Public Comment Period

The comment period begins on November 1, 2016 and ends on December 19, 2016. This timeframe allows an additional period of 15 days for the public to comment after the last public meeting.

Individuals may submit written comments using one or all of the following methods:

By email: DMMA_PublicHearing@state.de.us

(Please identify in the subject line: DDDS Lifespan Waiver Amendment)

By **fax**: 302-255-4481 to the attention of Glyne Williams

By **written comments** sent to:

DDDS Lifespan Waiver Amendment

Division of Medicaid and Medical Assistance

Planning, Policy & Quality Unit

1901 North DuPont Highway

P.O. Box 906

New Castle, Delaware 19720-0906

Public Meetings

Public meetings will be held during the week of November 28th, 2016 in each of the three counties of Delaware.

Dates and Locations for Public Meetings for the Lifespan Waiver Amendment are as follows:

Monday, November 28, 2016, 6-7PM	Tuesday November 29, 2016, 1-2 pm	Wednesday, November 30, 2016, 3-4 pm
Fox Run 2nd floor Large Training Conference Room	Thurman Adams State Service Center Conference Room 100	Dover Public Library Multi- Purpose Room A
2540 Wrangle Hill Road, Suite 200	544 South Bedford Street	15 Loockerman Plaza
Bear, DE 19701	Georgetown, DE 19947	Dover, DE 19901

Summary of the DDDS Lifespan Amendment
Proposed Effective Date July 1, 2017

Appendix A: Waiver Administration and Oversight:
This section describes how the waiver is operated and administered and how oversight by the Medicaid Agency is conducted. The section continues to indicate that DDDS operates the waiver under the oversight of DMMA under a Memorandum of Understanding. No significant changes were made to this section.

Appendix B: Participant Access and Eligibility

- The description of the waiver target group was changed to allow for inclusion of individuals with IDD that are not in immediate need of a waiver residential setting. This will allow individuals living in the family home who are receiving DDDS day services to be enrolled in the waiver
- The maximum number of waiver participants was increased for SFYs 18 and 19, the last two years of the current five year renewal period, by 1122 and 1206, respectively. The increase in the enrollment cap is an unduplicated count of individuals and must allow for attrition that occurs during the demonstration year (the state fiscal year). Waiver "slots" cannot be reused within a demonstration year. Should it be necessary to increase the waiver cap within available budgeted resources, requesting CMS approval for increasing this cap during the year is a relatively easy process. DDDS will closely monitor enrollment against the cap during the year and will request an increase in the enrollment cap if necessary to ensure that all new Medicaid eligible graduates can be covered.
- Reserved capacity within the overall waiver enrollment cap was created for the following groups to help manage waiver enrollment. Individuals who:
    - require out of home placement due to the lack or incapacity of a caregiver (60 slots)
    - are aging out of the Pathways to Employment Medicaid State Plan program (25 slots in FY18 and 55 slots in FY19)
    - are graduating from K-12 school (1122 slots initially and then 84 additional slots each year thereafter)
    - are transitioning to the community from an institution (5 slots)

- Priority for entry into the waiver was revised to reference the priority groups for which capacity has been reserved. The entire cadre of individuals receiving DDDS day services as of the effective date of the amendment will be given priority entry. This will result in over 900 individuals being initially enrolled. Enrollment thereafter will be managed throughout the year.
- AFTER it is determined that an individual is eligible for the waiver, a separate computation is performed to determine if the individual will have a "patient liability amount". This process is called the "post eligibility treatment of income". The waiver language was changed to enable individuals living in the family home to protect all family income for the purpose determining whether a patient liability amount will be assessed and applied toward their cost of care. This means that individuals living in a residential setting will continue to be assessed a patient liability amount for income above 250% of the monthly Federal Benefit Rate ($1,832.50/mo until 12/31/16). For individuals living in the family home, however, the maintenance allowance will be their total income.

Appendix C: Participant Services

- The following new waiver services were added to meet the unique needs of individuals living in the family home:
    - Community Living Support – this service includes both respite and personal care. A self-directed option is available that will allow individuals and families to choose their own caregiver. A broker under contract to DDDS using the Agency with Choice model of self-direction will be a co-employer and will assist families with recruiting, hiring and paying these workers. Payments will comply with FLSA rules regarding payment of minimum wage, overtime and travel time, when applicable.
    - Community Participation – this service is a subset of Day Habilitation and is designed for maximum community participation. This service can only be provided in a 1:1 of 1:2 staff to participant ratio. DDDS conducted a pilot over a year ago to help develop the specifications for this service.
    - Assistive Technology – this service covers assistive technology equipment that is used to improve functional capabilities, the assessment necessary to select the proper equipment and tailor it to the needs of the individual and any required training in how to use the equipment. The cost of the equipment is limited to $500, including maintenance, with exceptions considered for cases of exceptional need.
    - Home or Vehicle Modifications – this service can pay for modifications to the home or a vehicle to enable the individual to function with greater independence in the home or community. Modifications are limited to $6,000 per member every 5 years.
    - Specialized Medical Equipment not covered under the State Plan – this service includes devices that enable individuals to increase their ability to perform activities of daily living, control their environment and to address functional limitations that prevent an individual from fully participating in their community
- Behavioral and Nurse Consultation: once enrolled in the waiver, individuals with IDD living in the family home will also be able to access Behavioral and Nurse Consultation if they meet the medical necessity criteria.
- Residential Habilitation:
    - medical necessity criteria was added for this service consistent with the criteria previously used to prioritize entry into the waiver, now that individuals living in the family home can enroll in the waiver.
    - Language was added to the provider qualifications for Residential Habilitation Agency indicating that Delaware accepts facility licensure/certification from other states for out of state facilities as meeting the requirement for facility licensure if they are comparable to the Delaware standards. This has been a long-standing DDDS practice but has not previously been expressed in the application.
    - New: Expenses for Community Transition were added as a component part of Residential Habilitation
- Performance Measures C-a-2 and C-c-1 related to provider compliance with DDDS standards were revised to include the word “substantial” as it relates to the level of compliance. Without this clarification, the measure seemed to indicate that a provider must be in 100% compliance with all waiver standards at all times in order to be counted as “compliant”. This will allow for providers making progress under a corrective action plan to be considered “in compliance”.

- Case management:
    - Language was added to sections C-1-b & c to indicate that case management will be furnished under a Targeted Case Management (TCM) State Plan Option for two specified target groups:
        - individuals living in a waiver residential setting
        - individuals living in the family home
    - DDDS state employee case managers will continue to provide case management under the TCM framework for individuals living in a waiver residential setting.
    - The "Family Support Specialists" with which DDDS has been contracting will be replaced by Targeted Case Management provided by a private vendor.
    - DDDS will issue an RFP for a private vendor to deliver TCM for individuals living in the family home. The vendor will provide a uniform, comprehensive case management approach and will oversee all of the employees who work for them to deliver case management. The vendor will provide TCM to individuals living at home who are:
        - enrolled in the Lifespan waiver
        - eligible for Medicaid, but not enrolled in the waiver
        - not eligible for Medicaid (DDDS will use state funds to pay for TCM for these individuals)

Appendix D: Participant Centered Planning and Service Delivery

- In general, the phrase "Plan of Care" has been replaced with "Person Centered Plan" throughout the document.
- The sections on how person centered planning is carried out were rewritten to indicate that DDDS has adopted two new planning frameworks. For individuals living in a waiver residential setting, DDDS has adopted the Lifespan Plan and for individuals living in the family home, DDDS has adopted the Support Plan for Individuals and Families. Additional assessment tools used to inform the planning process are also listed in this section.
- In this section, DDDS has also described differences between the way the person centered planning process is delivered and the way monitoring is conducted for waiver members who live in a waiver residential setting as opposed to those that live in the family home.
- The Quality Improvement section of Appendix D was revised to provide a better description of DDDS's processes for discovery and remediation regarding waiver services.

Appendix E: Participant Direction of Services:

Delaware has added a self-direction option for the new waiver service known as Community Living Support. Participant direction opportunities are limited to participants who live in their own private residence or the home of a family member. Key features of self-direction include:

- Agency With Choice model of self-direction
- DDDS will issue an RFP for this function
- Waiver members will have Employer Authority but not Budget Authority
- Agency With Choice broker will be paid as a Medicaid administrative cost. The broker will invoice DDDS at a flat rate per participant that covers the Financial Management Services (FMS) and other services the broker will provide in support of waiver members who elect to self-direct.

Appendix F: Participant Rights:
This section outlines the process by which waiver members may request a Medicaid Fair Hearing, whether DDDS offers an alternative dispute resolution process in addition to the Medicaid Fair Hearing and whether the state operates a grievance/complaint system. No substantive changes were made to this section.

Appendix G: Participant Safeguards

- Appendix G was revised to reflect changes to the DHSS policy on reporting of abuse and neglect and the DDDS policy on reportable incidents.
- New language was added as a result of a new CMS requirement for states to document who is responsible for monitoring the unauthorized use of seclusion, how this oversight is conducted and the frequency.
- The section on Medication Administration was revised based on changes to the Delaware curriculum regarding assistance with administration of medication and clarifying differences in training requirements and monitoring of Shared Living providers from Residential Habilitation agency providers. This section now references LLAM as opposed AWSAM as the curriculum approved by the Delaware Board of Nursing.
- Performance Measure G-a-1 regarding reports of incidents of abuse and neglect was changed from counting the number of *members* who have reportable incidents to counting the number of *incidents*. We believe that this will result in a more reliable measure of participant health and safety trends over time.

Appendix H: Quality Improvement
This section was generally revised to highlight the role of the DDDS Performance Analysis Committee and the new reporting tool called "DivStat" that is used to monitor waiver performance measures.

Appendix I: Rate Determination Methods

- Rate methodologies have been added for each of the new waiver services added in Appendix C
    - Community Living Support – the Agency with Choice broker will determine an appropriate wage for individuals who choose the self-directed option. The Medicaid State Plan methodology and rate for Home Health Aide has been adopted as the rate for Community Living Support provided by a licensed Home Health Agency. Community Living Support provided by a Personal Attendant Services Agency (PASA) will be paid at 75% of the rate for a Home Health Aide.
    - Community Participation – the Direct Support Professional methodology from the 2014 DSP rebasing report was used. The data inputs for Day Habilitation were modified to account for the differences for this service. A rate is computed for both the ratio of 1:1 of 1:2 staff to participants using the same methodology used to apply staffing ratios for Supported Employment.
    - Assistive Technology – the methodology and fee schedule developed for the Pathways to Employment program for the assessment and training part of this service was adopted. For Assistive Technology equipment, DDDS will obtain bids or estimates of cost from at least two vendors. The lowest and best price will be authorized up to the maximum allowed amount.

    - Home or Vehicle Modifications – DDDS will obtain bids or estimates of cost from at least two vendors. The lowest and best price will be authorized up to the maximum allowed amount.
    - Specialized Medical Equipment not covered under the State Plan – DDDS will obtain bids or estimates of cost from at least two vendors. The lowest and best price will be authorized up to the maximum allowed amount.
- Additional detail regarding billing validation methods was provided and the Agency With Choice broker is referenced.

Appendix J: Budget Neutrality

- Unduplicated count of members per year, average length of stay and estimated unit cost payments were updated to incorporate assumptions related to the new waiver members to enable an estimate to be computed for a cost per waive member for waiver and State Plan costs.
- Estimated utilization and rate data for the new members and services was added to enable the Budget Neutrality computation to be performed.