



CHANGING
Maryland
for the Better

Community Pathways Waiver Renewal

Self-Directed Services

DDA Service Symposium – May 15, 2017
Owen Brown Interfaith Center



Agenda

- Introductions
- Overview
- Federal Instructions
- Self-Directed Services Supports
 - ✓ Independent Advocate
 - ✓ Coordinators of Community Services
 - ✓ Support Brokerage Services
 - ✓ Fiscal Management Services
- Stakeholder Input Themes
- Self-Directed Services Chart
- Next Steps
- Open Dialogue

Slide #2



Overview

- The Community Pathways Medicaid home and community-based services (HCBS) waiver requires renewal by the federal government, through the Centers for Medicare and Medicaid Services (CMS), every five years.
- The current waiver is approved through the end of June 2018. In order to prevent a gap in services, the renewal application must be submitted to CMS in January 2018.

Slide #3



Overview

- Stakeholder input processes began in October 2014 with independent consultants conducting 15 listening sessions statewide, offering input options via written comments and surveys, conducting topic specific webinars with various date and time options, and forming or meeting with established workgroups.
- The DDA carefully considers all input from various individuals, self-advocacy groups, families, service providers, and various advocacy organizations, groups, and associations.
- At times, suggestions, requests, and input conflict with other groups or with federal requirements. The current service proposals reflect changes based on consideration of all of these factors.

Slide #4



Overview

- Before finalizing these service proposals, the DDA is looking forward to an open dialogue during the symposium with stakeholders including:
 - ✓ suggestions to enhance services and provider qualifications,
 - ✓ questions we need to consider,
 - ✓ cautions and concerns, and
 - ✓ processes, policy, regulatory requirements, operational consideration, and financial/billing needs and changes.
- The final official 30 day public comment period will be in September 2017 where everyone will again have the opportunity to submit comments for consideration.

Slide #5



Overview

- If you have individual or family specific service delivery inquiries, challenges, or questions
 - ✓ DDA Regional Staff available to discuss privately during lunch and after sessions
 - ✓ DDA Regional Staff will provide additional follow up as requested or needed



Slide #6



Overview

- The goals for the renewal application include:
 - ✓ Creating a more flexible, person-centered, family oriented system of supports;
 - ✓ Reflecting stakeholder suggestions from listening sessions, consultant reports, and various stakeholder individual and group recommendations over the past two years;
 - ✓ Simplifying the waiver language and description of processes so that everyone can understand;
 - ✓ Incorporating best practices;
 - ✓ Developing new services;
 - ✓ Meeting federal community setting service requirements; and
 - ✓ Improving business rules, processes, and service rates.

Slide #7



Overview

Waiver services have been categorized under one of the following service groups:

- **Employment and Day Services**
- **Self-Directed Services**
- **Support Services**
- **Residential Services**


Employment 



Slide #8



Self-Directed Services

- Self-direction is a service model that empowers participants and their families by expanding the amount of **choice** and **control** they have over the services and supports they need to live at home.
- When it comes to **choice** and **control** -CMS considers two basic features:
 - ✓ “Employer Authority” — enables individuals to hire, dismiss, and supervise individual workers (e.g., personal care attendants and homemakers) (**Choice**)
 - ✓ “Budget Authority” — provides flexible budget to purchase a range of goods and services to meet their needs (**Control**)



Federal Instructions

- The Federal Center for Medicare and Medicaid Services (CMS) oversees all Medicaid and Home and Community-Based Services (HCBS) waivers including the Community Pathways waiver.
- CMS requirements are outlined in the Code of Federal Regulations (CFR).
- HCBS waivers must meet applicable federal statutory and regulatory requirements, especially the assurances specified in 42 CFR §441.302.
- CMS issues policies, memos, and technical guides; and conducts trainings, conference calls, and webinars to provide states with federal guidance, instructions, and requirements.



Federal Instructions

- Waiver services complement the services that a state offers under its Medicaid State Plan.
- Waiver participants must have full access to State Plan Services, including Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services when children participate in a waiver.
- There is no limit on the number of services that a state may offer in a waiver nor are states required to include specific services in the waiver.

Reference: CMS– Instructions, Technical Guide and Review Criteria – January 2015



Federal Instructions

- In its application, a state must specify the scope and nature of each waiver service and any limits on amount, frequency and duration that the state elects to apply to a service.
- Also, the state must specify the qualifications of the individuals or agencies that furnish each waiver service.

Reference: CMS– Instructions, Technical Guide and Review Criteria – January 2015



Federal Instructions

- In accordance with 42 CFR §433 Subpart D, FFP may not be claimed for services when another third-party (e.g., other third party health insurer or other Federal or state program) is legally liable and responsible for the provision and payment of the service. This requirement applies to all Medicaid services, including waiver services. The Medicaid program functions as the payor of last resort.

- Therefore, the waiver can not cover:
 - ✓ services required under the Individuals with Disabilities Education Act (IDEA) (20 U.S.C. 1401(16 and 17). IDEA includes the provision of comprehensive education and related services to children and youth with disabilities who are enrolled in special education programs or
 - ✓ service available under a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.)

Reference: CMS– Instructions, Technical Guide and Review Criteria – January 2015



Federal Instructions - Children

- When children are served in a waiver, the services that are included in the waiver must take into account the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit requirements.
- Federal requirements concerning EPSDT mandate that Medicaid eligible children receive all medically necessary services coverable under §1905(a) of the Act regardless of whether such services are specifically included in the State plan.
- The waiver may not provide for the coverage of services that could be furnished to children under EPSDT.

Reference: CMS– Instructions, Technical Guide and Review Criteria – January 2015



Federal Instructions - Children

- In the case of waivers that serve children, the waiver still may be employed to provide services that supplement the services available under the State plan, beyond those EPSDT benefits, required under §1905(r).
- If a service is available to a child under the State plan or could be furnished as service required under the EPSDT benefit under the provisions of §1905(r), it may not be covered as a waiver service for child waiver participants.

Reference: CMS– Instructions, Technical Guide and Review Criteria – January 2015



Federal Instructions - Children

- In a waiver that serves children, services such as rehabilitative services (as defined in 42 CFR §440.130), private duty nursing (as defined in 42 CFR §440.80), physical and occupational therapy (as defined in 42 CFR §440.110), and nurse practitioner services (as defined in 42 CFR §440.166) may not be furnished as waiver services to children.
- Services that may be provided under a waiver to children could include respite care, supported employment (in the case of older youth), and other services approved by CMS that are cost neutral and necessary to prevent institutionalization.

Reference: CMS– Instructions, Technical Guide and Review Criteria – January 2015



Federal Instructions- Children

- When a waiver serves both children and adults, any waiver services that could be furnished in accordance with the provisions of EPSDT requirements at §1905(r) must be limited to adult waiver participants since comparable services for waiver participants under the age of 21 are provided as part of the EPSDT benefit. For example, if an extended state plan coverage is proposed in order to provide a service in an amount greater than permitted under the State plan, the coverage may only apply to adults.
- States have an affirmative responsibility to ensure that all child waiver participants (including children who become eligible for Medicaid by virtue of their enrollment in a HCBS waiver) receive the medically necessary services that they require, including Medicaid coverable services available under EPSDT.

Reference: CMS– Instructions, Technical Guide and Review Criteria – January 2015



Federal Instructions - Providers

- The waiver assurances at 42 CFR §441.302(a) require that: (a) there are adequate standards for all types of providers that provide services under the waiver and (b) that the standards must be met when services are furnished.
- In addition, it is important to keep in mind that §1902(a)(27) of the Act (as further specified in 42 CFR §431.107(b)) requires that each provider of a Medicaid service have a provider agreement in effect with the Medicaid agency. This requirement applies to the provision of waiver services and assures accountability in the provision of Medicaid services.
- Provider qualifications must be reasonable and appropriate in light of the nature of the service. They must reflect sufficient training, experience, and education to ensure that individuals will receive services from qualified persons in a safe and effective manner.

Reference: CMS– Instructions, Technical Guide and Review Criteria – January 2015



Federal Instructions - Self-Direction

- CMS has minimum expectations for self-direction:
 - ✓ All waiver participants have the opportunity to elect to direct some or all of their waiver services
 - ✓ Service planning process is participant-led and person-centered
 - ✓ Participants exercise the full range of decision-making authority over their workers (Employer Authority)
 - ✓ Participants exercise decision-making authority over the participant-directed budget (Budget Authority)
 - ✓ Participants have access to an “Independent Advocate”
 - ✓ Oversight protections and safeguards (e.g. ensure federal funds are not misspent, participants are not abused or exploited, etc.)



Self-Directed Supports

- CMS also requires the following self-directed supports:
 - ✓ Information and Assistance
 - ✓ Fiscal Management Services

- To meet these requirements, we provide the following services:
 - ✓ Independent Advocates
 - ✓ Coordinators of Community Services
 - ✓ Support Brokerage Services
 - ✓ Fiscal Management Services



Independent Advocates

- Person-specific advocacy
- Assistance with addressing problems that may arise
- DDA established a Director of Advocacy Supports and peer Advocacy Specialist in each of the four regions

<http://dda.dhmh.maryland.gov/Pages/Self-Advocacy%20Specialist.aspx>



Independent Advocates

➤ DDA Regional Advocacy Specialists:

- ✓ Provide information, technical assistance, and training on self-direction, self-advocacy, and the availability of advocacy services across the State
- ✓ Build relationships with self-advocates, self-advocacy groups, and providers
- ✓ Support other self-advocates to learn about and understand DDA services
- ✓ Provide general support to people receiving services from DDA
- ✓ Develop and conduct additional training that meets the needs of people who are self-advocating in their regions



Coordinators of Community Services

- Development and periodic review of person centered plans
- Referral and related activities
- Monitoring and follow-up activities



Support Brokerage Services

- Assists participants and families:
 - ✓ Making informed decisions about what service design and delivery (self-direction versus traditional provider management)
 - ✓ Common law employer requirements (hiring, firing, supervising, etc.)
 - ✓ Reporting incidents



Fiscal Management Services

➤ Employer Authority

- ✓ Assist participants in verifying support worker citizenship status;
- ✓ Collect and processes timesheets of support workers; and,
- ✓ Process payroll, withholding, filing and payment of applicable Federal, state and local employment-related taxes and insurance.



Fiscal Management Services

➤ Budget Authority

- ✓ Maintain a separate account for each participant's budget;
- ✓ Track and report disbursements and balances of participant funds;
- ✓ Process and pay invoices for goods and services approved in the service plan; and
- ✓ Provide participant with periodic reports of expenditures and the status of the participant – directed budget.



Input Themes

- Expand services that can be self-directed
- Support family members and relatives to provide services
- Clarify roles and responsibilities of Support Brokers, Coordinators of Community Services, and Fiscal Management Services
- Train everyone to increase understanding and access services



Input Themes

- Enhance monitoring and oversight
- Foster more opportunities for networking and collaboration with other families
- Establish self-directed advisory group



Self-Directed Services

Current	→ Amendment #2 Proposal	→ Renewal Proposal
Assistive Technology and Adaptive Equipment	Assistive Technology and Services	Assistive Technology and Services
Community Learning Services	Community Development Services	Community Development Services
Employment Discovery and Customization	Employment Discovery and Customization	<i>(Moved to Employment Supports)</i>
		Employment Supports
Environmental Accessibility Adaptation		Environmental Modification
	Environmental Assessment	Environmental Assessment
Family and Individual Support Services		Individual Directed Goods and Services
Live-In Caregiver Rent	Live-In Caregiver Rent	Live-In Caregiver Rent
	Nurse Consultation	Nurse Consultation
	Nurse Health Case Management	Nurse Health Case Management
	Nurse Case Management and Delegation Services	Nurse Case Management and Delegation Services
	Short Term and Intermittent Nursing Services	<i>(Covered under Maryland Medicaid Home Health)</i>



Self-Directed Services

Current	Amendment #2 Proposal	Renewal Proposal
Personal Supports	Community Personal Supports	Home Supports
Respite	Respite	Respite
	Shared Living - Companion	
Support Brokerage	Support Brokerage	Support Brokerage
Supported Employment	Supported Employment	<i>(Moved to Employment Supports)</i>
Transition Services	Transition Services	Transition Services
Transportation Services	Transportation Services	Transportation Services
Vehicle Modification	Vehicle Modification	Vehicle Modification

**Fiscal Management Services and Independent Advocates will continue to be provided as an administrative service.



Next Steps

➤ **Establish Self-Directed Services Steering Committee**

- ✓ Primary membership of people self-directing services

- ✓ Other representation including:
 - Family Members
 - Advocacy Specialist
 - Coordinators of Community Services
 - Support Brokers
 - Fiscal Management Services



Next Steps

➤ Self-Directed Services Steering Committee input for:

- ✓ New Self-Directed Services Framework including:
 - How to participate in self-directed services
 - Roles and responsibilities
 - Oversight
 - Quality enhancement

- ✓ Education and Outreach



Waiver Renewal Next Steps

- DDA Service Symposium May 15, 2017 – May 16, 2017
- State review of symposium input for consideration of final revisions – May 2017
- Official final public input – September 2017
- Waiver renewal submission to CMS – January 2018
- Respond to CMS Questions – January through June 2018
- Projected CMS Approval – June 2018
- Projected effective Date – July 1, 2018



Information

- **DDA Website – Community Pathways Waiver - Renewal 2018**

http://dda.dhmh.maryland.gov/Pages/Community_Pathways_Waiver_Renewal_2018.aspx

- **Current and proposed services**

http://dda.dhmh.maryland.gov/Pages/Community_Pathways_Waiver_Renewal_2018.aspx



Open Discussion

- Suggestions to enhance proposed services
- Suggestions to enhance provider qualifications
- Questions we need to consider
- Cautions and concerns to consider related to:
 - ✓ Processes
 - ✓ Policy
 - ✓ Regulatory requirements
 - ✓ Operational, financial and billing needs and changes



Slide #35



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