



Collaborative Work Group on Services for Adults with Developmental Disabilities

Tuesday, May 7, 9:00 am – 4:00 pm

Basement Conference Room, LBJ Building, 650 W. State St., Boise

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:

- Reaffirm, in discussion, our vision of a system that is sustainable, simple to understand, and based on individual choice
- Hear the latest information and recommendations from Employment First Consortium
- Hear a report on the service system in North Carolina
- Discuss and begin to draft a preliminary benefit package of services
- Receive an update on Managed Care
- Receive an update on current Medicaid operations

Present: John Chambers, Jean Christensen, Katherine Hansen, Jim Baugh, Corey Makizuru, Dina Flores-Brewer, Noll Garcia (with Jason Spjute), Trinity Nicholson, Joanne Anderson, Bill Benkula, Art Evans, Marilyn Sword, Tracy Warren.

DRAFT MINUTES

Marilyn Sword called the meeting to order at 9:15 am. She reviewed the meeting purpose and the agenda. Introductions were made.

The notes from the March 25, 2013 meeting were reviewed and approved by consensus.

Future of Services in Idaho

Jim Baugh and Katherine Hansen provided a presentation entitled An Array of Services .. or real life supports. *The Power Point is attached.*

After the presentation, the content was discussed. Group members felt that it was a good discussion starting point and showed how many elements of Medicaid impact each other and other services and parts of the Dept. It was noted that we want to use the information we are provided to influence and guide the discussion and recommendations regarding adult services before the implementation of managed care makes change more difficult. Since the presentation referenced the simplification of service array via self direction, there was discussion about provider qualifications. Sometimes these can be barriers to the “flow of life” rather than accommodating it. How do we ensure that there are well qualified providers for those services that require that training or expertise while allowing supports that don’t require certification to be provided by whomever the person designates. Several members felt that a managed care approach with a set per member/per month (or even year) would provide much needed flexibility that the current system does not. There was also a recognition that these changes are a paradigm shift for many - from providing an array of fee-for service interventions based on units of time or service and provided by professionals with certain training and qualifications to consumer-identified and driven supports provided by whomever the consumer selects. There was discussion as well on how to recruit and maintain a network of quality providers and what quality means.

In terms of managed care, outcomes for long term supports for people with developmental disabilities may look very different from outcomes in a typical, commercial managed care model. That is why it is helpful to look at those states where they have used other models like a state agency being the MCO or county structures to function in that capacity.

Caution was expressed about designing a “cadillac” system and then providing people with budgets that would only allow them to buy a part of the car. It was suggested that we build a system, cost it out, and then prioritize. Decide what an ideal system would look like and then, if policymakers are unwilling to fund that, let them know what their appropriation will buy. While Medicaid must operate within cost neutrality, this group

does not have to come at this redesign from that standpoint. We do need to recognize budget constraints but don't let that drive our design initially.

Employment First recommendations and requests for information

Tracy Warren provided a report from the Idaho Employment First Consortium (IEFC), including a list of recommendations for consideration by the CWG (*attached*). The group reviewed the recommendations and the following points were made:

1. The CWG is also interested in finding ways to modify the Inventory of Individual Needs to allow greater opportunity for inclusion of employment goals in a person's budget. We will be gathering similar forms (sometimes called "legacy" tools) from other states to see how they address employment needs/issues. We may be able to use one of these or modify Idaho's based on what is found.
2. The CWG would like to see employment be given greater consideration in the planning process and in the plan. There is general support for basing quality assurance on the achievement of outcomes but questions remain about outcomes-based reimbursement. In response to a question about this, Tracy gave an example of a person having employment milestones in their plan and that reimbursement to the provider could be based on the person achieving those milestones.
3. As the CWG has discussed the array of services (benefit package), there is support for including expanded employment services beyond what is currently available (job coaching). Supports like career planning and prevocational services would be valuable and are part of the services outlined by CMS as reimbursable under Medicaid. Some of these may be similar to some of the activities currently occurring under developmental therapy. Some concern was expressed that adding more services may make less funding available for other needs.
4. There was extensive discussion about the language saying that "*all services and supports lead to employment outcomes*" as some members felt that there were individuals, particularly those who are elderly or who have significant disabilities, for whom an employment goal would not be realistic. There was no consensus among the CWG regarding changing developmental therapy to pre-vocational therapy although there seemed to be some agreement that we did not want to have prevocational services be required as a prerequisite for a job (using the

traditional readiness model). Members who are also on the IEFC explained that requiring employment to be part of the plan did not mean that the person would have a vocational goal but that for everyone it would be part of the planning discussion and process with justification required for those who, for whatever reason, did not have goals working toward employment. Language was suggested by the CWG that read: “All services and supports **for people who have a vocational goal** lead to specific employment outcomes.” This language will be referred back to the IEFC for further discussion.

5. The group agreed that training was needed, especially for those doing plan development (support brokers, service coordinators, plan developers) to give them the skills needed to guide an employment discussion and help develop goals, including helping the person (and their circle of support) see how their day might look differently with a job. An example was shared from the IEFC about a provider who helped a person find her “dream” job, got the employer and family on board, and then when all was ready, the person did not want to go to work because it meant giving up some of her day services.
6. There was agreement that the CWG members should work to remove the language in current law that says that a person’s budget, if felt to be insufficient to meet their needs, could only be reconsidered based on issues of health and safety. For many, this has eliminated their ability to get the supports they need to work. This was an unintended consequence of HB 260 in the 2011 legislature.

Art reminded the group that, for people on the waiver, their costs must be less, in the aggregate, than if they were receiving services in an ICF. As more services are added, this could move costs closer to that cap. However, as state plan services are moved into a 1915(i) funding authority, additional services can be added that would not be factored in against that budget cap. If the service array under 1915(i) were expanded to include a variety of employment supports, this would permit not only those currently on the waiver but those eligible for state plan services only, to get supports to help them go to work. Of course, all of these services must fit within the current appropriation level and within the person’s budget.

7. There was discussion of under what circumstances Medicaid is the payer of last resort (this is a CMS requirement). If a person needs long-term employment supports that are not available through the Extended Employment Services

program operated by VR because there is a waiting list, then they would be eligible for those supports through Medicaid if the person's budget was adequate to cover the services. Jim asked about the discussions held earlier this year about using EES funds (all state money) as match for people eligible for the waiver who could not get employment supports because of the wait list. Is there a way to use those funds to leverage more services for people? DVR is exploring this but needs to be careful that it does not take action that would negatively affect some people while giving others access. Since EES funds are used for both facility-based work services and community supported employment, diverting some of these funds as match for Medicaid waiver eligible individuals may mean less funds for people in work services since Medicaid cannot pay for facility-based work.

8. There continues to be interest among both the CWG and the IEFC in gathering additional information about the National Core Indicators (NCI) project. Thirty-eight states participate. Idaho does not. AIDD has recently indicated that they can assist with helping states join but we have not been able to get more details on this. The cost for a state to enroll is nominal (around \$13,000) but the real cost is in staff training and time to collect the data. However, if the data gathered through the NCI project can replace some of the data that is currently being gathered through such instruments as the Participant Experience Survey (PES), it may be more realistic. Many participating states use the NCI data for reporting on their waivers to CMS. Marilyn distributed an ***NCI Data Brief*** on people with intellectual and developmental disabilities working in the community (***attached***). This is an example of how the data might be used, including state-to-state comparisons. **Marilyn will continue to research the assistance available to help Idaho to participate.**

Tracy also provided a draft of the Phase Two Report from the Institute on Community Inclusion. She emphasized that this was still very draft and asked that it not be disseminated beyond this meeting until it was finalized. **When it is completed, it will be posted on the CWG webpage.** One of ICI's recommendations was to bundle services to increase flexibility with a flat rate instead of using hourly or 15-minute-unit reimbursement rates. This could be helpful with allowing flexible follow-along supports for people as they go to work. Although there is consensus on the need to incentivize flexibility, there is no agreement on how to do this. Jim offered the example of

Community Support Services under the self-directed waiver option. This allows services to follow the person in the community and be available when they need them. However, Bill brought up the issue that the use of certain funds requires services to be provided by direct support staff that have accreditation or certification. For employment services, the challenge is to be able to have the job coach or other employment support staff fade out over time but still be available if the work environment or job changes or other situations occur that result in the person needing more services on an occasional basis. Art mentioned that the 1915(i) waiver authority includes self-directed services so the flexibility may be available. Katherine noted that a daily rate would allow skilled staff to work with a variety of people while an hourly rate would not. The issue at hand is certification of staff ensuring a certain skill level vs. flexibility, including natural supports, across systems. It was stated that we need to find a way to pay for job development but it was recognized that this requires a very different skill set (a marketing focus). A suggestion was made to pay a monthly rate for agencies to develop job sites but concern was expressed that this may move us away from customized, individualized job development.

CWG members had two questions/requests for the IEFC:

- 1) Could a separate rate be developed for people with high/intense needs in supported living who want to work? This would be similar to those people in high/intense supported living who are going to school. The difficulty may be that the rate to accommodate school is based on a certain number of school hours, while people may work a varied number of hours. Jason indicated that he had 10 people in this situation with his agency who would like to work but the supported living staff either cannot leave the residence to support the person at work or they do not have the skill set to provide employment supports – or both.
- 2) John has concerns that an agency may provide multiple job coaches to a person so that the person does not have a consistent person providing support day to day and the employer does not know who will be supporting the person at the work site each day. It would be best to have a person receive supports from the same job coach every day unless an emergency arises. Is there a way to ensure this?

North Carolina service system

Katherine presented information that she has gathered on North Carolina's service system. A summary of her presentation is attached as are some handouts on the changes to their system, their new Innovations Plus waiver, and the Gold Star Monitoring process for providers.

Questions/comments regarding the NC system:

1. How does the Supports Intensity Scale (SIS) work? What is behind the SIS to calculate budgets? Katherine to research further.
2. Since savings within a Local Management Entity (LME) go back into services in their area, what happens when a person moves out of that area? Particularly when they move to an area where the cost of living is greater? It does not appear that their budget necessarily follows them.
3. Gold Star Monitoring – what are benefits of this rating?
4. The concept of base services plus “add-ons” may be worth examining further
5. Members would like more details on the two options (Employer of Record and Agency with Choice) under self direction – Katherine will do further research

Provider satisfaction survey in Cardinal system indicated that providers liked the system; it worked for them. This probably influenced the legislative decision to move forward with faster implementation. They also liked that it saved money that was reinvested into the services. If other LMEs cannot make it, Cardinal may move forward to taking over their areas. Consumer satisfaction is addressed through their quality assessment process.

In discussion of self direction, it was mentioned that in Idaho people choosing this option see their budgets increase. Art noted that that is not necessarily the case. It may be that because they can negotiate rates of pay it can make their budget go further even if the dollars have not changed. Also, when blended rates for developmental therapy were implemented, some people opted for self direction because they could not get the individualized services they needed, not because of their budget amount.

Framing a future service system

The group reviewed Trinity's matrix of the services that are provided in the states researched. **(Handout)** There are a few services that all states provide. In comparison to other states, Idaho provides a fairly robust menu.

Options for the CWG:

1. Recommend modifying the current array of services
2. Start from scratch and construct a menu of services based on the presentation by Jim and Katherine
3. Develop a hybrid of options 1 and 2.

Art reminded the group that any recommendations take into consideration other factors like SSI, SSDI, AABD, etc., and what we in Idaho can change and what we are required to do by federal authorities. We also need to determine what are people's needs.

There was discussion on how to proceed from this point. Marilyn cited the example from the IEFC where they spent time early on getting consensus about the direction they wanted to take. The CWG has a much larger task at hand and that has not been done. Can CWG members agree about where we want to be on the other side of this process?

Beyond the array of services, others factors that need further discussion and consideration are eligibility, individual budget setting, managed care options. In a pure per member/per month (PM/PM) model, budgets are not set. While commercial MCOs may be able to pick and choose who they will cover and/or set their rate on the population they will serve, public MCOs, like local government entities or state MCOs, cannot reject certain people. These issues can be worked on in committees of the CWG but a decision in one committee will impact decisions in other committees.

It was recommended that we get consensus on a model first before we dig deeper. But what is the "model"? Does it look like the services that we currently have in SD, instead of the long list of services in the traditional waiver? And the recommendation also needs to include not only services under the 1915(c) waiver but also the 1915(i). It appears that the group favors fewer services that are bundled and more flexible. An example would be

- Day supports

- Residential supports
- Specialized supports

Day supports and residential supports could be combined into a category of “community supports” although people may be getting different kinds of community supports from different providers.

Currently the biggest budget drivers in the traditional waiver model are:

- Residential habilitation
- Developmental therapy
- Adult day health

There was discussion about what changes could be made more easily without significant time or rule changes. Art reminded the group that many changes impact appropriations, rules, and other factors and involved Dept. administration, the Governor’s office and the legislature. So time is a major factor in making changes. It seems to make sense that if the definition of community supported employment in the 1915(c) waiver is expanded to include the menu presented by the IEFC (and approved as reimbursable by CMS) that the same menu be included in the 1915(i).

Marilyn distributed a paper from a systems change effort in Virginia entitled **Creating Opportunities Implementation Report (March 2012) – handout**. She asked members to review this, not for content, but as a potential way of organizing our CWG work and recommendations. For each area addressed it included a statement of need, objective(s), priorities, and a listing of accomplishments, implementation activities and planning milestones.

Work assignments

Three committees were created to continue gathering information regarding specific subjects. These are

A. Array of services

Look at how Idaho might have fewer service categories and more flexibility, similar to that found in our current self directed waiver option. Of particular interest was gathering information on the “agency with choice” model that is used in North Carolina, Wyoming, Kansas and other states.

Committee Members: Jason Lowry, Corey Makizuru, Jim Baugh, Katherine Hansen, Bill Benkula, and Maureen Stokes (lead). Art Evans will participate as needed and available.

B. Managed Care

Look at managed care models for long-term services and supports (LTSS) for people with developmental disabilities and the different Medicaid waiver authorities and what they will allow.

Committee Members: Trinity Nicholson, Katherine Hansen (lead), Joanne Anderson, Art Evans/Stephanie Perry

C. Individual Budgets and Eligibility

Research “legacy tools” from other states (like Idaho’s Inventory of Individual Needs) and look for how they are used to increase the emphasis on employment supports as needs are determined. Also look at how budgets are calculated (methodology). And, although it could be viewed as a separate issue to be researched, look at eligibility in other states (who is eligible for adult DD services) and the assessment tool & process that is used to determine eligibility.

Committee Members: Jim Baugh (lead), Jean Christensen, Lisa Cahill, and Elaine Ellison.

If anyone else on the CWG would like to participate on any of these committees, please contact the committee lead. These committees will gather their information and bring it back to the full CWG with recommendations (including requests for consultation or technical assistance) at the next meeting, scheduled for **August 14 from 9-4**. Location to be determined.

Managed Care Update

Katherine provided an update on the managed care program for people who are dually-eligible for Medicaid and Medicare. This information was provided in a webinar on May 1. To date, there is no RFP but work continues on what it needs to contain. There are two entities who have had their models of care approved by CMS and since the deadline has passed for that approval and there is a requirement by Idaho to offer two plans, those two entities are it. 1915(c) and (i) services – long-term DD waiver and state plan services – are carved out and will continue to be provided as fee for service. Targeted service coordination (TSC) will be contracted through the network

but an RFP is not yet developed. The managed care plans will include care coordinators who will work with the Service Coordinators. For Support Brokers under self direction they will continue to be paid directly by Medicaid as they currently are but they will also work with the care coordinators in the MCOs. People with developmental disabilities who receive services under the Aged and Disabled (A&D) waiver will be part of managed care and their providers, including certified family home providers, will be part of the network. Certified family home providers who provide services to individuals through the DD waiver will continue with their current method of reimbursement from Medicaid. For those individuals who may also be participating in the Behavioral Health managed care program because they have a co-occurring mental illness, they will be covered under that program for their mental health and substance abuse services until the duals managed care program rolls out starting next March (2014) and then all their services will be part of the duals managed care program. Katherine said the Department has information about all of this on their website at

<http://www.healthandwelfare.idaho.gov/Medical/Medicaid/LongTermCareManagedCare/tabid/1910/Default.aspx>

Medicaid operations issues

Art reported that Medicaid is working on waiver assurances for all waivers. They are currently in the process of looking at adults/children quality assurance to make sure it is consistent across all waivers and state plan services. They want the QA processes to be proactive but not burdensome. In one workgroup they are reviewing the Participant Experience Survey (PES) that is used to get feedback from participants. At issue is that people typically indicate that they are satisfied and everything is fine but critical incidents are going up. Want some way to provide a more accurate picture.

Workgroups are currently developing recommendations on budgeting and QA. Information; these will be shared with this group when they are completed.

Also being debated with the Attorney General's office is whether a service provider of a person on SD is an employee of person or of the state and how to proceed when fraud occurs. Would like a more robust QA process. Is it doing what it should be doing? There are currently some conflicting perspectives as to whether (and when) the Dept. should be hands off because the person is self directing while recognizing the potential for the person to be exploited. What changes are needed?

The meeting adjourned at 4:00 pm

NEXT MEETING – 9-4, WEDNESDAY, AUGUST 14.

DRAFT