



WAIVER REIMAGINE: MINNESOTA AND OTHER STATE WAIVER RECONFIGURATION EFFORTS

HCBS 2018



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AGENDA

01

Waiver
Reimagine
Project

03

Reconfiguration
Options

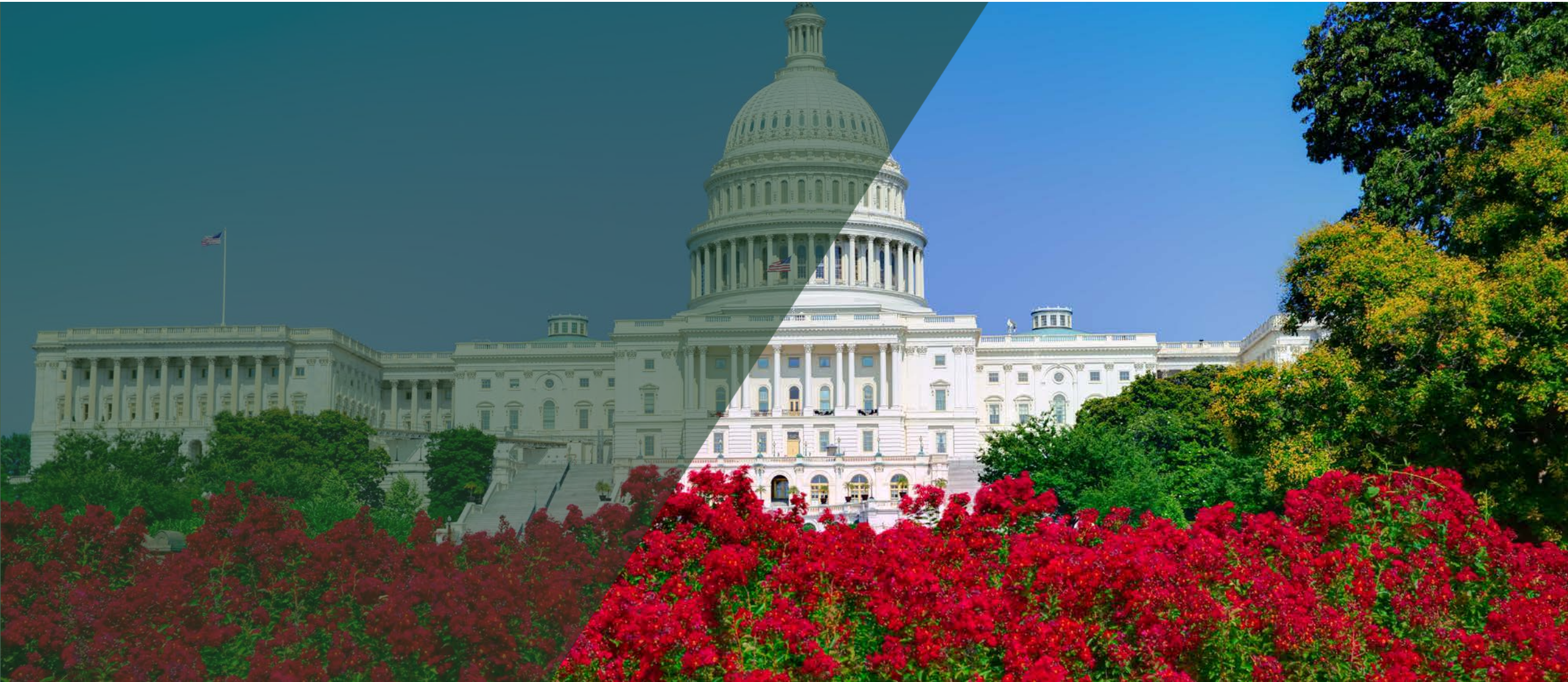
Federal Context

02

Work to Date

04

FEDERAL CONTEXT



HCBS Regulations: Target Groups



- The 2014 final regulations included an important change to the regulatory provision regarding target groups. Provision became effective March 17, 2014.
- 42 CFR 441.301(b)(6): Be limited to one or more of the following target groups or any subgroup thereof that the State may define:
 - (i) Aged or disabled, or both.
 - (ii) Individuals with Intellectual or Developmental Disabilities, or both.
 - (iii) Mentally ill.



Background



Before the issuance of the 2014 final regulations, States were required to develop separate section 1915(c) waivers to serve more than one of the specified target groups.

The 2014 regulatory change permits states to combine multiple target groups within one waiver, removing a barrier for states that wish to design a waiver that meets the needs of more than one target population.

States must still determine that without the waiver, participants will require an institutional level of care.



Why Might States Utilize This Flexibility?

- Seamlessly serving individuals of different target groups who may live together (e.g., an individual with an intellectual disability and his/her aging parent)
- Recognition that an individual's needs may make them eligible under more than one target group
- Offering an array of services to meet a wide range of needs, regardless of diagnostic category
- Potential to gain administrative efficiencies if state has been offering same service array to more than one target group (previously requiring more than one waiver)

Program Design Considerations

- Strategies to maintain the key program expertise needed to address the unique needs of each population
- Eligibility and assessment strategies that will serve all populations well
- Appropriate services (including provider qualifications and reimbursement strategies) to meet the health and welfare of all individuals served



Program Design Considerations (cont.)

- Strategies for ensuring no group is disenfranchised by the consolidation
- Exploring opportunities for reserved capacity to ensure equal access across all groups
- Quality strategies that will enable nuanced discovery to identify issues that may be more typical in certain populations (i.e., falls, dysphasia, etc.)





Quality Improvement

- CMS requires, at 42 CFR 441.302(a)(4), an assurance that the State is able to meet the unique service needs of the individuals when the State elects to serve more than one target group under a single waiver.
- Discovery, remediation and system improvement strategies must be effectively tailored to ensure efficacy for all target groups.
- Tailored strategies may be needed if issues are identified that appear to be affecting only one target group.
- The State, through the CMS 372 reports, will provide data in the quality section, for waivers serving multiple target groups, that a single target group is not being prioritized to the detriment of other groups



Stakeholder Engagement.. Essential

- Stakeholder engagement is especially important when the waiver will meet the potentially diverse needs of different target groups.
- Specific requirements for public notice apply, and states are advised to begin engagement early, using many avenues, to ensure a thorough and ongoing opportunity for meaningful input.

A Potential Tool for Innovation

Especially as states:



Consider ways to ensure access to HCBS supports throughout the life span and as specific needs arise, as in life

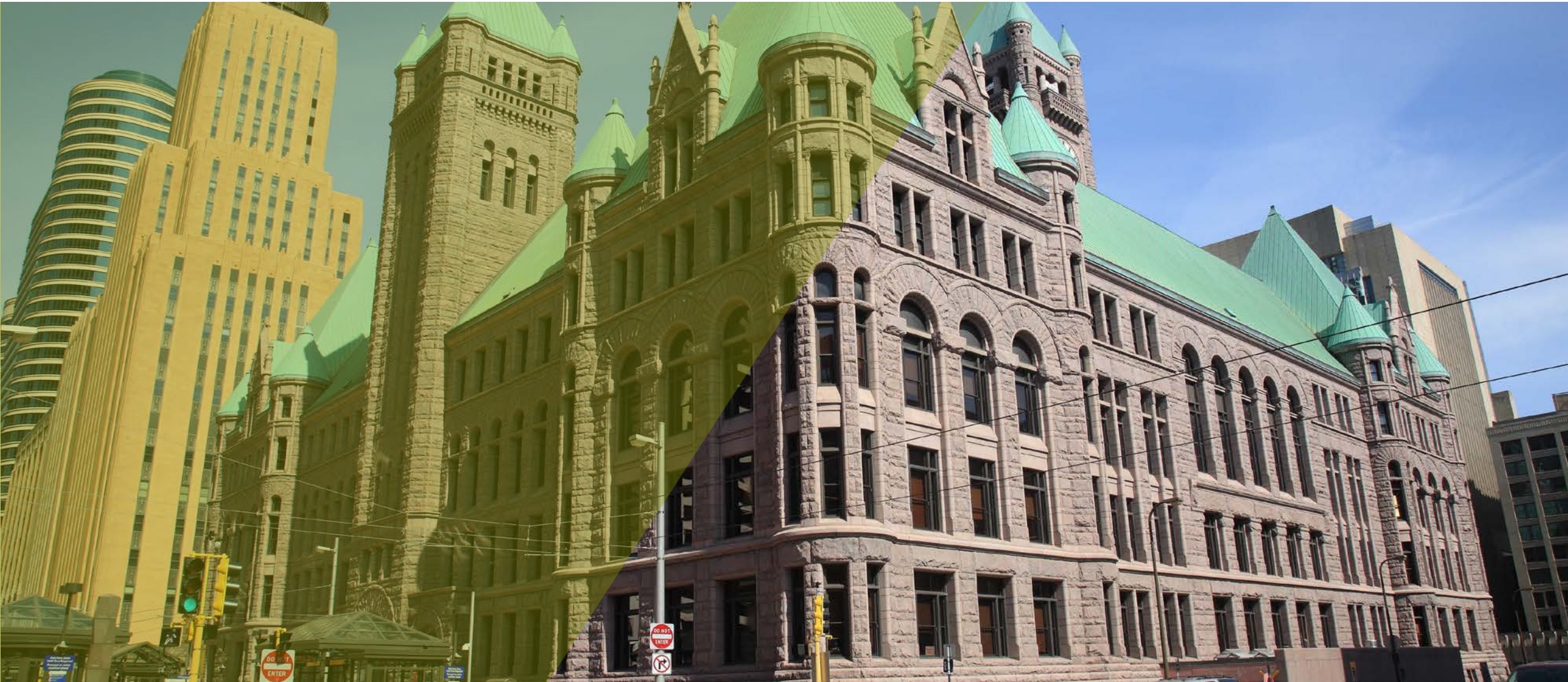


Explore new ways to support families and family caregivers



Consider administrative efficiencies while maintaining needed program expertise

WAIVER REIMAGINE PROJECT



Project Background

- Examining the program structures of the four disability waivers.
- Seeks to recommend structural changes that simplify and improve the programs.
- Includes two legislative studies:
 - Study 1: Disability Waiver Reconfiguration
 - Study 2: Individual Budgeting Model

Project Values

Flexibility to encourage person-centered supports

Enhance personal authority over service choice

Simplify waiver program information and administration

Equity across waiver programs and participants

Align benefits across waivers

Ensure a smooth transition

Project Timeline

- Partnering with national research leaders – the Human Services Research Institute (HSRI), NASDDDS, the University of Minnesota, and Burns & Associates to complete this work.
- Studies will occur throughout 2018
- Legislative report and recommendations in December 2018 and January 2019.



MN Disability Waiver Programs



**Community Access for
Disability Inclusion
(CADI)**



**Developmental
Disabilities (DD)**



Brain Injury (BI)



**Community
Alternative Care (CAC)**

CADI Waiver



**1915(c),
operated
since 1987**



**Nursing
facility level
of care**



**34 available
services**



**26,967
recipients in
FY17**



**Average
annual
recipient
cost (FY17):
\$30,292**

DD Waiver



**1915(c),
operated
since 1984**



**ICF/DD level
of care**



**26 available
services**



**18,629
recipients in
FY17**



**Average
annual
recipient
cost (FY17):
\$69,088**

BI Waiver



**1915(c),
operated
since 1992**



**Nursing
facility and
neurobeha-
vioral
hospital
levels of care**



**36 available
services**



**1,351
recipients in
FY17**



**Average
annual
recipient
cost (FY17):
\$73,177**

CAC Waiver



**1915(c),
operated
since 1985**



**Hospital
level of care**



**31 available
services**



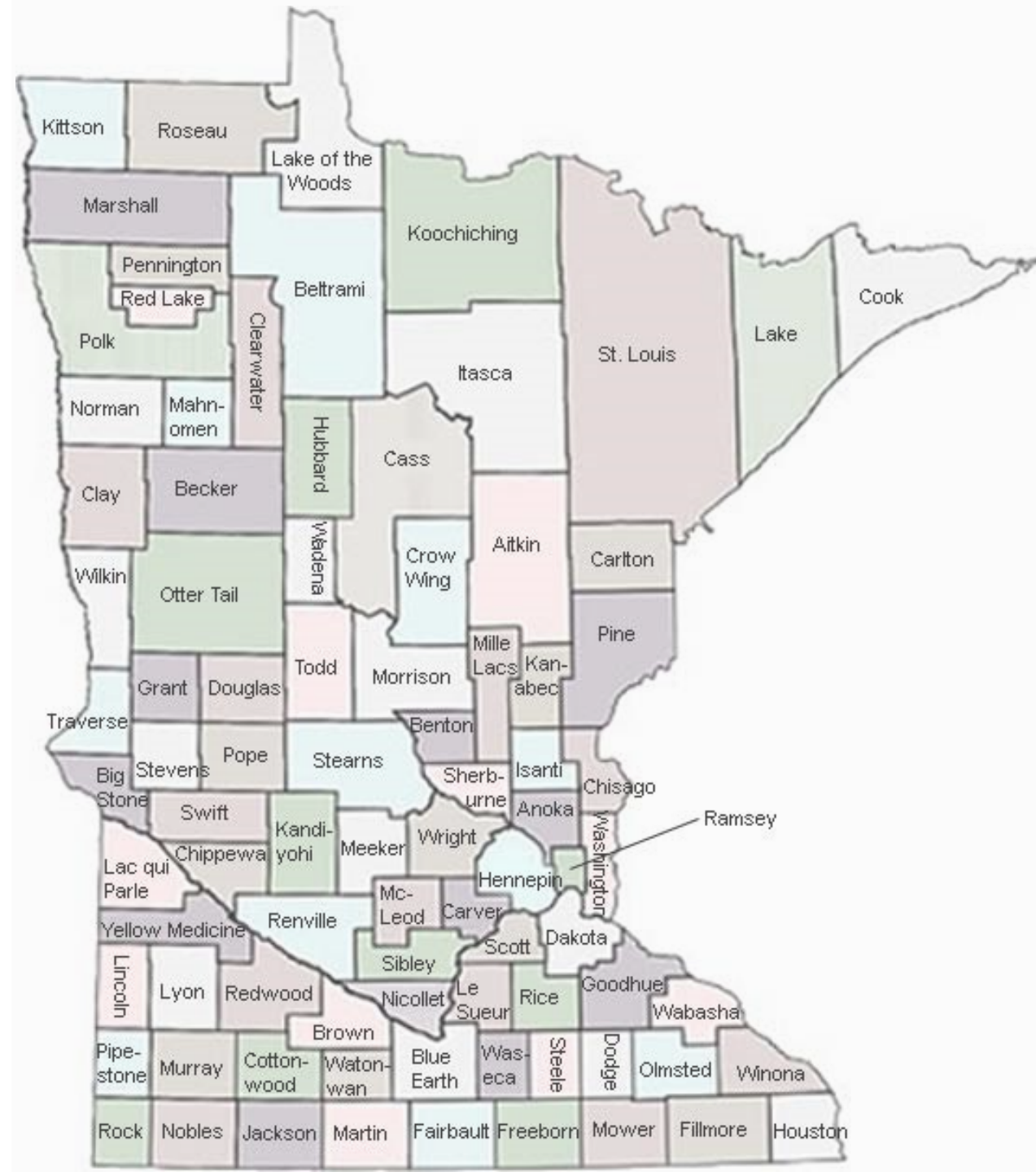
**564
recipients in
FY17**



**Average
annual
recipient
cost (FY17):
\$64,818**

State Context

- County and tribe administered (87 lead agencies)
- Lead agencies manage waiver spending through aggregate lead agency budgets determined by the state
- Currently no waitlist for disability waivers





State Context

Builds upon years of work and progress achieved in Minnesota:

- **Robust service system of supports for people**
- **Work on aligning services and standards across the waivers**
- **Implementation of a standardized rate structure**
- **Implementation of a standardized assessment for all populations**
- **Individualized supports and person-centered planning**

Study 1: Disability Waiver Reconfiguration



Intent

Identify efficiencies, simplifications, and improvements through reconfiguring the disability waiver program structures.



Recommendations may include

Consolidating one or more waivers or offering additional waivers.



Objectives

Equity between populations and programs to provide access to the services and supports people need.

Study 2: Individual Budgeting Model



Intent

Develop an individual budgeting model for all disability waiver recipients. Recommend changes to the current budget methodology to the Consumer Directed Community Supports (self-directed services)



Recommended model may include

Individuals' support needs, MnCHOICES assessment information, living circumstances, and other potential factors

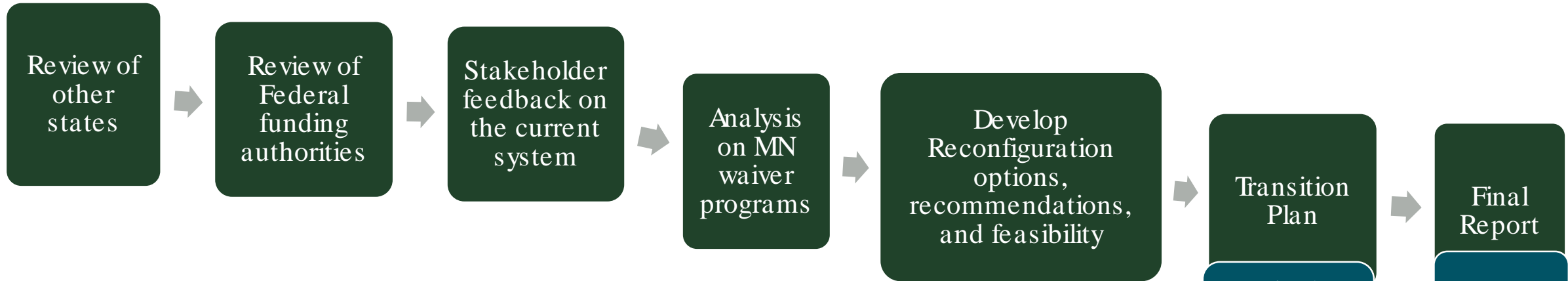


Objectives

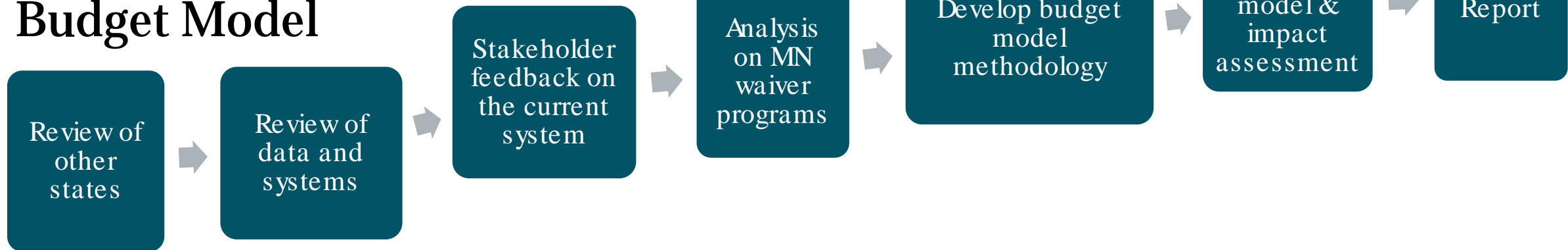
Enhance personal authority people have over choosing the type and amount of HCBS they receive.

Project tasks

Waiver Reconfiguration



Budget Model



Opportunities

- Looked at values they want to embed in the system, and what people in their system wanted, then coupled this with research.
- Chance to align the state's goals more closely with service recipients, families, and other stakeholder's goals.
- Ability to use reconfiguration to help develop the kind of system they want in the future.
- Reduce the variability and inequities in the type and amount of services available to people across the state
- Increase the administrative capacity to strategically govern the programs
- Reduce complexity for people and families and increase personal authority over supports

Challenges

- Many moving parts in the system—numerous other efforts and studies currently taking place.
- Narrow timeline.
- No direct precedent for combining these four populations within a waiver.
- Balancing goals.

WORK TO DATE



Project Activities



Researching other states' waiver reconfiguration efforts



Gathering feedback from service recipients, families, lead agencies, and providers across the state



Analyzing the current waiver structures in Minnesota, including the people receiving services and the services provided



Recommending a reconfigured waiver structure based on study findings



Analyzing impact and recommending transition planning

Researching Select State Efforts

STATE	WAIVER EFFORT	FUNDING AUTHORITY
Delaware	Pathways to Employment	1915 (i)
New Mexico	Centennial Care	1115
New Mexico	Mi Via	1915 (c)
New York	Bridges to Health	1915 (c)
Pennsylvania	Community Health Choices	1915 (b/ c)
Tennessee	TennCare II	1115

Delaware: Pathways to Employment

- Targets youth ages 14-25 with visual impairments, physical disabilities, or intellectual disabilities/autism spectrum disorder/or Asperger's Syndrome
- Goal: Support low-income youth with disabilities to gain the skills they need to find and succeed in work.

New Mexico: Centennial Care

- Unifies physical health, behavioral health, long-term care, and community benefits (akin to HCBS services) in one program
- Goals: Streamline, modernize, tailor services to individual needs, increase quality, slow program costs without cutting services, eligibility, or rates

New Mexico: Mi Via

- **First entirely self-directed waiver(s) in the country. Originally two waivers (HIV/AIDs and I/DD & Medically Fragile), now just one for I/DD.**
- **Goal: Enable participants to self-direct services, providing greater choice and control.**

New York: Bridges to Health

- Three waivers serving youth with I/DD, medically fragile youth, and youth with serious emotional disturbance (SED)
- Goal: Meet needs specific to youth in foster care and juvenile justice system to enable them to remain in their communities and out of unnecessary hospitalization.

Pennsylvania: Community Health Choices

- Combines five 1915(c) waivers that served aging individuals, people with physical disabilities (both who self-direct and who do not), people with TBI, and people with developmental disabilities that meet Nursing LOC
- Goal: Program alignment and decrease administrative burden of operating multiple waivers with overlapping populations

Tennessee: TennCare II

- Longstanding managed care waiver that incorporated individuals with PD and over 65 in 2009 and I/DD in 2016.
- Goal: Expand access to services, and continually improve quality of services by cross-applying learning (i.e., using HCBS lessons to improve other LTSS services).

Focus Groups



In-person and online



265 participants; 66 out of 87 counties



Primary findings:

Reduce program complexity; required knowledge

Address inter- and intra-program silos

Encourage more flexibility

Rural service availability; culturally competent providers

Systemic challenges: transportation, workforce shortage



Stakeholder Engagement

- Dedicated stakeholder group
- Meetings with counties, service providers, and people with disabilities
- What's working/not working in the current service system?
- “We’re glad you talked to us now”
- Engagement work beyond the study period

Analysis of Current Waivers

	BI	CAC	CADI	DD
Number of Participants	1,421	497	24,027	17,498
Number using CDCS	81	224	1,876	2,496
Level of Care	Neurobehavioral hospital OR specialized nursing facility	Hospital	Nursing	ICF/ DD
Target Group(s)	<i>Primary:</i> Aged or Disabled, or Both. <i>Subgroup:</i> Brain Injury	<i>Primary:</i> Aged or Disabled, or Both, General <i>Subgroup:</i> Disabled (Other)	<i>Primary:</i> Aged or Disabled, or Both, General <i>Subgroups:</i> Disabled (Physical) and Disabled (Other)	<i>Primary:</i> Intellectual Disability or Developmental Disability, or Both <i>Subgroups:</i> Intellectual Disability and Developmental Disability
Age	<i>Age:</i> 0-64	<i>Age:</i> 0-64	<i>Age:</i> 0-64	<i>Age:</i> Any

Service Array

24-hour Emergency Assistance
Adult Day Service
Caregiver Living Expenses
Case Management
Chore Service
Consumer Directed Community Support: Environmental Mod Personal Assistance Self Directed Support Treatment & Training
Crisis Respite
Employment Development Services
Employment Exploration Services
Employment Support Services
Environmental Accessibility Adaptations

Extended Personal Care Assistance
Family Training and Counseling
Home Delivered Meals
Homemaker
Housing Access Coordination
Night Supervision
Personal Support
Positive Support
Respite
Specialist Services
Specialized Equipment and Supplies
Supported Employment (DISC)
Transitional Services
Transportation

Service Array (cont.)

BI Waiver	CADI Waiver	CAC Waiver	DD Waiver
Prevocational Services	Prevocational Services		Prevocational Services
Adult Day Service Bath	Adult Day Service Bath		Adult Day Service Bath
Extended Home Health Care	Extended Home Health Care	Extended Home Health Care	
Extended State Plan Nursing	Extended State Plan Nursing	Extended State Plan Nursing	
Adult Foster Care	Adult Foster Care	Adult Foster Care	
Child Foster Care	Child Foster Care	Child Foster Care	
Independent Living Skills Training	Independent Living Skills Training	Independent Living Skills Training	
Individualized Home Supports	Individualized Home Supports	Individualized Home Supports	
In-home Family Supports	In-home Family Supports	In-home Family Supports	
Adult Companion Services	Adult Companion Services		
Customized Living	Customized Living		
Residential Care (DISC)	Residential Care (DISC)		
Independent Living Skills Therapies (BI Only)			Day Training and Habilitation (DD Only)
Structured Day Program (BI Only)			Assistive Technology (DD Only)
			Residential Habilitation (DD Only)



Support Needs

Analysis of available MnCHOICES data affirmed that support needs differed by waiver:

- Medical need was highest on CAC
- Psychosocial need was highest on BI
- Individuals on the CADI and DD waivers had a diverse range of needs

Service Use

Living Setting	Cost Per Person, Per Year
Corporate Foster Care	\$103,988
Family Foster Care	\$77,038
Other Residential	\$53,441
With Family with CDCS	\$46,927
With Family without CDCS	\$41,564
Independent with CDCS	\$26,882
Independent without CDCS	\$25,012

Waiver	Cost Per Person, Per Year
BI	\$84,185
CAC	\$202,942
CADI	\$45,824
DD	\$79,717

Service	FY17 Expenditure
Independent Living Skills Training (BI, CAC, and CADI Waivers)	\$59,822,627
Personal Support (DD Waiver)	\$48,168,486
Adult Companion Services (BI and CADI Waivers)	\$1,979,477
In-Home Family Support (DD Waiver)	\$33,834,650

Weigh Options

DSD and the study project team have engaged in discussion over the summer about how best to meet DSD's goals for reconfiguration through various models.

Considerations:

- Who will be eligible for services?
- How will the state and lead agencies administer supports and services?
- What services will be available to people?
- What changes will be made to service planning?
- What will need to be done to ensure a smooth transition between structures?

RECONFIGURATION OPTIONS



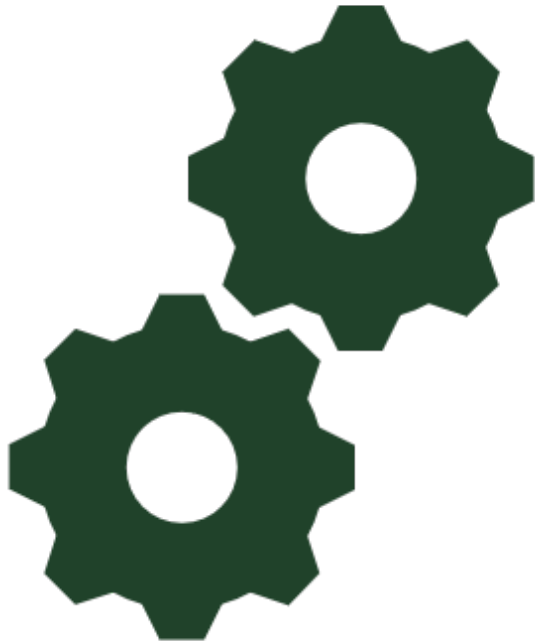


Overall Benefits of Consolidation

- Simplifies the current system for individuals, case managers, lead agencies, and the administration
- Allows individuals to be served based on needs and preferences rather than diagnoses
- Creates greater uniformity in service offerings across populations

Overall Challenges of Consolidation

- Service array must be robust enough to meet the needs of people with a variety of disabilities and support needs; real or perceived advantages of specialization by diagnostic classifications may be dissolved
- Difficulty predicting changes to cost
- Systemic disruption
- Determining how much to weigh flexibility and how much to way administrative control





Unified Waiver

- Consolidate four current waivers into one
- Keep all LOCs
- Offer a single, common service array



Unified Waiver: Benefits

- Achieves the goal of simplifying the disability waiver structure by combining all four waivers under one 1915(c).
- Changes/amendments would be implemented one time under a unified waiver.
- Recipients have greater flexibility to move into different living settings depending on life changes.
- The consumer-directed option would be available to all those enrolled in the waiver should they choose to use it.



Unified Waiver: Challenges

- Reduces the ability to apply controls and limits that currently exist due to the natural separation between waivers, which may result in substantial impacts on costs.
- Administrative structures will need to be in place to efficiently manage the overall budget.
- Determining a common service array that will meet the needs of all individuals served.

Supports & Comprehensive Waiver

- Consolidate four current waivers into two:
 - Supports waiver that would serve individuals living independently or at home with family
 - A comprehensive waiver that would serve individuals living in paid residential settings
- Keep all LOCs in both waivers
- Offer many of the same services, but tailor arrays to each waiver



Supports & Comprehensive: Benefits

- Reduces administrative burden by reducing the number of waivers
- Offers a way to differentiate by living setting, targeting resources and supports to best serve individuals where they live
- Both waivers will combine all disability populations currently served under the four existing waivers.
- Allows state to make changes to a narrowed scope of service recipients if needed



Supports & Comprehensive: Challenges

- Considerable debate over how to operate the supports waiver
- Maintaining consistency in service arrays between waivers
- Managing movement between waivers



Thank You.