
*Supporting a Better Tomorrow...Today*

# ID/DD Waiver Informational Meetings

Supporting a Better Tomorrow...Today
DMH
Mississippi Department of Mental Health

# Purpose

- Review requirements for Centers for Medicare and Medicaid Services regarding the Final Rule on Home and Community Based Settings requirements

- Review Individual Support Budget process that is based on the ICAP

# Alphabet Soup

- DMH – Department of Mental Health
  - BIDD – Bureau of Intellectual and Developmental Disabilities

- ID/DD Waiver - (Intellectual Disabilities/ Development Disabilities)
  - Provides the services you receive
  - Waives certain federal regulations for Medicaid Services

- IDD CSP – IDD Community Support Program
  - Medicaid State Plan Service – 1915(i)

# Alphabet Soup

- CMS – Medicaid's federal governing authority (Centers for Medicare and Medicaid Services)
- Final Rule – CMS's federal regulations governing where ID/DD Waiver and IDD CSP services can be provided
- PSS – Plan of Services and Supports
- SC – Support Coordinator for ID/DD Waiver
- TCM – Targeted Case Manager for IDD CSP
- HCB – Home and community based
- LOC – Level of Care
- ICF/IID – Intermediate Care Facility for Individuals with Intellectual Disabilities

# CMS Final Rule Requirements

- Effective 3/17/14
- States have five (5) years to come into compliance with requirements (3/17/19)
  - Statewide Transition Plan

# CMS Final Rule Requirements

- Establishes requirements for Person Centered Planning

- Establishes requirements for settings in which ID/DD Waiver and IDD CSP services are provided
  1. Supervised Living (ID/DD Waiver)
  2. Day Services – Adult (ID/DD Waiver)
  3. Day Habilitation (IDD CSP)
  4. Prevocational Services
     (ID/DD Waiver and IDD CSP)

# Goal of Final Rule

- To "ensure people receiving services through HCB programs have full access to the benefits of community living"
- To "further expand the opportunities for meaningful community integration…"
- To ensure people have CHOICES about all aspect of their lives

# Characteristics of ALL Home and Community Based Settings
## (day and living)

- ***ALL HCB settings characteristics are met for EVERY person***
  - Allows people to have the freedom and support to control their own schedules and activities
  - Is integrated in and supports access to the greater community
  - Allows opportunities for engaging in community life

# Characteristics of ALL Home and Community Based Settings
## (day and living)

- Must allow for control of personal resources
- Is selected by the person from among setting options, including non-disability specific settings
- Provides opportunities to seek employment and work in competitive, integrated settings

# Characteristics of ALL Home and Community Based Settings
## (day and living)

- Must ensure the person receives services in the community to the same degree of access as someone not receiving services

- Must ensure the person's rights of privacy, dignity, respect, and freedom from coercion and restraint

# Characteristics of ALL Home and Community Based Settings
## (day and living)

- Must optimize individual initiative, autonomy and independence in making life choices

- Must facilitate individual choice regarding services and supports and who provides them

# Characteristics of ALL Home and Community Based Settings (day and living)

- Settings on grounds of/adjacent to institutions are "presumptively institutional"
- States should not be building/certifying new "presumptively institutional" settings
- Focus on more integrated models
- Activities must be person-centered based on individual outcomes identified in the PSS

# ALL Home and Community Based Settings (Day and Residential) Must be Assessed by the State

- Must focus on the person's experiences in each setting
- States must assess ALL settings and categorize into one of the following:
  - Meets ALL requirements of Final Rule (currently or with modifications)
  - Can never meet the Final Rule (nursing home, ICF/IID, hospital, State Hospital)
  - Is presumed institutional
    - Not allowable unless state can prove to CMS, through "heightened scrutiny" that the setting overcomes the presumption of institutional setting

# Presumptively Institutional

**(day or living)**

- Presumptively institutional settings:
  - Inpatient institutional settings
    (or on grounds or adjacent to)
  - Isolate people from the community or provide limited interaction with broader community
  - Designed specifically for people with disabilities
  - Comprised primarily of people with disabilities and staff
  - Provide multiple services on site
  - Use restrictive interventions

# Heightened Scrutiny
## (for day and living)

- **Heightened Scrutiny** provision requires states to ensure that presumptively institutional settings:
  - Ensure the site is close to resources, activities, transportation (or transported by provider)
  - Ensures there are varied schedules based on people's choices; not all activities organized by provider

# Heightened Scrutiny
## (for day and living)

- **Heightened Scrutiny** provision states:
  - Activities that foster relationships with others in the community must be supported
  - People have a choice of setting (non-disability specific)
  - There is STRONG evidence that setting does not have institutional qualities

# Guidance Specific to Residential Settings (Supervised Living)

- People must be given an option of a non-disability specific setting and of a private unit (if they have the resources)
- People have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement
- People must be given a key to the unit, with only appropriate staff having keys to doors

# Guidance Specific to Residential Settings (Supervised Living)

- People sharing units have a choice of roommate in that setting
- People must have access to food at all times
- People choose when, where and with whom they eat
- People must be given choices about activities and participation in them

# Guidance Specific to Residential Settings (Supervised Living)

- People cannot be made to attend a day program if they desire to stay home, are sick, or have appointments during the day
- People can have visitors when they choose
- The setting is physically accessibility (ADA compliant)

# Guidance Specific to Residential Settings (Supervised Living)

- CMS does not set a limit on the number of people living in each setting, but States can set their own restrictions
  - Mississippi – newly certified sites – no more than 4 people
  - Existing larger sites will be examined to determine compliance with requirements of Final Rule
    - More than likely Heightened Scrutiny

# Guidance Regarding Provider/Owned Controlled Residential Settings

- In addition to the qualities listed above, the following additional conditions must be met:
  - The unit or dwelling is a specific physical place that can be owned, rented or occupied under a legally enforceable agreement by the person receiving services

# Guidance Regarding Provider/Owned Controlled Residential Settings

- The person has, at a minimum, the same responsibilities and protections from evictions that tenants have under the landlord/tenant laws of the State, county, city or other designated entity

# Guidance Regarding Provider/Owned Controlled Residential Settings

- For settings in which landlord/tenant laws do not apply:
  - The State must ensure that a lease, residency agreement, or other form of written agreement, will be in place for each person receiving services
  - The agency must provide protections that address eviction processes and appeals comparable to those provided under the landlord/tenant laws of the State

# Guidance Regarding Day Settings (Day Services-Adult, Prevocational and Day Habilitation)

- Food choices are available
- Facility-based day settings and settings on the grounds of institutions must be closely examined and may be presumed institutional

# Guidance Regarding Day Settings (Day Services-Adult, Prevocational and Day Habilitation)

- People must be given an option of a non-disability-specific setting (employment in the community)

- States can require all day services be community-based (Prevocational included)

# Guidance Regarding Day Settings (Day Services-Adult, Prevocational and Day Habilitation)

- Reverse integration alone is not a sufficient way to comply with settings requirements of the Final rule
- Some day settings will need to be closely examined (Heightened Scrutiny) as potentially isolating including:
  - Sheltered workshops/Prevocational
  - Facility based Day Habilitation and/or Day Services-Adult
- Focus on community employment

# Transition to Meet Requirements of Final Rule

- States have until 3/14/19 to have all providers in compliance with all requirements of the Final Rule
  - Statewide Transition Plan submitted to CMS to outline the activities of the State to bring providers into compliance with the Final Rule
  - Must include opportunities for public input throughout the process

# Transition to Meet Requirements of Final Rule

- Mississippi's Statewide Transition Plan has not been approved but steps have been taken
  - Review of State's policies and procedures (Medicaid Administrative Code and DMH Operational Standards)
  - Site visits (ongoing)
  - Provider self assessments (completed)

# Final Rule: Compliance Required for All Sites and Providers

***Any provider/site not in compliance with the Final Rule after 3/17/19, will not be able to bill Medicaid for services provided during the time they are found to be out of compliance.***

**ALL HCBS CHARACTERISTICS MUST BE MET FOR EVERY PERSON**

"Just because a person 'chooses' a setting that is not in compliance with the Final Rule, does not mean CMS will pay for it."


# About the Setting Requirements

# Person Centered Planning Requirements and Processes

# Person-Centered Plan Requirements

- Plan of Services and Supports (PSS)
  - Must be conducted at least annually with the person's TEAM (family, providers, friends, others the focus person wants at the meeting)
    - At a minimum:
      - Person and legal guardian (if applicable)
      - Provider(s)

# Person-Centered Plan Requirements

- Heightened role for Support Coordinator/Targeted Case Manager in monitoring PSS implementation
- Offers informed choices to the person regarding the services and supports they receive and their providers
- Includes a method for the person to request updates to the PSS at any time

# Person-Centered Plan Requirements

- The PSS must reflect:
  - Services and supports important *TO* and *FOR* the person
  - The person's strengths and preferences

# Person-Centered Plan Requirements

- The PSS must reflect:
  - Alternative HCB settings that were considered by/offered to the person (everyone ages 18↑)
  - The setting in which the person resides is chosen by the person (everyone ages 18↑)
  - Clinical and support needs as identified through an assessment of functional need (ICAP)

# Person-Centered Plan Requirements

- The PSS must document:
  - Risk factors and the measures in place to minimize them (Risk Assessment Tool)
  - Individualized back up plans and strategies when needed

# Person-Centered Plan Requirements

- The PSS must be understandable to the person receiving services and supports and individuals important in supporting him or her
  - Plain language and a manner accessible to people with disabilities and those who have limited English proficiency

# Person-Centered Plan Requirements

- Must identify the individual and/or entity responsible for monitoring the plan
  (Support Coordinator/Targeted Case Manager)

- Must be finalized and agreed to
  - Informed consent of the person/guardian in writing
  - Signed by all individuals and providers responsible for implementation

# Person-Centered Plan Requirements

- Must be sent in writing to the person and others involved in the plan
- Must document any modifications to a person's HCB setting are supported by a specific assessed need and justified in the PSS

# Requirements for Modifications to any Requirements of the Final Rule

- The following must be documented if a person's HCB setting is modified:
  - A specific and individualized assessed need
  - The positive interventions and supports used prior to any modifications to the PSS
  - Less intrusive methods of meeting the need that were tried but did not work
  - A clear description of the condition that is directly proportionate to the specific assessed need

# Documentation Requirements for Modifications

- The following must be documented if a person's HCB setting is modified:
  - Regular collection and review of data to measure the ongoing effectiveness of the intervention
  - Established time limits for periodic reviews to determine if the modification is still necessary or can be terminated
  - An assurance that interventions and supports will cause no harm to the person
  - Informed consent of the person in writing


# About Person Centered Planning

# Individual Support Budgets for the ID/DD Waiver

# Purpose of Individual Support Budgets

- A fair and equitable system
  - People get what they need…no more, no less
  - Services approved based on objective assessment of support needs
  - People have control over their service array

# Purpose of Individual Support Budgets

- Person centered approach to planning services
- A sustainable system to support greater access to community based services
  - More providers
  - Rates to support access for all

# History - 2012

- **ICAP** (Inventory for Client and Agency Planning) selected as assessment tool after detailed comparison with other available options
  - Can be given in 20-60 minutes
  - Requires at least 2 respondents who have worked daily with the person for at least 90 days
  - Ages birth & up

# History - 2012

- The ICAP has a service score, service level (1-9), adaptive & maladaptive behavior measures, and demographics

- Been used previously for Level of Care (2006-2012)
  - Administered by Support Coordinators
  - Confident it provides a true indication of people's support needs

# History - 2012

- Medicaid claims data analysis uncovered:
  - Mississippi needed a Rate Study
    - Had never been a comprehensive and transparent study for ID/DD Waiver Services
    - Mississippi had a flat fee schedule
    - Needed tiered levels of support with corresponding rates to afford people Support Budgets

# History – 2013

- Began conducting training on Person Centered Planning for Support Coordinators and providers
- National consultants and experts brought in to conduct training
- Changed name of Plan of Care to Plan of Service and Supports

# 2012/2013 – Balancing Incentive Program (BIP)

- State elected to participate in order to increase the amount of funding for long term services and supports

- One requirement was to develop/choose a Core Standardized Assessment to establish level of care
  - DMH had already chosen the ICAP

# 2014

- Final Rule issued
  - Game changer for everyone
  - Mississippi had already started the transformation to a person centered system of services (PSS)
- BIP had many of the same requirements, but not as detailed
- Communication/training with providers and stakeholders

# 2014/2015

- Rate Study conducted
  - Rates finalized in October, 2015

- Mississippi's Support Levels defined

# 2015

- Administration of ICAP
  - DMH Executive Leadership determined that an independent assessor should administer the ICAP for Individual Support Budgets
  - To ensure fairness, equity and transparency

# 2015

- Ascend Management Innovations was chosen based on a bidding process in compliance with Mississippi contracting regulations
  - Support Coordinators would administer it to 2/3 of their caseload for LOC annually
  - Ascend 1/3 for LOC and Support Budgets annually

# 2015

- Draft Support Levels were developed
  - Range from 1-5, with 1 being the lowest level of support need and 5 being the highest
  - Tied to a person's ICAP Service Level (1-9)
    - Ranges from 1-9 with 1 being the highest level of support and 9 the lowest level of support
  - Each level was assigned a description based on skills a person could do or needed assistance with as identified in the ICAP

# Support Levels

| Description | Support Levels | ICAP Levels |
|---|---|---|
| Fairly independent, may need intermittent support with living activities like cooking and cleaning | 1 | 9 |
| May need assistance getting ready for the day, household chores, accessing places in their community, purchasing groceries | 2 | 7 & 8 |
| Moderate support needs, may need reminders to complete daily living activities such as bathing, may use alternative means for communication | 3 | 5 & 6 |
| Extensive support needs, likely medical and behavioral support, physical assistance with daily life activities | 4 | 3 & 4 |
| Require constant support, significant hands on assistance with daily life activities, support with communication, and maintain health and safety | 5 | 1 & 2 |

# 2016/2017

- Each person will be assigned a Support Level based on his/her ICAP score
- "Service Packages" have been developed for each Support Level
  - Describes the type and amount of service available at each Support Level
  - Takes into account age, living arrangement and ICAP score

# Available Service Packages

- "Base" Service Packages consist of:
  - Youth at home with family
    - Home and Community Supports
    - In-Home Respite
    - Community Respite
  - Adults living at home with family
    - Home and Community Supports
    - In-Home Respite
    - Supported Employment
    - Day Services-Adult and/or Prevocational Services

# Available Service Packages

- "Base" Service Packages consist of:
  - Adults living in Supervised Living, Host Homes or Shared Supported Living
    - Supported Employment
    - Day Services-Adult and/or Prevocational Services
  - Adults living in Supported Living (max. 8 hrs/day)
    - Supported Employment,
    - Day Services-Adult and/or Prevocational Services

# "Add-on" Services

- Calculated outside of the base Service Packages and consist of:

| Add-on Services | |
|---|---|
| Behavior Support | Occupational Therapy |
| Community Respite (21+) | Physical Therapy |
| Crisis Intervention | Crisis Support |
| Transition Assistance | In-Home Nursing Respite |
| Medical Supplies (21+) | Job Discovery |
| Speech/Language Therapy | |

# Validation Review Process for the Support Levels and Service Packages

- 225 records were reviewed by a team of 10 people
- A person's record was assigned to each team member for initial review
- After reading the record, reviewers presented their person's information to the team in a round
- The team discussed each case in detail and consulted the record to find answers to any questions raised

# Information Presented to the Team

Each team member presented the following information to the team for each record:

- What types of support does this person receive for daily life activities?
- What type of setting does this person live in?
- What does this person's typical day look like?

# Information Presented to the Team

- How much service(s) have they typically used?
- Does this person have behavior support needs? If so, what documentation outlines those support needs?
- Does this person require additional or unique supports for a medical condition?

# After all records were reviewed…

- Each team member received back all the records reviewed from each Support Level
- The goal was to see if people in each Support Level have similar needs for support and if the Support Level definition adequately describes those support needs
- HSRI analysis of all data revealed the Support Levels were sound with a few minor changes

# Service Package for a Person in Residential Services

## Adults Receiving Residential Services

**(Supervised Living, Shared Supported Living, or Host Home)**

| Service | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|---|---|---|---|---|---|
| Supported Employment | 10 hrs/wk | 10 hrs/wk | 10 hrs/wk | 5 hrs/wk | 5 hrs/wk |
| Day Services | 20 hrs/wk | 20 hrs/wk | 20 hrs/wk | 25 hrs/wk | 25 hrs/wk |
| Total Hours per Week | 30 hrs/wk | 30 hrs/wk | 30 hrs/wk | 30 hrs/wk | 30 hrs/wk |

**They also receive Host Home services, Shared Supported Living Services or a maximum of 345 days per year of Supervised Living.**

# Exceptions Process

- Will mirror the Validation Process
  - Team approach
  - What services is the person currently receiving
  - Utilization of services
  - Service Notes from providers
  - Service Notes from Support Coordinators
  - Information from family
  - Information from doctors/other professionals
- Can appeal to Medicaid

# Who Will Receive ICAP Scores?

- Person/family before the annual PSS meeting
- Support Coordinators
- Providers so they can plan for the number of staff they will need – timeline TBD
  - Not all ICAPs have been completed for people enrolled last FY
  - When that happens, hope to get ICAP scores to providers for planning purposes

# Next Steps

- Continued communication with families
- Continued Support Coordinator training on developing Support Budgets and Person Centered Planning/Thinking
- Continued provider training on staffing levels for tiered supports and Person Centered Planning/Thinking

# Next Steps

- Budget calculator for Support Coordinators and families to use during PSS meetings

- Implementation of new rates and procedure codes

# Waiver Amendment and Rate Study Implementation

# Waiver Amendment Status

- April, 2016 – Submitted originally by Medicaid to CMS (90 day clock began)
- May, 2016 – CMS required that Amendment be put back out for public (90 day clock re-set)
- 6/20/16 – Amendment re-submitted by Medicaid to CMS (90 day clock began again)
- 8/1/16 – Informal request from CMS to Medicaid for information (90 day clock did not stop)

# Waiver Amendment Status

- 9/9/16 – Formal request for information to Medicaid from CMS – (90 day clock stopped and is reset when additional information received)
- 9/28/16 – DMH responses submitted to Medicaid
- 10/13/16 – DMH meeting with DOM to discuss remaining questions
- 10/21/16 – Medicaid informally re-submitted to CMS
- 11/1/16 – Call with CMS to finalize changes responses

# Rate Study Implementation

- Medicaid will develop procedure codes for new services and tiered services after the amendment is approved
- Timeline unclear
- Rates cannot go into effect until procedure codes are in place
- Providers not responsible for new Operational Standards that are dependent upon the new rates
  - Ex: Supervised Living Program Supervisor for every 4 homes


Whew!
Thanks!

# Contact Information

## Mississippi Department of Mental Health

dmh.ms.gov

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