



Collaborative Work Group on Services for Adults with Developmental Disabilities

Monday, March 25, 2013, 9:00 am – 4:00 pm

West 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:

- Discuss and develop a preliminary benefit package of services
- Have an understanding of value- and outcome-based system
- Receive an update on Managed Care (Behavioral Health and Dual Eligible)
- Have a presentation and discussion on Individual Budget calculation process
- Hear reports/recommendations from committees on focus groups and provider rates
- Review any 2013 legislative action for impact on our work

Present: Dina Flores-Brewer, Art Evans, Oscar Morgan, John Chambers, Howard Fulk, Katherine Hansen, Marilyn Sword, Kristyn Herbert (with Mary Arndt), Maureen Stokes, Corey Makizuru, Noll Garcia (with Jason Spjute), Joanne Anderson, Bill Benkula, Jim Baugh, Don Alveshere, Trinity Nicholson, Tom Whittemore, Tracy Warren, Paige Grooms, Pat Martelle

DRAFT MINUTES

Marilyn Sword convened the meeting at 9:05 am. She reviewed the meeting ground rules, purpose and agenda. Attendees introduced themselves.

The notes from the February 11, 2013, meeting were distributed and reviewed. There was consensus that the notes accurately reflected the meeting content.

Benefit Package Content and Design

The group began this discussion with the array of services available to adults with DD in Idaho. These services were listed on flip chart notes around the room and included the following:

- Intermediate Care Facilities for people with Intellectual Disabilities (ICFs/ID)
- Nursing Services
- Psychosocial Rehabilitation (PSR)
- Adult Day Care
- Non-Medical Transportation
- Medication Management
- Residential Habilitation (Certified Family Homes, Supported Living both daily and hourly)
- Environmental Modifications
- Self Directed Services
- Personal Care Services
- Developmental Therapy
- Other Therapies (Physical, Speech/Language, Occupational)
- Behavioral and Crisis Management
- Respite
- Specialized Medical Equipment
- Home-Delivered Meals
- Personal Emergency Response System (PERS)
- Psychotherapy
- Chore Services
- Service Coordination
- Supported Employment (Job Coaching, primarily)

The group also identified the following services that could be used by people with DD:

- Adult foster care
- Residential Assisted Living (A&D waiver)
- Home health aide services
- Hospice

It was also noted that Idaho has a 5-year Money Follows the Person grant that is aimed at transitioning people with developmental and other disabilities out of nursing homes, ICFs, and other institutions.

Tracy Warren presented information and recommendations from the Idaho Employment First Consortium regarding additional employment supports that would be beneficial to adults with DD who are preparing for employment, looking for work (or a change in work), or needing supports to maintain a job. The benefit package as discussed by the IEFC was based on services outlined in a bulletin from the Centers on Medicare and Medicaid (CMS) which emphasizes the importance of Medicaid support for employment services. **The CMS guidance and the IEFC information was provided in a handout.** The services included:

- Prevocational services aimed at gaining the “soft skills” that help people to enter the workforce
- Supported Employment (Individual) covers an array of vocational services including negotiation with prospective employers
- Supported Employment (Small Group) provides a similar array of services in groups of 2-8 employees who must be working in a way that promotes integration with people without disabilities. This does not include vocational services in facility-based work settings.
- Career Planning is a time-limited services conducted in a person-centered process to result in a career direction and plan to achieve that. If a person already has a job, this service can be used to explore advancement opportunities.

The IEFC also offered a recommendation that the Inventory of Needs (used to determine individual budgets) should be modified to add questions regarding employment. It is the intent of this recommendation that by the addition of these questions it may increase the opportunity for employment needs to be identified in the person’s budget. The IEFC feels that if a person’s plan does not include employment goals then there should be an explanation of why and what pre-vocational services are being used or planned to move toward employment goals.

In discussion, the committee had the following comments regarding the issue of employment supports and the presentation from the IEFC:

- Like the issues of reviewing and assessing goals/plans for employment every 3 years
- Concern that employment services are not available to people in ICFs
- The daily rate for residential services is at odds with paying for employment supports for a person during the day, away from the home.
- We need to better define long-term services for anyone
- How can we also provide supports to employers to assist them in employing people with disabilities
- The current supported employment services under the waiver (job coaching) are too restrictive; would like to see it broadened as with Extended Employment Services under VR.

Benefit packages from other states

Benefits from six states (Arizona, Rhode Island, New York, Colorado, New Mexico, Michigan) were reviewed and compared to the services listed in Idaho's benefits – Medicaid, VR, and other. Some of these were the same as Idaho's, some were similar, and some were not included in Idaho's menu. Some of these other states have systems that include both mental health and developmental disabilities which impacts their menu of services. Those services found in other states but not specifically as separate DD services in Idaho included:

- Homemaker Services – Rhode Island, Arizona, and Colorado (under Supported Living waiver)
- Clubhouse Services for people with mental illness – Michigan
- Family Training – Michigan (school-age extends to age 26 here)
- Attendant Care – Arizona
- Services focused on the whole person having a meaningful day – New Mexico
- Nutritional counseling – New Mexico
- Risk Screening/consultation for inappropriate sexual behavior – New Mexico
- Socialization/sexuality – New Mexico
- Adult educational supports – New York
- Individual Residential Alternatives (homes for up to 14 people) - New York
- Community Integration Services for elderly - New York

- Residential and Support for elderly - New York
- Intensive Behavioral Services for individuals with Autism – New York
- Mentorship – Colorado
- Therapeutic Recreational Equipment and Fees – Colorado
- Parent Education – Colorado

Trinity will put all the information from all the states and Idaho into a matrix and these will be used to guide our discussion and help develop specific recommendations at the next meeting.

It was also noted what Medicaid authorities that the states used for their service delivery:

- Idaho – 1915 (c) and (i); state plan services will transition to 1915 (i) on 7/1/13
- Rhode Island – 1115 demonstration waiver
- Arizona – 1115 for DD; 1915(k) for self directed Personal Care Services
- New Mexico – 1915 (i) and (c)
- New York – 1915(b/c)
- Colorado – 1915 (c) – Supported Living and DD waivers

Crisis services

Oscar Morgan provided an overview of the Crisis Court-Related Services that are provided regionally by Family and Community Services in collaboration with others. These services include evaluation, consultation, and recommendations regarding and assistance with placements, generally for people with intellectual or developmental disabilities who have had a run in with the law. There are three teams based in the hubs (north, east and southwest). In Canyon County, the SW team is collaborating with the Nampa Police Department and others on a Restorative Justice Program. In Coeur d'Alene, a new state-run 8-bed ICF is available and includes two crisis beds. The crisis teams are flexible and available to intervene and assist as needed. People do not have to be on Medicaid to access their services although the teams meet regularly with the regional Medicaid Care Managers. Oscar noted that this crisis team approach began several years ago at the Southwest Idaho Treatment Center (formerly Idaho State School and Hospital in Nampa). The institution is now down to 30+ residents and the goal remains to transition the residents to the community and close the facility.

Values- and outcomes-based services

At the previous meeting, it was requested that Paul Leary provide clarification regarding values- and outcomes-based services. Although Paul was not able to attend this meeting, he sent **copies of two sections of Idaho law (§56-261 and §56-263)** that explain that the Department of Health and Welfare is expected to work toward an accountable care system based on managed care principles that results in improved health outcomes. **These code sections were distributed.** Paul also sent out a Power Point presentation on perspectives in health care from the Harvard Business School. Speaking from some of the slides in that presentation, Art explained that values-based health care is the best participant outcomes for the dollars spend; to increase and improve patient value. Research has shown that financial success of the health care industry ≠ patient success. With the type of long term services and supports we are working on, success and outcomes are much harder to define. Jim noted that much of the cost savings in the developmental disabilities field has occurred with downsizing from large institutions to home-based services. How do we look for cost savings now? How do we create incentives for people doing well to increase value and not reward people for doing what we do not want.

Managed Care updates

Behavioral Health - Pat Martelle and Paige Grooms from the Division of Medicaid gave an update on the status of this managed care program. Optum, a subsidiary of United Health Care, has been selected as the managed care organization for this program and the contract is currently in negotiation. The contractor will have to interface with all of the existing providers. Although in-patient psychiatric care is not included in this contract, there will be financial incentives (bonuses provided) to reduce the rate of hospitalization. This was felt to be more manageable than including in-patient benefits. Another way in which it is expected that hospitalization will be minimized is that the contractor will be required to participate in the hospital discharge planning process. This is aimed at reducing readmissions. The program is still targeted to begin on July 1, 2013. Participants will be notified in advance but they do not have to enroll. Information is available at www.optuminidaho.gov. It is expected that initially, Optum will pick up all existing providers and honor their fees. They will be required by the contract to maintain or improve current access (defined as the ratio between Medicaid consumers and providers) for 60 days to “try on” provider

enrollment. Access is also required to have a provider within 30 miles or 30 minutes of an enrollee or in some cases 45 miles/45 minutes. Optum will be responsible for the credentialing of providers. The federal requirement is that this is cost neutral. The rules to implement this program will be promulgated under a 1915(b) authority and services will be based on medical necessity. The basic and enhanced plan caps on services are removed (SB1010 did this in the current legislative session) as services will be covered within the managed care plan.

Managed Care for People Eligible for both Medicare and Medicaid (dual eligible):

A recent webinar was held to provide an update on the managed care program. The number of impacted people has been increased to 22,548 (as of July, 2012) and the new proposed implementation date is March 1, 2014. About 1,500 of those individuals are people with developmental disabilities receiving waiver services. In December, 11 organizations submitted letters of intent to become managed care organizations but only two of those submitted Models of Care to CMS. No more applications will be accepted. Other timelines are:

- 5/1/2013 – Request for Proposals released
- 8/1/2013 – Plans selected
- 2/1/2014 – Marketing begins
- 3/1/2014 – Program begins

There will be phased-in enrollment by DHW “hubs”:

- 4/1/2014 – southwest hub
- 6/1/2014 – east hub
- 8/1/2014 – north hub

People will be able to opt-out of the Medicare portion but cannot opt-out of the Medicaid services. At least two plan must be available in each region or DHW can apply for a “rural exemption.” At this point it is undecided whether long-term supports (waiver services) will be included in the program. Most MCOs have limited to no experience managing these services. States have generally carved these services out and continue with fee-for-service or they have developed provider networks to serve as the managed care organizations since the providers are familiar with the participants, the costs, and the services. In some instances (Virginia and Arizona), the state DD agency is the MCO for long-term DD services.

Inventory of Needs and Individual Budget Calculation Methodology

Most states use some sort of legacy tool (a tool that they developed) in combination with an assessment like the Scales of Independent Behavior – Revised (SIB-R) or the Supports Intensity Scale (SIS) to determine the budgets that individuals will have for their services. In Idaho that tool is the Inventory of Individual Needs.

DHW uses a statistical program (SPSS) that takes the information from the inventory and conducts a regression analysis that determines the budget. This analysis is based on the correlation between factors. An example was used of students taking a test. Some students will study very hard and get a C while others may study very little or not at all and get an A. This shows that while there may be some relationship (correlation) between studying and a good grade on an exam, the number of hours of study does not result in a certain grade. If it did, this would be cause and effect, not correlation. The Department's calculation uses about 150 factors (utilization codes) that could help determine need and thus a budget. These factors will produce an accurate prediction most of the time and for most of the people but there are outliers that fall outside this prediction. For these individuals, the calculation does not accurately reflect the relationship between the person and their needs and what budget they are given to pay for the services they require to meet their needs.

About 10% of those assigned a budget, go to a hearing to add more funds to the budget. Current law requires only issues of health and safety to be considered in increasing a budget. Without that restriction, more budgets may have been increased. The average budget is \$40,000-42,000/year. The range of budgets is from about \$500/year to \$200,000/year.

Some states use budget tiers or levels instead of a regression analysis. These use the data from their assessments and then assign individuals into a budget category or a tier with a budget range.

There was discussion about whether it would make sense to opt for cause and effect instead of correlation to increase the influence of employment supports in the budget. Perhaps a sample of plans could be taken and then costed out and use that information to build a formula. **It was suggested that we ask the Institute for Community Inclusion (the contractor for research for the IEF) to identify other states and their calculation models that better reflect the need for employment supports.**

There was discussion about continued use of the Scales of Independent Behavior-Revised (SIB-R) as an assessment tool. An alternative is the Supports Intensity Scale

(SIS) although the cost for transitioning to the new tool would be high. One factor that may influence this issue is that the SIB-R may not be upgradeable with newer computer systems which may require a change anyway.

Committee Reports

Focus Groups: Noll Garcia and Katherine Hansen reported for this group that met and felt that while focus groups would be helpful in gathering and distributing information, the time may not be quite right. Concern was expressed that it is valuable to hear from people what the barriers are to getting the services they need. There are a lot of system change things in the works and we may want to have more definite information to share in focus groups. The committee also felt that focus groups were not the only way to gather information and that surveys could also be used.

Provider Rates: Maureen Stokes reported for this group. The two primary issues of concern to this group are access to services (and providers) and quality. They are interested in looking at what other states do to determine provider rates. David Lehman (representing providers) met with Paul Leary to discuss this and will be providing a report to the committee. Providers feel that the rules that were recently approved do not provide enough specificity about what constitutes adequate access and what triggers a rate study. Bill asked for clarification about the role of this committee in terms of looking at Idaho's current issues vs. rate methodology in other states. Katherine said that follow up to the rules was the initial charge but that it will likely broaden since rates are connected to the larger systems change issues.

Legislative Action impacting our work

- VR received an increase in their appropriation of \$170,000 in state funds for the Extended Employment Program. Some of this money will go to increased provider rates but it will also allow about 30 people on the waiting list to access services.
- Although the Council was able to get a bill printed, we were not able to get preventative dental benefits restored for the remainder of the adults on the Medicaid Enhanced Plan. The Council and others will work with Medicaid and the Governor's budget office to hopefully get funds in the budget to implement this next year. Rep. Fred Wood who chairs the House Health and Welfare Committee is very supportive of the concept and will work to help us next year.

- Medicaid Expansion does not look like it will move forward this year. Most of the energy of legislators was spent on the issue of the Insurance Exchange and they and the Governor are not willing to tackle this in this session. Reform of Medicaid is in process and this expansion would have provided resources to enact that reform, save counties and the tax payers money, and cover over 100,000 Idahoans who are currently not insured. Unfortunately that was not done.
- HB 125 which requires back ground checks for guardians and conservators of vulnerable adults passed the House and is expected to pass the Senate. Rep. Grant Burgoyne sponsored the bill in the House and was very instrumental in guiding its development over the last two years. In the Senate, Senator Marv Hagedorn is carrying the bill. The bill also requires background checks for people living in the homes of people with disabilities.
- There is a bill preventing attorneys who represent children from being their guardians ad litem. This changes current law which requires attorneys to serve in both capacities. It is uncertain whether this bill has passed.
- S1114(transformation bill) combines the mental health and substance abuse systems into a State Behavioral Health program and combines regional committees that will be authorized to coordinate local services. These local entities are provided with \$50,000-70,000 of one-time funds to hire a staff person and build some local infrastructure. It clarifies that the role of the Dept. is limited to serving people with severe and persistent mental illness. Advocates have testified against this and attempted to get the bill amended to delete the word “persistent” in order to serve more people. Many of these people would have been able to get services under Medicaid expansion.
- Art reminded everyone that Children’s Redesign goes into effect for all children with disabilities effective July 1. He encouraged the group to help get families enrolled in this to avoid a gap in services.

Next steps

Although there are a couple of other states that we have not heard from in terms of array of services (North Carolina, Oregon), the group felt that the discussion today demonstrated that Idaho has a pretty comprehensive array of services and there are a

few that rise to the top in terms of driving our work. The three primary services or service clusters that we need to focus on in terms of recommendations are:

- Supported Employment (and other employment services)
- Developmental therapy and other community-based prevocational services
- Residential services

The recommendation was to look at these services and the Medicaid authorities that we are using to fund them (1915 c/i) and what changes, additions or other information is needed to develop what the group would like to recommend. Katherine and Jim will work on this and lead the discussion at the next meeting.

Eligibility is also another topic that we continue to reference and that should be included for discussion. Maureen also noted that at some point she would like to see the group look at tracking systems and quality assurance. A request was made for Art to provide some numbers regarding people using self direction and the costs for their services.

The next meeting was scheduled for Tuesday, May 7. Marilyn will notify people as to the location.

Meeting adjourned at 4:15 pm

Next meeting – Tuesday, May 7, 9:00 -4:00; location to be determined