



Supports and Comprehensive Waivers

Community Waivers and You

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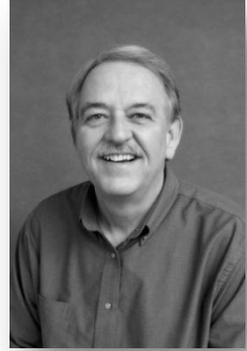
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Hello,

I'm Joe Simpson, the administrator for the Developmental Disabilities Section of the Behavioral Health Division, and I'm pleased to have this opportunity to present to you two new and better waiver programs for people served on the Wyoming Medicaid Adult and Child Developmental Disabilities waivers.



We know moving away from the familiar to something new can be frightening. Let me reassure you, we have listened to citizens and our Waiver Redesign Citizen Stakeholder Committee. I think you will be pleased with the new services provided and the focus on improving our service delivery system.

Please take a moment to walk through this booklet designed to help guide and explain the new waiver programs.

Thank you,

A handwritten signature in cursive script that reads "Joe Simpson". The signature is written in a dark ink on a white background.

Reason for New Waivers

In March 2013, the Wyoming Legislature passed Senate Enrolled Act 82, a law requiring Wyoming Department of Health, Behavioral Health Division (BHD) to develop two new waivers - **Supports Waiver and Comprehensive Waiver.**

The new law required BHD to “optimize the services provided to current clients and to extend appropriate services to persons currently on a waiting list for waiver services within the current budget.”

The reason for these changes is to provide better services and to serve more citizens who are currently on the wait list.

All Participants currently receiving services as of March 31, 2014 on the Adult or Child Developmental Disabilities (DD) Waiver will be moved to the new Comprehensive Waiver, unless the Supports Waiver is chosen.

New waivers started

April 1, 2014!

Supports Waiver

- ✓ Funds some supportive services for a person in order to help the person where he/she currently resides. It may serve 1) A person currently on a Developmental Disability (DD) Waiver (*if it is selected over the Comprehensive Waiver*) or 2) an eligible person on the wait list as funding is available.
- ✓ The budget level is assigned based on a person's age, whether s/he is in school, and assessed needs:
Budget levels: \$12,500 ages 0 – 21 and in school
\$16,500 ages 21 and older and out of school
+ case management
- ✓ The participant has more flexibility in purchasing services within the limited budget.
EXAMPLE: Respite has a cap of 1664 units per year on the Comprehensive Waiver, but no cap limits on the Supports Waiver. A Participant can spend the full amount of funding for respite if he/she chooses.

Comprehensive Waiver

- ✓ Funds services for 1) current Participants as of March 31, 2014 who choose to move to this waiver and 2) for newly eligible individuals with a high level of emergency service need, or meet the reserved capacity definition, or are on the Supports Waiver and funding is available for new people to enroll.
- ✓ Assigns funding based on an individual's assessed level of service need, age, and living situation.
- ✓ Has a cost limit linked to the average participant cost per fiscal year at the Wyoming Life Resource Center.

Eligibility

Eligibility for adults and children with ID/DD has not changed in the new Waiver programs.

Each person must qualify for an ID/DD waiver, which includes these current conditions:

- ✓ Be a U.S. citizen and Wyoming resident,
- ✓ Meet the level of care criteria,
- ✓ Meet financial eligibility as determined by Medicaid's Long Term Care unit,
- ✓ Meet clinical eligibility determined by a licensed psychologist, AND
- ✓ Meet functional limitations measured by the Inventory for Client and Agency Planning (ICAP)

The psychological re-evaluation will no longer be required every five years unless the team or BHD requests an updated evaluation.

Wait list

Individuals who are currently on ID/DD wait lists and all newly approved applicants will be placed on the Supports Waiver wait list.

- As funds become available, the order for moving individuals off the wait list starts with emergencies, then “first come/first serve”, which means the person who has spent the *most* time waiting is the *first* to get funded.
- Once on the Supports Waiver, a Participant may choose to be placed on the Comprehensive Waiver wait list, which is funded by highest level of need to lowest.
- The goal is to start freeing up funds for those on the wait list starting late in 2014, which is contingent upon funds being available.

5 New Waiver Improvements

- 1 New Funding Method**
- 2 New & Better Services**
- 3 Moving Towards Smaller
Group Homes**
- 4 Conflict Free Case
Management**
- 5 Improved Quality of Care**

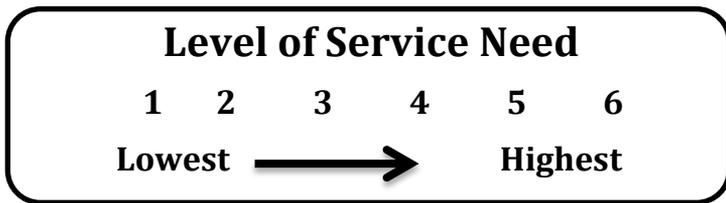
Funding

1st Waiver improvement – a new funding method that emphasizes a fair distribution of funding based on each waiver Participant’s assessed needs.

Budgets for the Comprehensive Waiver will be based on information from the Inventory for Client and Agency Planning (ICAP) assessment, including specific information on behaviors and medical needs included in the ICAP.

The ICAP is completed by the Wyoming Institute for Disabilities (WIND) at the University of Wyoming.

Data from the assessment is then entered into a formula that calculates a fair score, ranging on a continuous scale from 1 to 6, which determines funding based on the Participant’s level of service need.



The levels range from 1 to 6 and vary as follows:

Level 1 – person can function or live fairly independently with minimal supports needed.



Level 6 – person needs very intensive services and supports and 24 hour care.

After assessments are completed and the level of service need is identified up to the tenth (such as 4.2), the next step is determining the Participant’s final budget. The service need score will assign a budget based on where he/she lives, and age (over 21 and out of school or under and still in school). Additional funding may be assigned through a review process for other verified assessed needs determined by BHD, such as nursing, behavioral support services, or crisis intervention services.

Budget Reviews

If a participant's plan of care team believes a participant's individual budget for the Comprehensive Waiver does not reflect his or her assessed needs, they may request a review by the Division's Clinical Review Team along with additional information submitted on the assessed needs the team does not think are accurately captured in the ICAP. The Clinical Review Team will include, as appropriate, the Division's Waiver manager, Clinical Psychologist, the Medicaid Medical Director, the Division's Psychiatrist, and other specialists as needed.

The Clinical Review Team has the authority to request additional assessments, including a new ICAP, a Supports Intensity Scale, or another appropriate, standardized assessment targeted for a specific diagnosis or condition. The additional assessment in these cases may provide more detailed information on the person's support needs and assist the Clinical Review Team in evaluating the need for a different budgeted amount. Information from the ICAP, along with information from other assessments, and information submitted by the participant's team, will be used to make the final decision on the request for a budget change. Please note that, given the change in the budget methodology, the additional assessments and information reviewed by the Clinical Review Team may result in a budget increase, decrease or no change.

After the new budgets are issued, IBAs will no longer be adjusted yearly, unless major changes occur, so Participants can better plan and utilize services to build more outcomes-based opportunities. *This means budgets will not be reduced if the full amount is not used each year.*

New Services

2nd Waiver improvement - new and better services were added to compliment the current waiver services!

A complete list of services with the changes and new services are listed on the next page.

1. **Behavioral Support Services**
2. **Employment Discovery and Customization**
3. **Prevocational**
4. **Supported Employment Follow Along**
5. **Transportation**
6. **Adult Day Services**
7. **Homemaker** (added to Self-direction)
8. **Residential Shared Living** (added to Self-direction)

The waivers continue to offer residential habilitation and day services. Current Participants choosing the Comprehensive Waiver can continue to receive residential and day services. Participants on the Supports Waiver can receive day services.

What do these new services mean for you?

Better supports to help you gain and keep employment to match your strengths, needs, and interests.

More opportunities to help you live independently, have more freedoms, and live your life - your way.

Person-centered, with these new services, you will have more say in your life, make your own choices and goals. You are in control, it's your life!



All Services with changes	Comp Waiver	Supports Waiver	Can be Self-Directed
Agency with Choice	Service discontinued		
Adult Day Services - new	X	X	
Behavioral Support Services - new	X	X	
Case Management	X	X	
Child Habilitation	X	X	X
Cognitive Retraining (<i>ABI Waiver only</i>)	X	X	
Supported Employment	X	X	X
Companion Services	X	X	X
Crisis Intervention Support - revised	X	X	
Community Integration Services	X	X	
Dietician Services	X	X	
Employment Discovery & Customization- new	X	X	
Environmental Modifications	X	X	
Homemaker	X	X	X
Independent Support Broker	X	X	X
Self-Directed Goods & Services	X	X	X
Personal Care	X	X	X
Physical, Speech, & Occupational Therapy	X	X	
Prevocational - new	X	X	
Residential Habilitation	X	X	
Residential Habilitation Shared Living- new	X		X
Individual Habilitation Training	X	X	X
Respite Care	X	X	X
Skilled Nursing	X	X	
Special Family Habilitation Home	X	X	
Specialized Equipment	X	X	
Supported Living	X	X	X
Supported Employment Follow-Along- new	X	X	
Transportation - new	X	X	
Unpaid Caregiver Training	Service discontinued		

For more details about each new service, visit health.wyo.gov/ddd.

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.

Group homes

3rd Waiver improvement is moving towards smaller group homes; however, Participants currently in a larger group home can remain.

BHD researched and evaluated the national movement away from larger group homes to smaller group homes (4 persons or less) because they have been found to offer more of a home environment and support community integration standards better.

Wyoming Department of Health leadership agreed to increase the use of smaller group homes over time and phase out the use of larger group homes.

“We plan to work closely with stakeholders over the next several years to implement trainings, technical assistance, and present different business models to help providers convert or change some existing larger homes and offer more integrated, smaller residences to waiver Participants,” commented Chris Newman, BHD senior administrator.

Case Management

4th Waiver improvement is Conflict-free Case Management.

Beginning July 1, 2014 and finishing by June 30, 2015, BHD is transitioning to a case management system that is free from conflicts of interest due to federal government regulations for 1915(c) Home and Community Based Services waivers released in January 2014 and the passing of Wyoming’s SEA 82.

Our new system will not allow a case manager to be employed by any Provider on a Participant’s plan or financially benefit from providing other services on a Participant’s plan.

Case Management – *continued*

Rationale for the case management change:

- ✓ Role of case manager needs to have more authority and independence to truly advocate for the participant
- ✓ Gives case manager real authority when there is a conflict
- ✓ Offers the assurance that true choice in services and providers has been given to the Participant

Centers for Medicare and Medicaid Services (CMS), the federal agency that oversees the waivers, is asking all states to promote conflict free case management because of all the person-centered planning requirements detailed in the new law. Also, BHD is required to change to conflict free because of the SEA 82 legislation.

After evaluating options and gathering stakeholder input, BHD is implementing conflict-free case management as a Waiver service beginning July 1, 2014. It will not be moved to the Medicaid State Plan. Here is the current plan:

- ✓ Case management agencies must be certified by the BHD to provide case management services that are free from any conflict of interest with the participants they serve.
- ✓ Each case manager will be required to meet academic qualifications and complete specialized training.
- ✓ Conflict-free case management is expected to reach full implementation by **June 30, 2015**.

The application to become a case management agency can be found on the Division’s website:

<http://health.wyo.gov/ddd/prospectiveproviderinfo.html>

“This change will still allow for choice in case manager. The qualifications for case managers will retain most of the current case managers in our system and will help ensure highly trained professionals provide consistent services and oversight throughout the state,”
stated Joe Simpson, DD administrator.

Quality Care

5th Waiver improvement is to improve quality of care.

BHD will continue to evaluate the new Waiver programs for enhancements. BHD's goal is to promote continuous improvement and help secure the Waivers for the future.

BHD will work with providers to:

- ✓ Develop better training tools;
- ✓ Improve person-centered services;
- ✓ Produce reportable outcomes from service delivery, training, and supports to Participants.

BHD also intends to explore new provider incentives for helping participants achieve desired outcomes over the next few years.

Transitioning to the new waivers

The new waivers begin April 1, 2014. The Supports and Comprehensive Waivers will replace the Adult DD Waiver by June 30, 2014 and the Child DD Waiver by June 30, 2015.

Current Adult DD Waiver Participants will transition to the new Waiver between April 1, 2014 and September 28, 2014. Child DD waiver participants will transition according to their annual plan of care date starting July 1, 2014. BHD will send a letter to each participant with the new Individualized Budget Amount (IBA) assignment for the Comprehensive Waiver starting in mid-March 2014. The letter will include the option for choosing the Supports waiver and a summary of the transition process.

The Acquired Brain Injury Waiver will remain separate and renew on July 1, 2014 using the same funding methodology and offering the same waiver services as the Comprehensive Waiver.

While change is difficult, the BHD is dedicated to helping Participants and their families through this transition period to ensure it goes smoothly.

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