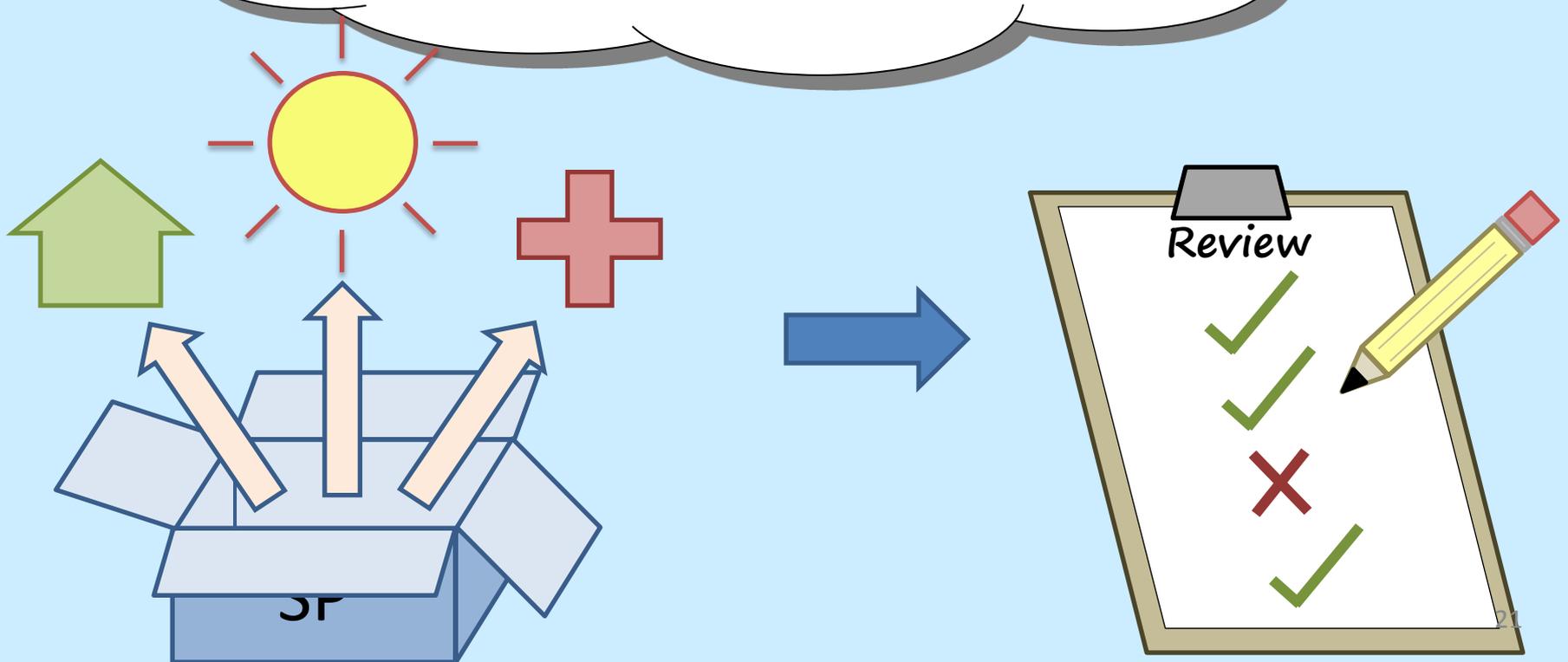


Service Packages



1. Deliver SIS and other evaluations
2. Determine Level of Need
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Outcomes



Virginia Waiver Design Elements

9/23/2014

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More Complex

Trend

Less Complex Supports

\$

Provider Demonstrates Competencies	Service Definition Tiers				Specialty Endorsement	Person Centered (1-5 Star)
	Levels (SIS, etc)	Mediation Exception Process	Rate Tiers**	Service Packages***		
Enhanced <small>Expertise to Provide Unique Services Per Person</small>	7	<Exception>	4th & Negotiated	1.5% Extraordinary Behavioral Support Needs	ISP Ex. Behavioral and /or Medical Complexity	(* ** *** **** *****)
Demonstrated Competency	DBHDS & DMAS Monitoring					
Division II CM*	6	<Exception>	4th Higher Ratios	6.9% Extraordinary Medical Support Needs		(* ** *** **** *****)
	5	<Exception>	4th Higher Ratios	5.3% Severe Support Needs		(* ** *** **** *****)
	4	<Exception>	3rd Higher Ratios	38.7% High Support Needs		(* ** *** **** *****)
	3	<Exception>	3rd Lower Ratios	5.3% Mild/Moderate Support Needs with Some Behavioral		(* ** *** **** *****)
Demonstrated Competency	Division II may be endorsed for 1,2,3					
Division I CM*	2	<Exception>	2nd Lower Ratios	32.3% Moderate Support Needs		(* ** *** **** *****)
	1	<Exception>	1rst Lower Ratios	12.9% Mild Support Needs		(* ** *** **** *****)

Natural supports & other related situational or environmental supports

* Secondary review as needed

REACH, Health Supports Network & Community Resources

*** Tentative %'s

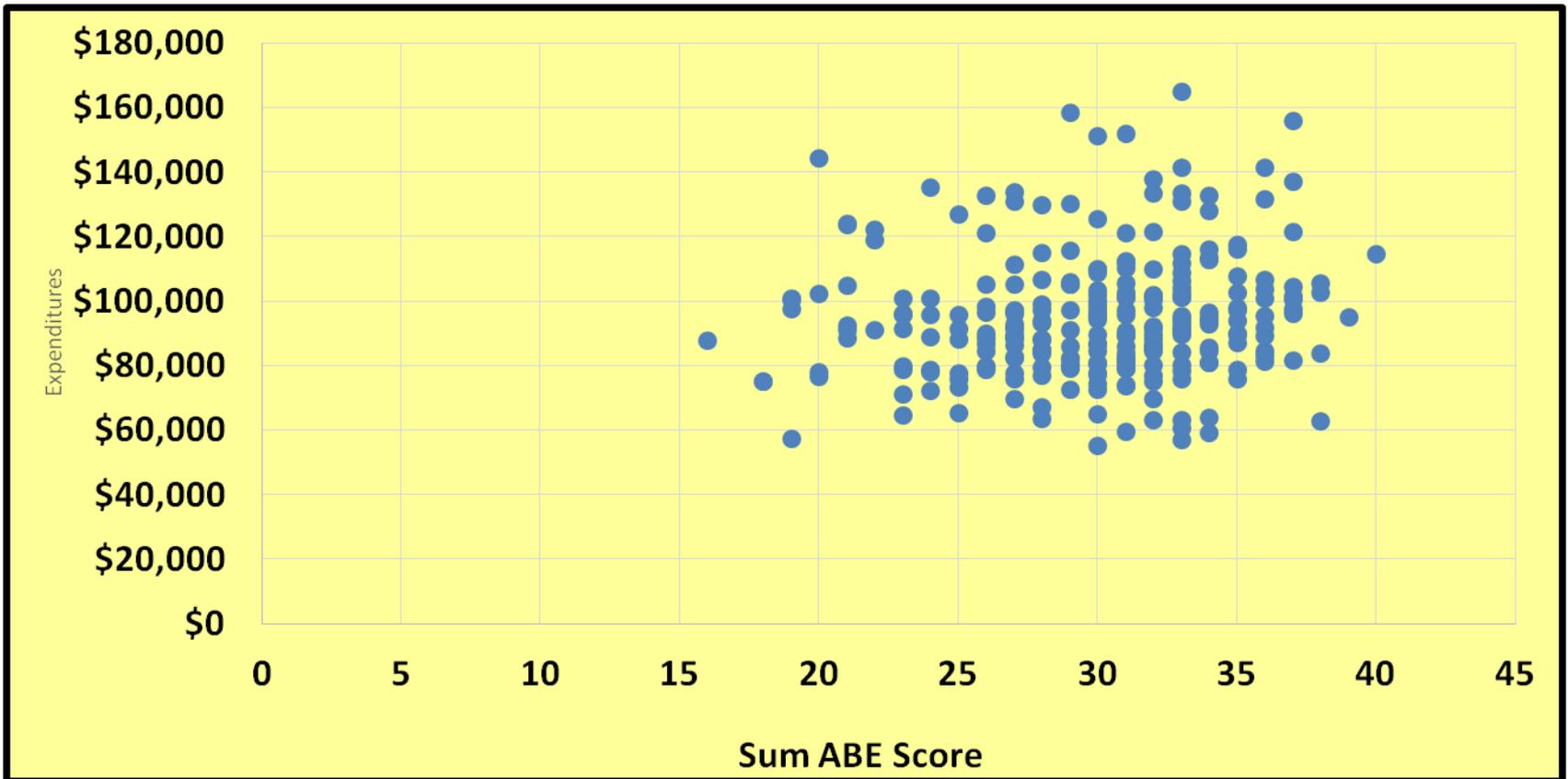
**My Life, My Community
Waiver Design Advisory Committee (WDAC)**

Important policy decisions need to be made so that what we get from the waiver redesign = what we want

- Focus on improving access/availability of community-based versus, facility-based systems?
What is the desired threshold?
 - Residential settings for individuals with modest and/or high support needs
- Decision criteria used to assign individuals to a particular level
- Addressing children in the service system
- Waiver Transition Planning

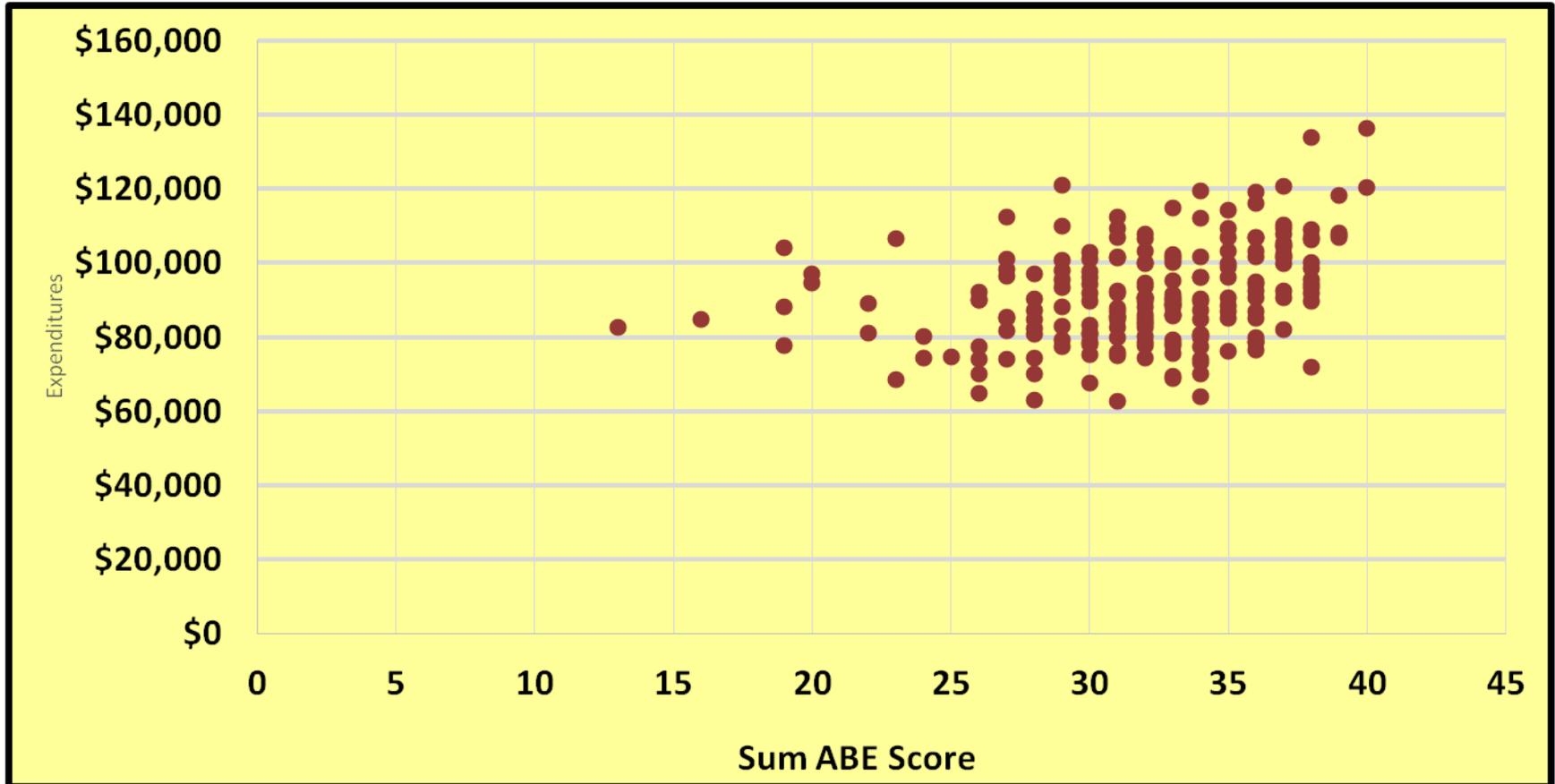
Residential Settings in VA

Scatterplot of Money Spent to Sum of Parts A, B and E SIS Scores by ID Waiver in **Group Home** Settings



N=260

Scatterplot of Money Spent to Sum of Parts A, B and E SIS Scores by ID Waiver in **Sponsored Residential Settings**

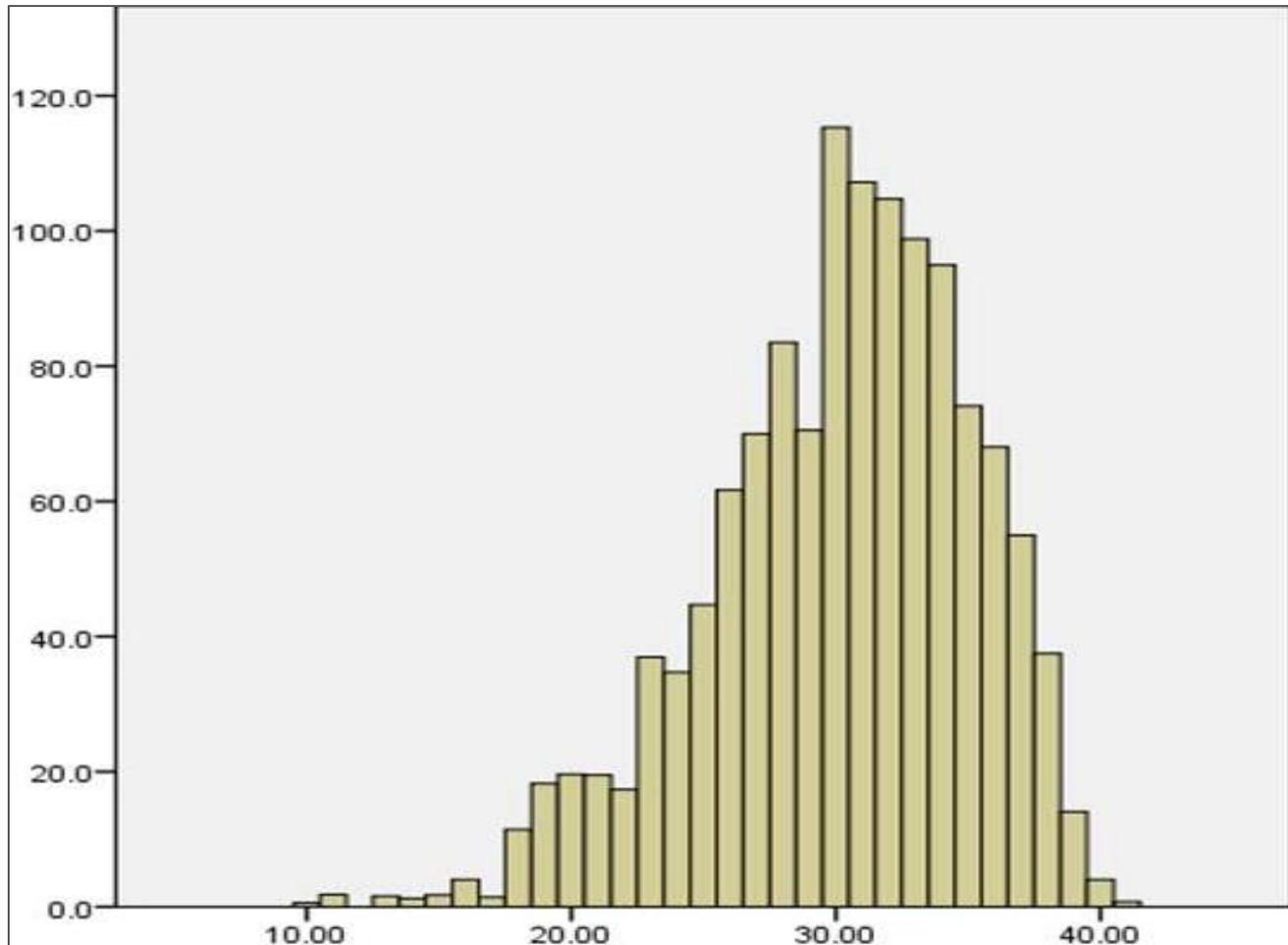


Average Utilization of Residential, Day Activity, and Personal Support Services by SIS, Fiscal Year 2013

		ID Waiver, Full Year Adult in Group Homes						
	All SIS Based Levels	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6	Level 7
Enrollees	198	25	79	0	77	10	6	1
Percent of Total		13%	40%	0%	39%	5%	3%	1%
		104			94			
		53%			47%			

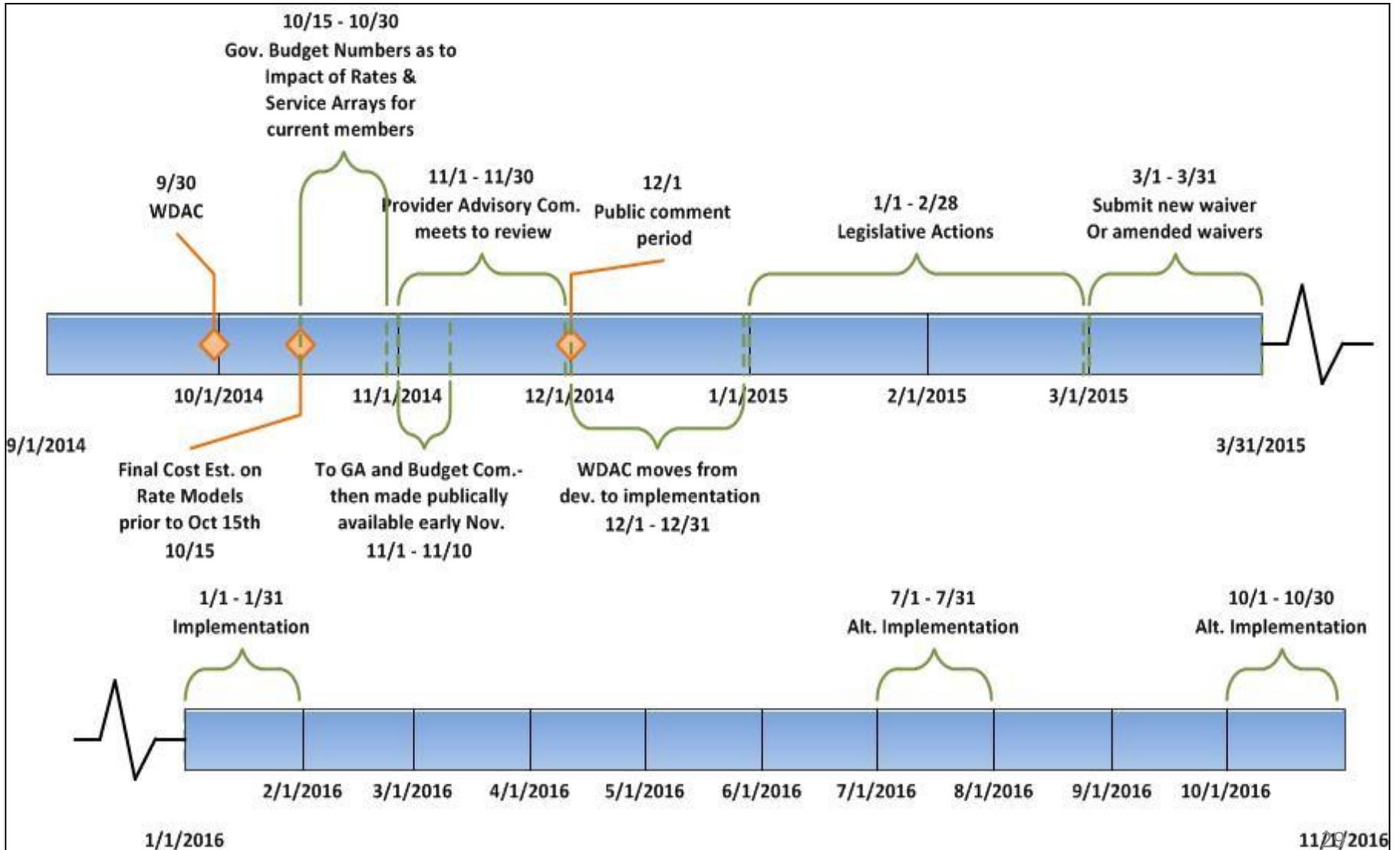
		ID Waiver, Full Year Adult in Sponsored Placements						
	All SIS Based Levels	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6	Level 7
Enrollees	198	12	34	5	77	9	18	12
Percent of Total		6%	17%	3%	39%	5%	9%	6%
		51			116			
		26%			59%			

Distribution of Sum of Parts A, B and E Scores for Individuals ID, DS, DD Waivers



**Number of
Individuals:
1,275
Average
Score: 30.16
Standard
Deviation:
4.99**

Timeline-Proposed



Proposed Service Array

Dawn Traver, Waiver Operations Director

Current Updates: Services Array Subcommittee

- **Proposed Changes to Existing Services**
 - **Residential Support**
 - Make general supervision billable
 - Incorporate CMS Final Rule expectations
 - **“Group” Day Support**
 - Incorporate CMS Final Rule expectations
 - **Prevocational**
 - Eliminate

Services Array Subcommittee (cont'd)

- **Proposed Changes to Existing Services**
 - **Individual Supported Employment**
 - Add a provider requirements for those able to perform benefits counseling
 - Incorporate CMS Final Rule expectations
 - **Group Supported Employment**
 - Add language to the definition to stress CMS Final Rule expectations
 - Small group supported employment must be provided in a manner that promotes integration into the workplace and interaction between participants and people without disabilities in the workplace.

Services Array Subcommittee (cont'd)

- **Proposed Changes to Existing Services**
 - **Companion**
 - Increase the daily limit on hours
 - **Respite**
 - Increase the annual limit
 - **Personal Assistance**
 - Enable billing at the same time as Individual Supported Employment
 - **Family/Caregiver Training**
 - Increase flexibility so that the provider of training doesn't have to be a Medicaid provider
 - **Transition Services**
 - Enable billing for people moving from family home to their own place

Services Array Subcommittee (cont'd)

- **Recommended** the following NEW services:
 - **Shared Living:** payment for rent and food for a person who resides in the same household as the individual.
 - **Non-medical transportation:** transportation to enable individuals to gain access to waiver and other community services or events, activities and resources, inclusive of transportation to employment or volunteer sites.
 - **Private Duty Nursing:** Individual and continuous care (in contrast to part-time or intermittent care) provided by licensed nurses at an individual's place of residence.

Services Array Subcommittee (cont'd)

- Recommended the following NEW services:
 - **Smart Goods and Services:** electronic devices, software, services, and supplies that would allow individuals to access technology that can be used in the individual's residence to support greater independence and self-determination.

Includes oversight and monitoring through off-site electronic surveillance including

- live video feed;
- live audio feed;
- motion sensing system;
- web-based monitoring system; and
- devices to engage in live, two-way communication with the individual being monitored.

Also includes stand-by intervention staff prepared for prompt engagement or immediate deployment to the residential setting in critical situations.

Services Array Subcommittee (cont'd)

- **Recommended** the following NEW services:
 - **Therapy/Dental Services**
 - Physical therapy
 - Occupational therapy
 - Speech and language therapy
 - Vision services
 - Dental Services for adults, up to a maximum of \$1,000 per person per year, for two routine oral examinations and cleanings for the purpose of maintaining and/or preserving oral health.

Services Array Subcommittee (cont'd)

- **Recommended the following NEW services:**
 - **Integrated Day Services**
 - Community education or training, retirement, recreation, and volunteer activities;
 - Should provide a wide variety of opportunities to facilitate and build relationships and natural supports in the community, while utilizing the community as a learning environment;
 - To be conducted at naturally occurring times and in a variety of natural settings in which the person actively interacts with individuals without disabilities (other than those paid to support the person).

Services Array Subcommittee (cont'd)

- **Recommended** the following NEW services:
 - **REACH Center-based Crisis Supports**
 - The Crisis Therapeutic Home provides Crisis Prevention and Stabilization in a residential setting, through utilization of assessments, close monitoring, and a therapeutic milieu.
 - Services are provided through Planned and Emergency admissions.
 - Admissions will be provided to individuals who are receiving ongoing REACH services and need temporary, therapeutic interventions outside of their home setting in order to maintain stability.
 - Admissions will be provided to individuals who are experiencing an identified behavioral health need and/or a behavioral challenge that is preventing them from reaching stability within their home setting.

Services Array Subcommittee (cont'd)

- **Recommended the following NEW services:**
 - **REACH Community-based Crisis Supports**
 - Crisis prevention and crisis stabilization provided to individuals who may have a history of multiple psychiatric hospitalizations; frequent medication changes; enhanced staffing required due to mental health or behavioral concerns; jeopardy of losing home or work arrangement; and/or frequent setting changes.
 - Supports are provided in the individual's home and community setting. REACH staff work directly with and assist the individual and their current support provider or family.

Other Potential NEW Services

- **Under consideration**, but without full definitions:
 - Supported Employment Follow Along
 - Consumer Directed Supported Employment
 - Consumer Directed In-home Residential
 - Independent Living Residential Support
 - Community Guide
 - Behavior Analysis (more hands on than “consultation”)

To Provide Input About Waiver Redesign

- Two ways to provide input into waiver redesign:
 - waiverupdates@dbhds.virginia.gov
 - MyLifeMyCommunity@dbhds.virginia.gov
- DBHDS is compiling stakeholder email addresses for future updates about waiver redesign. Please inform individuals & family members to send their email addresses to:
 - waiverupdates@dbhds.virginia.gov

NEW!!

Questions?

