

DDDS Home and Community Based Waiver DE 0009
Renewal #7
Effective Date July 1, 2014

This is a renewal of the DDDS Waiver that has been in continuous operation since 1987. The DDDS waiver is targeted to individuals with intellectual disabilities and autism spectrum disorder who can no longer live independently or with their family. The waiver includes an array of services and supports designed to enable the individual to live safely in the community and to respect and support their desire to work or engage in other productive activities.

The following changes are being made in this renewal application:

The term "Mental Retardation" has been changed to "Intellectual Developmental Disability" throughout the application.

Appendix A: Waiver Administration and Oversight

- Performance measure A-3: Number and percent of performance reports reviewed by the Medicaid agency" was deleted. DDDS felt that this measure was redundant of PM A-5: Number and percent of DMMA/DDDS Quarterly Waiver Mandatory meetings during which the waiver quality assurance and quality improvement activities are discussed."
- Performance measure "A-1: Number and percent of waiver policies approved by the Medicaid agency prior to implementation" was deleted.

Appendix B: Participant Access and Eligibility

- Minimum waiver eligibility age changed from four (4) years to twelve (12) years of age. There were only three clients under the age of 12 who have ever received a waiver service under any of the previous renewals. These clients were all eligible for SSI prior to their enrollment in the DDDS waiver.
- Qualifications for who may perform a Level of Care initial certification and recertification were changed from a physician and a psychologist, respectively, to a Qualified Intellectual Disabilities Professional for both the initial and re-certifications.
- The minimum requirement for waiver services received per month was reduced from two (2) to one (1) because case management is no longer claimed as a waiver service.
- Per the CMS Crosswalk of Current vs Revised Assurances, sub-assurance B-b-1, LOC annual reevaluations completed within 365 days of previous determination was deleted. DDDS will no longer report on this measure in the annual 372 report but will continue to track it.

Appendix C: Service Specifications

- Supported Living was added as a new waiver service under "Other".
- Clinical Consultation: Behavioral and Nursing were broken out into two different waiver services. In the previous version of the application, these two distinct services had been combined into a single service category with different provider types depending on whether

they were behavioral or nursing in nature. We think separating them into two distinct services is less confusing. The service specifications and provider qualifications did not change, but were revised to make them more readable.

- The criteria for Shared Living was changed to allow relatives to be paid to provide this service as long as they are not the legal guardian for the consumer being served (C2,C3).
- The service definitions for Day Habilitation and Pre-Vocational service were revised to be more in line with the new CMS Core Service definitions. The new definitions were presented to the public via public forums that were held in the fall of 2012.
- Language was added in the provider qualifications to indicate that DDDS has adopted the College of Direct Support training curriculum and process as the vehicle by which waiver providers can comply with most Division training requirements as part of the provider qualification and recertification process.
- Performance Measure C-c-2 was deleted. This measure had previously related to allowing providers to provide training through a different means than the DDDS-sponsored training. With the adoption of the College of Direct Support as the required training curriculum for waiver providers, this measure became obsolete.

Appendix D: Participant-Centered Planning and Service Delivery

- Language in this section was generally rewritten to make it more readable.
- Performance Measures D-1-b and D-2-b were corrected from the current renewal application to indicate that DDDS is both the entity responsible for service plan development and monitoring of service plan implementation and is also a service provider.
- Per the CMS Crosswalk of Current vs Revised Assurances, Performance Measure D-b-1 was deleted related to monitoring whether service plan development is conducted in accordance with waiver policies and procedures.
- Per the CMS Crosswalk of Current vs Revised Assurances, Performance Measure D-e-1 was deleted related to documenting the offer of choice between institutional and waiver services. This will continue to be tracked by not reported on the annual 372 report.

Appendix E: Participant Direction of Services

- No changes were made to this section. The DDDS HCBS waiver does not include Participant Direction.

Appendix F: Participant Rights

- This section was generally re-written to make it more readable.

Appendix G: Participant Safeguards

- This section was changed to reflect new procedures for the Assistance with Self-Administration of Medication curriculum to include online instruction through the College of Direct Support, with the approval of the Delaware Board of Nursing. This online training replaced day two of the

two day training for all newly hired staff as well as annual recertification training for all staff. Participants must still successfully complete 10 supervised field medication pass observations. However, the definition of medication pass was changed to reflect assistance provided during one medication assistance time without regard to the number of individuals.

Appendix H: Quality Improvement Strategy

- No changes were made to this section.

Appendix I: Financial Accountability

- This section was generally rewritten to make it more readable.
- Language was added to describe how Shared Living providers reassign payment to a governmental entity (which is DDDS).
- I-3 a. was changed to indicate that not all providers are paid via the MMIS. Shared Living providers are paid via the State of Delaware accounting system "First State Financials".
- I-4 a. was corrected to indicate that the non-federal share is appropriated to the Single State Agency for the administration of Title XIX as per SSA 1905(a)(5).
- Per the CMS Crosswalk of Current vs Revised Assurances, a new performance measure was added regarding evidence that rates are consistent with the approved methodologies.

References to "Therap" as the electronic case record system have been removed throughout the document. DDDS is in the process of re-procuring an electronic case record system and Therap may or may not be the successful bidder. References to the "Office of Quality Management (OQM)" were changed to the "Office of Quality Improvement (OQI)".