

Comparison Grid of the new ID/DD waivers set to begin on February 1, 2014

Comprehensive Waiver	Supports Waiver
Choice in Waivers	
<u>All</u> current participants may choose Comprehensive Waiver.	Current participants not in residential services may choose the Supports Waiver.
Budgets	
<p>Individual Budgets. Individual Budget Amounts (IBAs) will be based on the Level of Service Need after a participant receives the supplemental assessment. IBAs are based on the ICAP, supplemental assessment (sections of the SIS), age, living situation, with approved additional add-on's for behavioral or medical needs in some cases.</p> <p>Permanent budgets. Once people's budgets are established they will not change year to year. This means budgets will not be reduced if the full amount is not used in a year. If there is a significant change in a person's support needs due to emergency situations or a significant change in health, the case manager may submit a request for additional funding through the Extraordinary Care Committee, which is the process currently utilized.</p> <p>Phase-in Protection. If the standardized assessment results in a Level of Service Need budget that is significantly lower than the person's current budget, the reduction in budget will be phased in. For the first year, the person will receive a budget that corresponds to the Level of Service Need that is one level lower than where they are now. The person will be stepped down one level each year until they reach the appropriate Level of Service Need budget.</p> <p>Budget appeals. If a team believes the standardized assessment is not accurate and the budget is not sufficient to meet the participant's needs, they can request that a team at the Division review the case. For higher need people, the Clinical Review Team (CRT) will review the case. CRT includes the Division's psychologist, the Medicaid medical director, and a contracted psychiatrist. This team will review pertinent medical and behavioral information, complete additional interviews when needed with people involved in the participant's services, and may ask for an additional assessment. The Clinical Review</p>	<p>Individual Budgets A budget level will be assigned based on age: \$12,500 - ages 0 through 21; or \$16,500 - ages 21+ & out of school</p> <p>and \$3227 a year for Waiver Case Management until it moves to the Medicaid State Plan TCM model</p> <p>Emergency increases to budgets: Additional money may be added by ECC for temporary emergency relief or to aid in the transition to a more appropriate waiver that will better meet the person's needs.</p>

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Team's review will result in one of the following determinations:

1. The participant's condition requires additional services, such as behavioral supports, skilled nursing, and/or therapies above the base budget so the CRT recommends the budget be adjusted to cover these service costs; or
2. The standardized assessment did not capture all of the participant's needs, so the CRT recommends the person receive a higher level of service budget; or
3. The standardized assessments accurately captured the participant's needs, so the CRT recommends no changes.

If CRT determines budget is appropriate at its current level but the participant's team disagrees.

The case manager may work with the team to submit the formal appeal of the budget with supporting evidence or an explanation of why the assigned budget is not sufficient to meet the person's assessed need. The disputed case will be reviewed by a Division Administrator or designee, who will review the person's case and collateral information, provide a quality check on the process and assessments, and decide if any adjustments to the budget or re-assessments are warranted.

Waiver Cost Limit -Individual maximum \$305,933 which is the WLRC average Client cost for SFY2012

Waiver Cost Limit:
\$30,000

Supplemental Assessment

WIND will assist the Division in completing the Supplemental assessment based on sections of the SIS starting in September 2013 through April 2014. IBAs will be generated based upon the information collected in the two assessments and entered into the database. WIND will complete the interviews and information gathering necessary for the assessment. Participants, guardians, case managers and providers were informed through a brochure, email and website on the process and how to comply. There is a consent form available and information on choosing a respondent.

If a participant or guardian objects to the SIS, the Division would like notification in writing. In these cases, we will have to use information solely from the ICAP in determining the person's budget for the new waivers.

The Division encourages case managers to explain the assessment, help people visit the BHD website or the SIS website for more information, or request information from the Division if there are additional questions.

same

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Spending limitations	
<p>Some services have annual caps, such as 1,664 units annually for respite; 6000 Personal Care units; targeting criteria for residential services is still in place.</p> <p>Once the IBA is established based upon a participant's individual need, the participant must prioritize services within the assigned IBA.</p>	<p>Use of budget is flexible, no service caps except for specialized equipment and environmental modifications.</p> <p>Assigned budget limit cannot be exceeded.</p>
Services available	
<p>See service chart for more details.</p> <p>All services except for Crisis respite.</p>	<p>See service chart for more details.</p> <p>All services, except for residential habilitation and special family habilitation home.</p>
Rates	
<p>Waiver service rates will remain at the rates in effect on July 1, 2013. Service rates will continue to be standardized and based on a variety of factors, including provider costs, average wages for similar services as collected by the Department of Labor, incentive factors for provider shortage areas, difficulty of care, and outcome requirements.</p> <p>Day service rates have been changed from five tiers to three, with the rates for each tier based on the same rate methodology used to develop the current rates.</p>	<p>Waiver service rates will remain at the rates in effect on July 1, 2013. Service rates will continue to be standardized and based on a variety of factors, including provider costs, average wages for similar services as collected by the Department of Labor, incentive factors for provider shortage areas, difficulty of care, and outcome requirements.</p> <p>Day service rates have been changed from five tiers to three, with the rates for each tier based on the same rate methodology used to develop the current rates.</p>
Staffing expectations for adult habilitation services	
<p>Staffing Ratio Flexibility. Service rates for residential habilitation and the tiered day services, including Community Integration Habilitation, Adult Day Care, and Prevocational Services, will no longer be directly linked to a specific staffing ratio, except for participants receiving the highest level of services due to significant health and safety concerns.</p> <p>State staffing expectations. The state is moving away from rigid staffing ratios. BHD is relying on providers' professionalism and expertise to assure participants receive appropriate services and supports as specified in their plans of care, critical incidents and other situations are tracked, changes are made to staffing when needed, and staff is trained on participants' needs.</p> <p>State standards will be developed in rules and policy for providers to staff participants appropriately based upon the tier of funding assigned and plan of care requirements. State monitoring will focus on reviewing the overall health and safety of participants and service quality. The WDH is proposing minimum staffing guidelines to assure that people receive appropriate supports. These guidelines are included in the Level of Service Need Description chart and will have additional</p>	<p>Staffing Ratio Flexibility. Service rates for residential habilitation and the tiered day services, including Community Integration Habilitation, Adult Day Care, and Prevocational Services, will no longer be directly linked to a specific staffing ratio, except for participants receiving the highest level of services due to significant health and safety concerns.</p> <p>State staffing expectations. The state is moving away from rigid staffing ratios. BHD is relying on providers' professionalism and expertise to assure participants receive appropriate services and supports as specified in their plans of care, critical incidents and other situations are tracked, changes are made to staffing when needed, and staff is trained on participants' needs.</p> <p>State standards will be developed in rules and policy for providers to staff participants appropriately based upon the tier of funding assigned and plan of care requirements. State monitoring will focus on reviewing the overall health and safety of participants and service quality. The WDH is proposing minimum staffing guidelines to assure that people receive appropriate supports. These guidelines are included in the Level of Service Need Description chart and will</p>

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Self-Direction

Self-direction is available on this waiver. Check Service chart for services that may be self-directed. Agency with Choice will no longer be available. Persons who used Agency with Choice must choose traditional providers or self-direct through the Fiscal Intermediary, Public Partnerships LLC.

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Transition Topics

Choose waiver. Current participants must choose which waiver they would like to enroll.

Choose waiver. Current participants may choose the Supports Waiver over the Comprehensive Waiver.

Move according to specified timeline. If they choose the Comprehensive waiver, they will transition into the waiver according to a set timeline established by the Division. Adult DD waiver participants will transition between February 1, 2014 and June 30, 2014. Child DD Waiver participants will transition between April 1, 2014 and December 30, 2014.

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Budget. They will receive an assigned IBA according to their Level of Service Need and if they have additional medical or behavioral needs, they may be eligible for an IBA add-on. Once people's budgets are established they will not change year to year. This means budgets will not be reduced if the full amount is not used in a year.

Budget. They will be assigned the budget limit according to their age. There are no add-ons to this budget. The budget will remain the same each year according to their age group. To meet needs that the waiver budget may not meet, the person's case manager and team will need to brainstorm and connect with other community agencies, resources, and networks to develop strategies or changes to meet the person's needs.

Emergency needs. If there is a significant change in a person's support needs due to emergency situations or a significant change in health, the case manager may submit a request for additional funding through the Extraordinary Care Committee, which is the process currently utilized.

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Submit two plans of care during the transition.

The case manager will work with the participant's team on submitting two plans of care to BHD following a phase-in timeline (*so 2,000 plans are submitted at the same time*).

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- One plan will be for a partial year for the current waiver.
- The second plan will be for a partial year for the new waiver, so a person's annual plan start date can stay the same.
- IBAs for the transition plan will be pro-rated.

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- The second plan will be for a partial year for the new waiver, so a person's annual plan start date can stay the same.
- The budget for the Supports waiver for the transition year will be pro-rated.

Emergencies

If a person has an emergency or significant change in their health or safety and it meets ECC criteria, the person may receive an IBA adjustment, be reassessed for a higher Level of Service Need, or have a temporary

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budget add-on.

for additional services.

Wait List Management

Who is on Comprehensive Waiver Wait List?

People on the Supports waiver who select to go on the Comprehensive waiver wait list.

What is the order of populating the Comprehensive Waiver and funding from the wait list?

Entrants to the Comprehensive waiver will be selected by allowing all existing participants who choose the Comprehensive waiver from one of the Current DD waivers if they were funded prior to February 1, 2014.

Then, as funding allows, entrants will be based on priority by:

- Emergency cases approved by ECC (*funding is reserved in the budget for emergencies based on historical need*)
- Then by highest level of need starting with level 6, then level 5, level 4, and onto level 1.

Reserved Capacity: The state reserves capacity of 10 people each year for deinstitutionalization of individuals, who have resided in a state-funded institution, such as WLRC, WSH, BOCES, PRTF, NF, Jail, and Prison:

- For at least two years; or
- Have been on the DD or Supports Waiver wait list for two years; or
- Or if they were previously on the waiver a maximum of two years prior to being institutionalized.

Does everyone from the Supports Waiver qualify for the Comprehensive Waiver?

The Comprehensive waiver is intended for people who have a higher level of need for waiver services. After the initial transition of all current waiver participants, a person would qualify for the comprehensive waiver after he/she received funding for the Supports waiver, and either met the emergency criteria approved by the ECC or when funding is available to add more people, then priority will be given to those with the highest level of Service Need starting with level 6 and onto level 1.

When a person on the Supports waiver qualifies to transition to the Comprehensive waiver, he/she will be assigned a new IBA.

Who is on Supports Waiver Wait List?

People on the current wait lists for the DD waivers will be transitioned to the wait list for the Supports waiver.

What is the order of funding for the wait list?

When funding is available, entrants to the waiver will be selected by priority with emergencies funded first (as approved by ECC with new Supports waiver criteria) and then on a first come/first serve basis. So the person who spent the longest time waiting would be at the top of the list.

Can a person get onto the Comprehensive waiver after he/she receives funding for the Supports waiver?

Once funded onto the Supports waiver, an individual may go on the wait list for the Comprehensive waiver.

The Comprehensive waiver is intended for people who have a higher level of need for waiver services. After the initial transition of all current waiver participants, a person would qualify for the comprehensive waiver after he/she received funding for the Supports waiver, and either met the emergency criteria approved by the ECC or when funding is available to add more people, then priority will be given to those with the highest level of Service Need starting with level 6 and onto level 1.

When a person on the Supports waiver qualifies to transition to the Comprehensive waiver, he/she will be assigned a new IBA.

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Case Management System Change

New agencies that will provide case management under the Targeted Case Management model through the Medicaid State Plan will begin transitioning participants after July 1, 2014.

Current Case Managers may decide to:

- Develop an agency to provide case management in a region
- Get hired by an agency in one of the regions and continue to work as a case manager
- Not transition to the agency case management system.

Many participants will be able to keep their current case manager as long as the case manager moves to the new system and there is no conflict of interest involving other providers on the participant's plan.

As a participant moves from waiver case management to targeted case management, his/her budget for case management services will be taken out and moved to the Medicaid system.

**Current details on the newly proposed Targeted Case Management requirements are posted for public comment to the Division's website.*

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Changes to Provider Qualifications

Transportation- only certified providers at this time may provide the service

same

Behavior Specialist – Master's Degree and Board Certified Behavior Analyst or similar nationally recognized certification in positive behavior supports with approval from the Division

same

Employment services –*In order to increase employment outcomes for participants, we need some staff at a provider organization for day services trained specifically in how to provide job coaching and job development.*

same

Within one year of becoming certified in employment services, 1 staff person working at least 50% of their time as a job coach/developer must be certified in a nationally recognized supported employment curriculum approved by the Division if serving up to 10 participants in this service, and for every 10 participants after-one additional staff working at least 50% of their time job coach/developer must be certified.

Community Integration for CARF accredited providers – Within one year of being certified in this service, 1 staff person working at least 50% of their time as a service supervisor must be certified in a nationally recognized supported employment curriculum and demonstrate that a portion of their time each month is spent training direct care staff on exploring employment interests, working on job readiness skills, or other employment related activities with participants.

same

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<p>Adult Day Care- Within one year of being certified in this service, at least 1 staff person who works at least 50% of their time as a service supervisor or direct care staff must be certified in a nationally recognized supported employment curriculum and demonstrate that a portion of their time each week is spent meeting with individuals to talk about employment interests, job ready behavior, volunteer work, mentorship ideas, etc.</p> <p>Add that Licensed Adult Day Cares may be a provider and will not be required to be CARF accredited.</p>	<p>same</p>
<p>Residential Habilitation- <i>training requirement will be updated through training section of rules:</i> have employment module watched by a direct care staff to explain their role in helping with employment outcomes- <i>not a provider qualification in waiver at this time.</i> <i>In order to begin decreasing the number of restraints and restrictions used, we need more staff at provider agencies with specialized training in positive behavior supports.</i></p> <p>Within one year of certification in this service, a staff person who works at least 50% of their time with a person who has restraints or restrictions on their plan is required to successfully complete the Division training module on positive behavior supports.</p>	<p>Not applicable</p>
<p>Crisis Intervention: Within one year of certification in this service, a provider serving more than 5 participants with restraints or restrictions in their plans are required to have a supervisor successfully complete the positive behavior support curriculum as developed by WIND at the University of Wyoming or another nationally recognized positive behavior support curriculum approved by the Division. An additional supervisor must be certified for every 10 additional participants with restraints or restrictions in their plan.</p> <p><i>In order to comply with Senate Enrolled Act 73, 2012 and capture extra funding for being “trained” in behavior supports for clients with higher needs, the provider will be able to receive crisis intervention units for the participants who need them. The first year, they would be certified, but to be recertified annually, they have to demonstrate compliance with this requirement</i></p>	<p>same</p>
<p>Individual Habilitation Training – Within a year of being certified in this service, and annually thereafter, the provider or staff providing the service must successfully complete at least eight (8) hours of continued education in any of the following areas: specific disabilities or diagnosed conditions relating to the population he/she serves, in writing measurable objectives, gathering and using data to develop better training programs, or training modules posted by the Division.</p>	<p>same</p>