

DDDS 1915(c) Lifespan Waiver Renewal #8

Summary of Changes



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Developmental Disabilities Services

Lifespan Waiver

- The DDDS waiver is targeted to individuals with intellectual disabilities (IDD) (including brain injury), autism spectrum disorder, and Prader-Willi Syndrome.
- It provides services and supports as an alternative to institutional services and is 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.
- This is a renewal of the DDDS waiver that has been in continuous operation since 1987.

Updates-title changes

- The DDDS “Office of Quality Improvement” has been changed to “Service Integrity and Enhancement” Unit
- The DDDS “Office of Investigative Services” has been changed to “Office of Incident Resolution”
- The DDDS “Office of Budgets, Contracts, and Business Support” has been changed to “Office of Business Support Services”
- “Division of Long Term Care Residents Protection” has been changed to “Division of Health Care Quality”
- The DDDS “Performance Analysis Committee” has been changed to “Quality Assurance Committee”
- “Essential Lifestyle Plan (ELP)” has been changed to “Person-Centered Plan (PCP)”

Concurrent Operations

- Lifespan waiver enrollees who live in a provider-managed residential setting will be able to be concurrently enrolled with an MCO under the Diamond State Health Plan to receive their non-DDDS HCBS acute care benefits like hospitalization. DMMA must also amend the 1115 waiver to fully implement this change.
 - DDS waiver enrollees were historically “carved out” of Managed Care Organization enrollment and received their non-waiver Medicaid benefits in a payment arrangement known “fee for service”.
 - Providers generally prefer to deliver Medicaid via the MCOs rather than fee for service so we hope this will expand the provider network.
 - MCOs also have more flexibility in how they deliver Medicaid State Plan services. They can also offer supplemental benefits, such as dental or vision services.

Appendix C-Participant Services

- The Lifespan waiver will continue to offer all of the following services:
 - Residential Habilitation (in either a group home or apartment or with a shared living provider)
 - Supported Living-Must be in the individuals own home or apartment
 - Day habilitation
 - Prevocational Service
 - Supported Employment (Individual and Group)
 - Behavior Consultation
 - Nurse Consultation

Appendix C-Participant Services cont'd

- Community Participation
- Respite
- Personal Care
- Community Transition
- Specialized medical equipment and supplies (not otherwise covered under Medicaid)
- Home or vehicle modifications
- Assistive technology

.....And the addition of.....

Appendix C-Service Specifications

Medical Residential Habilitation

- This new service includes the provision of medically necessary direct skilled nursing services and habilitative services and supports that enable a participant to acquire, retain, or improve skills necessary to reside in a community-based setting.
- This service is offered as an alternative to Private Duty Nursing that is available under the Medicaid State Plan.
- The need to be able to receive round the clock nursing in a community-based waiver setting has been a barrier to some individuals with IDD seeking community living.

Appendix C-Service Specifications

- DDDS added the new provider type to Supported Living, Respite, and Personal Care to try to increase the available provider network.
- The definition of Day Habilitation non-facility based services was clarified and defined as the following:
 - *Day Habilitation non-facility based services may be furnished in the general community, or any combination of service locations, provided that the activities take place in a non-residential setting that is separate from the participant's private residence or other residential living arrangement. Individuals may gather at the beginning and end of the day at a "hub" before embarking on their activities of the day but may not spend any more than 1 hour in total at the hub per day. Other than the brief period at the beginning or end of the day, Day Habilitation non-facility based services cannot be delivered in a provider owned or managed setting.*

**This point of clarification was made to further align with Community Rule and the DDDS belief that individuals should be supported in the least restrictive and most integrated setting possible*

Appendix C-Service Specifications

- The definition of Prevocational non-facility based services was clarified and defined as the following:
 - *Prevocational non-facility based services may be furnished in the general community, or any combination of service locations, provided that the activities take place in a non-residential setting that is separate from the participant's private residence or other residential living arrangement. Individuals may gather at the beginning and end of the day at a "hub" before embarking on their activities of the day but may not spend any more than 1 hour in total at the hub per day. Other than the brief period at the beginning or end of the day, Prevocational non-facility based services cannot be delivered in a provider owned or managed setting.*

**This point of clarification was made to further align with Community Rule and the DDDS belief that individuals should be supported in the least restrictive and most integrated setting possible*

Appendix C-Service Specifications

- Shared Living-DDDS added language to allow retainer payments to be authorized for Shared Living providers for periods when the waiver member is temporarily absent from the home for hospitalizations or other reasons. For hospitalizations, DDDS may authorize up to 7 days within each 30 day period. For therapeutic reasons, an individual may be absent for the Shared Living provider's home for a period of 18 days per year.

D DDS has identified the lack of payment for "bed hold" days as a barrier to being able to attract and retain Shared Living providers. Shared Living arrangements are the most home-like and cost effective residential model offered under the D DDS waiver.

Appendix E-Participant Direction of Services

- No significant changes were made to this section.

Appendix F-Participant Rights

- . No significant changes were made to this section.

Appendix G-Participant Safeguards

- DDDS updated the Performance Measures in this Appendix to align with recommendations from a 2018 report from the U.S. Office of Inspector General, DHHS, associated with monitoring the process of critical incident resolution through investigation, development of remediation, and verification of implementation of remediation, thus allowing DDDS to better target overall system improvements.

Appendix H-Quality Improvement Strategy

- This section was changed to reflect the new structure and improved processes of the DDDS Service Integrity and Enhancement Unit including increased collaboration with Community Services.

Appendix I-Financial Accountability

- For Out of Network (Out of State) placements, language was added to assert that payment shall be the lesser of the Medicaid rate for the provider/service in that state, the Usual and Customary rate, or a negotiated rate that is lower than the Medicaid or Usual and Customary rate.
- In the description of rate setting and Benchmark rates, DDDS indicated that a new rebasing study for the Direct Support Professional Rates would be published in January 2019.
- As of 7/1/19 DDDS will continue to submit waiver claims on behalf of Shared Living providers but the payments for services rendered will be made directly to the providers from Medicaid.