



Collaborative Work Group on Services for Adults with Developmental Disabilities

Wednesday, December 12, 2012, 1:00 p.m. to 5:00 p.m.

East Conference Room

Joe R. Williams, 700 West State St, Boise, Idaho 83702

Collaborative Work Group's Vision:

By 2016, adults with developmental disabilities living in Idaho enjoy the same opportunities, freedoms, and rights as their neighbors. They have access to a sustainable service system that provides quality, individualized supports to meet their lifelong and changing needs, interests and choices.

Meeting Purpose:

- Hear report from State Research Group on services in other states
- Information on budget methodologies
- Information on assessment tools
- Information and discussion any Administrative Rule changes
- Report from the Employment First Consortium
- Discuss report to legislature & changes to legislature
- Managed Care update

Present: Trinity Nicholson, Jean Christensen, Elaine Ellison, Bill Benkula, Becky Novak (for Tom Whittemore), Katherine Hansen, Shane Carlton, Howard Fulk, Jim Baugh, Art Evans, Noll Garcia, Roger Howard, Jason Lowry, Marilyn Sword, Rep. Sue Chew, Joanne Anderson

DRAFT MINUTES

Marilyn Sword convened the meeting at 1:05 p.m. Introductions were made and ground rules and meeting purpose were reviewed.

Reports were presented by members of the State Research Group on the states they had elected to research.

Arizona (Marilyn Sword) – Arizona was the last state in the nation to enter into Medicaid and did so in 1988-89 using an 1115 waiver and a managed care approach. Their Medicaid program has never operated under a fee-for-service model. Their HCBS program serves 53,231 Arizonans with disabilities; 25,018 have developmental disabilities and get their services through a managed care network run by their state DD program as the Managed Care Organization or MCO. The other 28,213 people are people with physical disabilities and elders who receive their services from one of 4 private MCOs. They also have state plan services through their DD program and Targeted Case Management.

Arizona spends nearly \$830 million on HCBS services compared to \$226 million for Idaho. About 2/3s of that amount is for residential services and for in-home agency services.

Marilyn distributed a power point presentation that she had received from Jami Snyder, the Program Development Officer for the Arizona Long-Term Care System (ALTCS).

The group wanted the following additional information from Arizona:

- Does Arizona require a balanced budget or can agencies deficit spend?
- Was JVGA (an Arizona consulting firm that has done work in Idaho) used for helping set their reimbursement rates?
- In terms of quality assurance, what quality measures are included in the contracts between the MCOs and the providers, how is the information on their waiver assurances gathered, and how do they gather and use outcome data?
- Is their system for both adults and children? How is self direction implemented?
- What are their eligibility requirements beyond the financial and medical issues listed on page 8 of the handout?
- Are the targeted case managers private or state employees and what do they do?
- Support brokers are state DD agency employees; do they conduct the person-centered planning process?
- Is there any kind of appeal process if people cannot get the services they need and what is it?

Colorado (Jason Lowry) – Colorado has an easy to navigate website (www.colorado.gov/cs/satellite/cdhs) that provides lots of information on eligibility, services, etc. The mission statement of their DD Division is very similar to the CWG vision and their eligibility for DD services (their definition of DD) is similar to Idaho's. They have an HCBS/DD waiver that provides services for adults including 24-hour residential services, employment supports, transportation and other services. They have something called “host homes” that can range in size from 1-8 residents. They have an HCBS/SLS waiver which provides supported living, PCS, homemaker services, employment day services, assistive technology, home modifications, and other services. Their non-waiver state plan services are state funded.

Their case management system is responsible for intake, eligibility determination, coordination and monitoring. This is part of the Community Centered Boards or CCBs. These CCBs are non-profit organizations that contract with the DD program to do the eligibility and assessment. They use the Supports Intensity Scale (SIS) which helps determine the person's level of care from among 7 tiers. Rates are based on what level the person is on. For example the daily rate for a person in a Level 1 group home is \$81.42 while the daily rate for a person in a Level 7 group home is \$149.46. They also have supportive community connection services, reimbursed in 15-minute units with different rates based on tiers as well. Staffing ratios in these tiers is a factor in the rate differential.

Family care givers are permitted but must be affiliated with an agency recommended by the CCB and approved by the state. They have consumer direction but it is for attendant services only.

Colorado has a waiting list of 629. For the HCBS/DD waiver there are 306 people; for the HCBS/SLS there are 55 people and for other HCBS services there are 268.

There is a strong focus on employment services. They have “prevocational” services that are the “pathway to employment”. People are limited to no more than 5 years in this program where they learn general skills that are not necessarily specific to a certain type of job and they are paid at 50% of minimum wage. The training is not in a sheltered setting but in the general workforce. This service is used prior to going to Vocational Rehabilitation for job development.

Information about Colorado's targeted case management is on their website. There is a power point presentation that shows provider goals, tasks, billing instructions, fees

for services, and their benefits utilization system (BUS). There is also an extensive resource guide on their website.

Michigan (Trinity Nicholson) – **A power point presentation from their state DD Council was distributed.** Michigan combines both developmental disabilities and mental health in their system. They operate a 1915(b) and (c) waiver with 4 categories– Habilitative supports for people eligible for ICF/ID level of care; elderly and disability services for people eligible for nursing home level of care; children with serious emotional disturbance; and a children’s waiver. School age for children with disabilities in Michigan goes to age 26. They have no waiting lists but there is a cap on children’s services which currently serves 464 children statewide.

They use Prepaid in Health Programs (PIHPs) to provide services using a managed care model for both regular services and specialty care. The specialty care services cover both children and adults but does not require they need institutional level of care. There is no specific assessment tool or individual budget. Instead, they look at the service costs for a person and then factor in age, gender and geographic location. The average cost of someone using the (b) waiver is \$1,300/month and the (c) waiver is \$4,300/month.

Medicaid covers all along term employment supports in Michigan. There are 220,000 using these supports and 41,000 of those are people with DD.

Quality assurance is the responsibility of the contracted providers. Self direction is available and people can direct all or part of their services and use either an agency or an individual provider.

New Mexico (Joanne Anderson) – New Mexico has a 1915(i) waiver and a tiered resource allocation system. They use the SIS to determine where to place the person in the system. There are 7 groups (A-G levels of care) and each has three levels within its group (base budget, professional services budget, and other services). They have a waiting list for services of up to 10 years; there are currently 6,000 people on the waiting list.

There is an emphasis on person-centered planning and New Mexico is an Employment First state. Not sure how **what the eligibility criteria are**. People can get 30 hours of service weekly. Case management is required and all case managers are private contractors. The case managers have a maximum case load of 30 and are prohibited from providing any other services. All workers are contracted and people can choose

providers. Personal care attendants can support people on the job and or be used as job coaches. Each recipient has a quality improvement plan that lists their services and is reviewed quarterly. There are in-home crisis supports. They have a Community Choice First Plan that sounds like it is similar to Idaho's Money Follows the Person.

With such a large and long waiting list, the group would like to know **how many people are on the waiver. They would also like to know if they have self direction and if the individual budget is less for people using that option.**

New York (Lisa Cahill) – Lisa was unable to attend but provided a very thorough report using the question format that we developed. The information she gathered was distributed to the group.

North Carolina (Katherine Hansen) – North Carolina uses a 1915(b) & (c) waiver and in 2013 all services will be under managed care. Similar to Michigan, they have DD, mental health and substance abuse all together in their system and use three large non-profits PIHPs. They have a self directed service option. They use the Supports Intensity Scale where they used to use the North Carolina SNAP. There is no reference to a medical home model in the research that was done. Katherine will continue to do research on this state.

Oregon (Maureen Stokes) – Maureen was unable to attend but will be sending her information out to the group.

Rhode Island (Corey Makizuru) – Corey was unable to attend and sent information but it was not received until after the meeting. **The state plan that he received from the Rhode Island DD Council will be posted on the website.**

Wyoming (Bill Benkula) – Two handouts on the Wyoming system were distributed. **The summary will be attached to these minutes and both handouts will be posted on the website.**

As those conducting research on these states move forward, the group asked that they **inquire about what these states are doing to recruit, train, and retain direct support staff.** The issue of a workforce shortage in this field is a national problem.

Also, Marilyn and Noll will be working together to develop a **set of questions that he can be asking of self advocacy organizations in these states to gather data from their perspective.**

Information on budget methodologies, used in Ohio, New Mexico, and Colorado

Elaine Ellison of Medicaid provided a summary of research she had done on budget methodologies in these three states. **The information will be sent as an attachment to these minutes and will be posted under the Individual Budgets section of the website.**

There was discussion following this presentation about the Supports Intensity Scale (SIS) vs. the Scales of Independent Behavior – Revised (SIB-R) which Idaho uses in combination with the Inventory of Individual Needs. Jim noted that there is a high correlation between SIB-R scores and SIS scores but the SIS provides a different kind of information in terms of frequency of determination of needs and the amount and types of supports needed. The Inventory of Individual Needs that Idaho uses is intended to get at some of that information.

Supports Intensity Scale

Copies of the Supports Intensity Scale and a 2003 article on the SIS were distributed. The SIS is mostly used with other instruments. It does not contain a budget algorithm but gathers utilization data that can be plugged into a computer model. It requires two respondents and a well-trained interviewer. **This information will be posted on the webpage under Research.**

Rule dockets – these dockets will be before the legislature for approval in the 2013 session.

- School-based services (16-0309-1204)

This docket removes DT and IBI from school-based Medicaid services and replaces these with Behavioral Intervention and Behavioral Consultation Services. The focus is on the appropriate use of Medicaid dollars to help children access their education. The schools will be losing \$2.8 million in federal Medicaid dollars. Schools can still provide PCS services.

- Children's Benefit Redesign (16-0310-1203)

These rules implement the redesign effective 7/1/2013. Developmental therapy and Intensive Behavioral Intervention will be removed and replaced with

an array of services ranging from respite to therapeutic consultation to crisis intervention. CMS has approved this plan.

- Waiver renewals for the A&D and DD waivers (16-0310-1202)

These rules align the definitions and provider qualifications for these two waivers. Concern has been expressed about disallowing home modifications for residences that are not owned by the Medicaid recipient.

In the waiver renewal process but not in rules was the change for Idaho from a 1915(c) waiver to a 1915(i).

Report from the Employment First Consortium

Tracy Warren updated the group on the work being done by the Consortium and in particular the Employment Services Policy Research. Two of the states that CWG members are researching, Oregon and Arizona, are also states that the contractor for the employment data research will be looking at. **The handout outlining this information will be attached to these notes.** Also distributed was a CMS Informational Bulletin dated 9/16/2011 that provides guidance on 1915(c) waivers regarding employment and employment services. The link to this bulletin is <http://downloads.cms.gov/cmsgov/archived-downloads/CMCSBulletins/downloads/CIB-9-16-11.pdf>

Managed Care Update

This was postponed due to lack of time

Election Results and their impact

Marilyn passed out three documents:

- A list of all the legislators who were elected in November. The list highlighted the new legislators in red. This list, without the highlights and in a somewhat different format, can be found on the Secretary of State's website at http://www.sos.idaho.gov/elect/st_leg.htm.
- A list of all the new Senate committees. This is available on the legislative website at <http://legislature.idaho.gov/senate/committees.cfm>
- A list of all the new House committees. This is also available on the legislative website at <http://legislature.idaho.gov/house/committees.cfm>

There was discussion about the change in leadership in the House and what might be the result of that. There was also discussion of the makeup of the Health and Welfare Committees and the Joint Finance Appropriations Committee. Both H&W Committees have new chairs – Rep. Fred Wood and Sen. Lee Heider, and the House committee has mostly new members. Advocates worked with Rep. Wood on some Medicaid service restorations last session and Sen. Heider has been included in all of the CWG communications.

There are a number of Senators who are new to JFAC so that will have a potential impact on budget deliberations.

Disability Day at the Legislature is scheduled for Thursday, January 24. Members of the Consortium for Idahoans with Disabilities (CID) will be meeting with their legislators to talk with them about Medicaid, managed care, and other issues.

CWG Report to the Legislature

Marilyn will be putting together a brief report for the Health and Welfare committees about the CWG and what we are doing. The intent is just to let them know that there is a group of stakeholders who are gathering information about services for adults with developmental disabilities in Idaho and providing that information and recommendations for changes in the future to both policymakers and agencies. No request for any change or funding will be part of this report in 2013. Rep. Chew suggested that we try to schedule the reports to those committees with Disability Day on January 24. Marilyn will contact Rep. Wood and Sen. Heider after the first of the year to schedule that if possible. **Group members will be notified of when that report will be presented.**

At Jim's suggestion, **all people conducting state research are requested to submit a summary of their findings (1-3 pages) to Marilyn so that she can send them out to the full work group as well as posting on the website.**

The work group adjourned without setting a next meeting date. **An email will be sent out to all members to schedule a meeting, probably in early February.**