



Collaborative Work Group on Services for Adults with Developmental Disabilities

Monday, June 18, 2012, 9:00 a.m. to 4:00 p.m.

West Conference Room

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

Collaborative Work Group's Purpose/Mission:

Create a vision for an ideal, best practice service system for adults with developmental disabilities in Idaho, guided by choice, quality, and sustainability that includes policy and budget information and recommendations that can be presented to the Idaho legislature beginning with the 2013 session.

Meeting Purposes:

- Finalize and adopt a Vision Statement and agree on a list of core values to guide our work
- Confirm our organizational and communication structure
- Gain information on current & emerging issues that impact our work
- Prioritize short-term activities and make recommendations for action

Present:

Work Group Members: Howard Fulk, Katherine Hansen, Art Evans, Jean Christensen, Tom Whittemore, Dawn Sauve, Marilyn Sword, Jim Baugh, Maureen Stokes, Joanne Anderson, Kristyn Herbert, Noll Garcia

Work Group Alternate Members: Christine Pisani, Jason Lowry, Leroy Smith, Corey Makizuru, Lisa Cahill, Kris Ellis

Guests: Mandi Smith, Mary Arndt, Wanda Warden

MINUTES

Marilyn Sword convened the meeting at 9:10 am. She welcomed the members, reviewed the meeting ground rules and the agenda. Members, alternates, and guests introduced themselves. The purpose of the meeting was reviewed.

Katherine Hansen led the group through an exercise to select a vision statement from among 4 versions that had been drafted at the May 7 meeting. Through consensus, the work group agreed to adopt the following vision:

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.

Katherine then led a discussion of the list of values that had been discussed at the May meeting (see pages 5-6 of 5/7/2012 minutes). She had collapsed the longer list into five values for consideration by the group. There was discussion about adding others to the list but the group agreed that the following values defined the work of the group while the vision statement could be used for communicating our message to other stakeholders like policymakers.

VALUES: Respect (Dignity?), Safety, Choice, Quality, Community Inclusion

Marilyn reviewed the operational structure of the Work Group. The group will be coordinated by the DD Council. The Mission/Purpose is stated at the beginning of these minutes. The work group will be made up of 1 representative per group or association with an alternate from each, plus a representative from the Governor's Office and interested legislators. Providing guidance to the group will be a Steering Committee. Committee members are Marilyn Sword, Katherine Hansen, Jim Baugh, Trinity Nicholson, Art Evans, Maureen Stokes, Noll Garcia, and Jason Lowry. The Council will provide financial support for a facilitator as needed and determined at the conclusion of each meeting. The group adopted this structure.

The group agreed to continue communicating by email. Marilyn showed the group where the information for the work group will be posted on a page on the DD Council's website. Group members and the public will be able to go to that location and

download meeting materials and other information. The link for that is <http://www.icdd.idaho.gov/projects/ASR.html>. No information is posted yet.

Jason Lowry presented suggestions on behalf of a work group that had been asked to come up with a way to break our work down into manageable areas. The group recommended the following

- Eligibility (tools, process, level of care)
- Budget (individual vs. tiers, prospective vs. retrospective)
- Array of services provided
- What/how does CMS pay for services (authorities)

These were discussed with the following points made and questions asked:

- What do other states offer in terms of services? What are the gaps?
- Employment services and supports needs to be in the mix
- How are transitions (child services to adult services) handled?
- What are the service definitions? Some states name services differently.
- Need to look at costs, outcomes; do states have waiting lists Idaho does not)
- What are some other state and private funding streams used in other states?
- Look at quality assurance systems; do they include self-advocates?

Working from Jason's list and the subsequent discussion, the group came up with the following categories for subcommittee work. Each member was asked to sign up for at least two:

- ✓ **Eligibility**, including research on streamlining eligibility between ICF/IDs and HCBS – Jim Baugh, Dawn Suave, Tom Whittemore, Corey Makizuru
- ✓ **Budgets** – Kristyn Herbert, Jim Baugh, Marilyn Sword, Corey Makizuru, Bill Benkula, Maureen Stokes
- ✓ **Quality Assurance** – Dawn Suave, Marilyn Sword, Maureen Stokes, Lisa Cahill
- ✓ **Array of Services**, a broad array including crisis and definitions – Katherine Hansen, Bill Benkula, Dawn Suave, Noll Garcia, Tom Whittemore, Joanne Anderson
 - ✓ Work on Employment Services and Supports will be coordinated by the Employment First Consortium that is being coordinated by the DD Council;
- ✓ **Medicaid Authorities to pay for Services** – Corey Makizuru, Maureen Stokes, Lisa Cahill
- ✓ **Costs, Outcomes and Waiting Lists** – Noll Garcia

✓ **Public and Private Funding Streams** – Katherine Hansen

Art said that Medicaid had looked at a number of other states in gathering data to drive system changes. He suggested we may want to focus on these states since information is available: Montana, Alaska, Maine, Colorado, North Dakota, South Dakota, Wisconsin, New Mexico, Nevada, Utah. It was suggested that we also look at our other neighboring states of Oregon, Washington and Wyoming. Ohio was suggested and Maureen suggested Michigan for information on their implementation of managed care.

Jason agreed to take this list and see if some of the work could be combined so we would not have as many groups. Each subcommittee will need to develop a list of what they want to know regarding their topic and who they want to/should ask. It is important that we develop a method for good communication among the groups in terms of who from each group is the lead and who is contacting each state. We do not want a number of people calling into the same state seeking information.

Art said that rather than having he and Jean sign up for specific subcommittees, they could be a resource to all in whatever way is needed. For example, Jean has a lot of information about individual budgets from work done on self direction that would be helpful to the budget subcommittee.

Medicaid Authorities

Art Evans provided an overview of the different Medicaid authorities that are used or are planned to be used to pay for Idaho services. “Authorities” means the category within the Social Security Act that authorizes payment for Medicaid services in a state. Although there are many such authorities, Idaho is only using 3 such authorities.

- 1915(b) will be used for Medicaid Managed Care for Adults; this is the authority that Natalie Peterson will reference when she presents information about the proposal for managed care for people who are eligible for both Medicare and Medicaid (dual eligible individuals).

For adults with developmental disabilities in Idaho, services are paid for through two programs:

- 1915 (c) Home and Community Based Services for people with developmental disabilities otherwise known as the DD waiver. People eligible for this menu of services would otherwise be receiving services in an Intermediate Care Facility

for people with Intellectual Disabilities or ICF/ID. The 15 services available through this waiver are a combination of both federally mandated and optional services. This waiver includes an option for self directed services.

- State Plan – This pays for developmental therapy for people who do not meet institutional level of care. There is a limit on the number of hours available. State plan DT will go away when Idaho adopts a plan for HCBS state plan benefits under another authority, 1915(i). That is expected to happen on July 1, 2013.
- 1915(i) – This is not a waiver but a state plan option. It does, however, allow individuals who are not eligible for waiver services to access that same menu of services, including self directed services. CMS allows states to define the population to be served (in Idaho it will be people over age 18 with developmental disabilities). It is to be used only in community settings with a specific definition of what those are in federal rules. This could have a significant impact to people in Idaho if they are using the A&D waiver to get services. The A&D waiver can be provided in Residential Assisted Living Facilities (RALFs). It is unlikely that services under the 1915(i) can be provided in those settings since few, if any, meet that federal definition as it is currently in proposed rules.

This led to a discussion of what the Collaborative Work Group would like to see included in these 1915(i) services.

- As a replacement for developmental therapy which requires “active treatment”, are there services that may be added that do not require that continuous skill building?
- Some older adults may prefer to “retire” from this skill building and just want supports. What do those look like?
- Others may need the skill building on a recurring or ongoing basis to not lose the skills that are keeping them more independent? How do we build in that flexibility?
- What does self direction look like in this HCBS state plan option?

Idaho currently budgets \$143 million for both waiver and non-waiver services for adults with developmental disabilities. What is the best way to allocate those funds consistent with the vision and values of this group?

Art explained that DHW is switching to the 1915(i) because CMS does not want them to provide habilitative services in the state plan. With this new authority, comes greater flexibility including self directed services for people who are not waiver eligible.

The Aged and Disabled Waiver (A&D) is a different 1915(c) from the DD waiver. People with developmental disabilities who are currently on the A&D waiver will be able to get both the new 1915(i) state plan option plus A&D waiver services.

Redesign of Children's Medicaid Services

This Wednesday, June 20, from 4-6 pm there will be a negotiated rule making meeting at Medicaid regarding rules governing school-based Medicaid services, the Infant Toddler program, and the transition from Intensive Behavioral Intervention and Developmental Therapy to the new menu of services,. These rules will define school-based services under 1915(i) – behavioral services, not skill building. PCS will be used to replace some of what has been provided with developmental therapy.

Medicaid has been providing both the new services and the old services (developmental therapy and intensive behavioral intervention) at the same time. It was their plan that children would transition to the new services on their birthday but that is not happening for many children; they are continuing to stay with the old services. Medicaid is currently working on a transition plan with CMS that forces parents to switch. CMS wants Idaho to end the old benefits and force families into the new redesigned services. If they have not already gone through the eligibility process, they could find their child having a gap in service when this happens. The target date for ending the old benefits and forcing the switchover is June 30, 2013.

There are currently about 3,200 children receiving developmental disability services. About 1,600 have gone through the eligibility process but only about 200 have switched to the new services. CMS is supposed to respond to the state's most recent transition plan by June 22.

Pro's and Con's Document

Art presented this document which had been put together by Trinity Nicholson. He has added information in red about who in the Department is responsible for certain types of services as well as contact information at the end. When this document is finalized, it will be posted on the CWG page of the Council website.

Rules – What are They and Why are They Important?

Marilyn provided a brief overview of administrative rules, including types of rules and the numbering system. She showed the group where they could be found on line and provided a handout of information that will be posted on the CWG page.

Overview of Managed Care for Long Term Services

Christine Pisani provided a Power Point presentation on Managed Care for Long Terms Services. The presentation was also distributed as a handout and will be posted on the CWG page. The point of the presentation was to give group members an understanding of what people are talking about when they say “managed care” which is new for waiver services and other long term supports. Because it is based in a medical model, there is concern that it will “re-medicalize” long term supports that are really more a social service. There is a strong push for managed care throughout the country, mostly to coordinate services and save money. But group members wanted to know how putting another layer into the service system would save money. As the CWG does its work, we should be asking how a managed care model of providing services gets us closer to our vision of a system. We need to be very aware of how this will impact people with developmental disabilities.

Managed Care for People on both Medicaid and Medicare (dual eligibles)

Natalie Peterson, Bureau Chief for Long Term Care in the Division of Medicaid presented an overview of Idaho’s proposal to CMS. She provided a handout that will be posted on the CWG page. Twenty-six states are participating in this demonstration of providing services through a managed care model for people who are eligible for both Medicaid and Medicare. Half of these states will start up their program in 2013 and the other half (including Idaho) will start in 2014. Idaho’s proposal is for a capitated plan that will pay the managed care organizations (there will be at least 2 of these and they are insurance companies) to coordinate and pay for all medical and long-term services and supports for people who are dually eligible. People can choose which plan they want until January 1, 2014; after that, they will be automatically enrolled in one of the plans. The state will pay these managed care organizations a set amount each month for every person enrolled (called per member per month or PM/PM) and for that payment, they will be expected to cover all services. The state will also have a contract for enrollment brokers who will be responsible for making sure eligible people get information about the program and help them choose which plan is best for them.

Natalie indicated that the Centers for Independent Living and/or the Aging and Disability Resource Centers may do this.

Idaho has submitted a plan requiring people to have Health Homes and it is currently being reviewed by CMS. The plan will start accepting applications from clinics to be Health Homes on July 1 and the program will begin October 1, 2012.

Some of the questions asked or points made in discussion were:

- Currently, DD services in Idaho are already coordinated; how will this help? The response was that it would coordinate long-term supports with medical services.
- Will this program have to comply with current rules and requirements for DD services? The answer: yes and no; there will be greater flexibility
- Are institutions included in the range of services? Yes
- Is there are chance that services for people with developmental disabilities would be phased in or that they would be pulled out and still be provided on a fee-for-service basis? CMS has said they will not allow a phase in. Right now, Idaho does not intend to carve out individuals with developmental disabilities.
- How will self direction work? Will all the Community Support Workers have to be part of the Managed Care Organization's network? No. The Fiscal Employer Agent will be part of the network; the managed care organization will pay them and they will pay the support workers.

Natalie will send the link to Marilyn of how people can comment directly to CMS on Idaho's proposal.

Employment First

Tracy Warren gave an update on the Employment First Consortium which is being coordinated by the DD Council and includes representatives from VR, Education, Medicaid, Commission for the Blind, University Center, providers, advocates and self advocates. The aim of the group is to work toward an Idaho policy where integrated, competitive employment is the first option considered for people with developmental disabilities. They have established 3 workgroups: values, data, and metrics. They are looking at other states and at natural supports. They will provide updates on their work to the CWG.

Short-term objectives

Katherine and Marilyn reviewed the short term objectives outlined in the May 7 meeting minutes. Many were already covered by the subcommittees recommended by Jason Lowry and his workgroup. Two others were:

- A. What services do we want to see included in the 1915(i) HCBS State Plan Option application? This could include the issue of blended rates which now applies to developmental therapy.

Jim Baugh, Katherine Hansen, Jason Lowry, Corey Makizuru

- B. Education and marketing to policymakers – this could include a variety of activities to explain our issues and our work to other stakeholders, particularly legislators; the vision statement will be used as a foundation of our message

Bill Benkula, Marilyn Sword

Next steps

To allow subcommittees to form and start their work, the next meeting will not be held until the fall. The tentative meeting date is **Thursday, September 6**. Marilyn will check on the availability of the JRW conference room. The group recommended that we continue without an outside facilitator for now.

