North Dakota Department of Human Services

Medicaid Waivers Technical Assistance – Stakeholder Meeting

June 2017

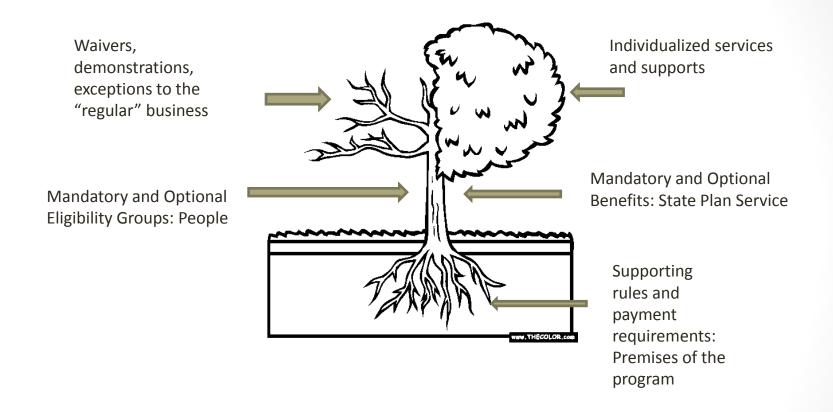
- The North Dakota Department of Human services is currently working with New Editions Consulting, Inc. to conduct a comprehensive review of the states existing waiver programs to identify potential paths for eligibility for non-I/DD eligible individuals.
- This is a joint effort with the Developmental Disabilities Division, Aging Services Division, HCBS program and Behavioral Health Division.

- Purpose of technical assistance
 - Identify potential gaps in services and provide program recommendations.
 - Provide the state with strategies to improve (and maintain) consistency in the application of criteria across staff responsible for applying eligibility criteria.

- Purpose of technical assistance
 - Assist the state in identifying potential strategies to address gaps in service, such as those to support individuals with co-occurring MH/IDD needs.
 - Provide TA related to mitigating conflict of interest in case management structures.
 - Provide information and recommend tools/strategies to the state related to person-centered practices and planning.

- ND Medicaid Waivers
 - Autism
 - Tech Dependent
 - Aged & Disabled Home and Community Based
 - DD Traditional
 - Medically Fragile
 - Hospice

MEDICAID: THE BASICS



NASDDDS

National Association of State Directors of Developmental Disabilities Services

Medicaid is a State/Federal partnership

- Feds "match" state contribution on an annually determined formula called the matching rate based on the state's economic picture
- The Federal share is called Federal Financial Participation (FFP)
- The state share is called state match

Medicaid Eligibility

• In order to participate in Medicaid, federal law requires states to cover certain groups of individuals. Low income families, qualified pregnant women and children, and individuals receiving Supplemental Security Income (SSI) are examples of mandatory eligibility groups. States have additional options for coverage and may choose to cover other groups, such as individuals receiving home and community based services and children in foster care who are not otherwise eligible.

Medicaid Benefits

 States establish and administer their own Medicaid programs and determine the type, amount, duration, and scope of services within broad federal guidelines. States are required to cover certain "mandatory benefits," and can choose to provide other "optional benefits" through the Medicaid program.

Medicaid: Early Periodic Screening, Diagnosis and Treatment (EPSDT)

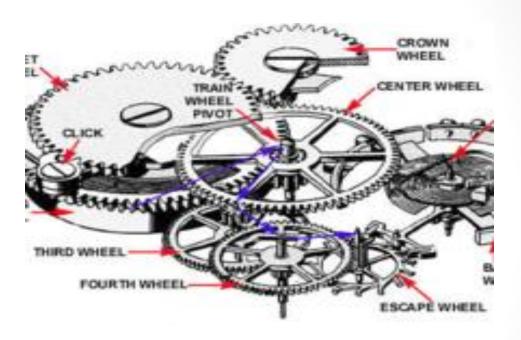
- The Early and Periodic Screening, Diagnostic and Treatment (EPSDT)
 benefit provides comprehensive and preventive health care services
 for children under age 21 who are enrolled in Medicaid.
- Early: Assessing and identifying problems early
- Periodic: Checking children's health at periodic, age-appropriate intervals
- Screening: Providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems
- Diagnostic: Performing diagnostic tests to follow up when a risk is identified, and
- Treatment: Control, correct or reduce health problems found.

HOME AND COMMUNITY BASED SERVICES (HCBS) IN MEDICAID: AN OVERVIEW

Medicaid = Interdependencies

NOTHING STANDS ALONE

EVERYTHING IMPACTS SOMETHING



Medicaid: 1915(c) HCBS Waivers

- A waiver means that the regular rules are "waived", that is not applied
- The HCBS waiver began in 1981 as a means to correct the "institutional bias" of Medicaid funding
- The "bias" is that individuals could get support services while institutionalized, but if they wanted to return to the community they could not get similar services

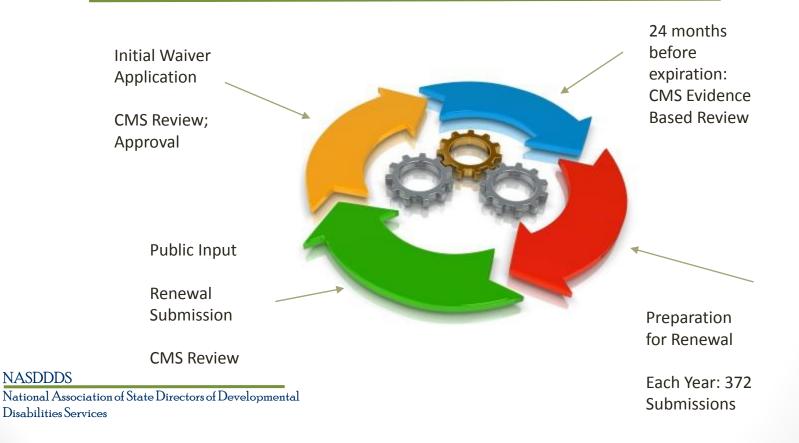
Medicaid: 1915(c) HCBS Waivers, Continued

- Section 1915 (c) of the Social Security Act was changed to allow states to ask for waivers of existing Medicaid regulation
- The idea is that states can now use the Medicaid money for community services that would have been used for the person in an institution
- Thus, getting HCBS waiver services is tied to institutional eligibility This is also known as meeting "level of care"
- This does NOT mean you have to go to an institution or want to go to an institution—just that you could be eligible for services in an institution
- The waiver means states can offer services in the community

Medicaid: 1915(c) HCBS Waivers, Continued

- States have a great deal of flexibility in identifying the types of services to be covered in waivers:
 - case management services
 - homemaker/home health aide services
 - personal care services
 - adult day health services
 - habilitation services
 - respite care
 - day treatment or other partial hospitalization services
 - psychosocial rehabilitation services
 - clinic services (whether or not furnished in a facility) for individuals with chronic mental illness
 - other services requested by the State

Life Cycle of a Waiver



Medicaid: HCBS Final Regulations

- Watershed Regulations for Medicaid HCBS
- HCB Settings Character
 - What is NOT community
 - What is likely not community
 - What is community
- Person-centered planning
 - Codifies requirements
- Conflict-free case management
 - Was just in guidance, now it is in rule:

https:www.federalregister.gov/r/0938-AO53

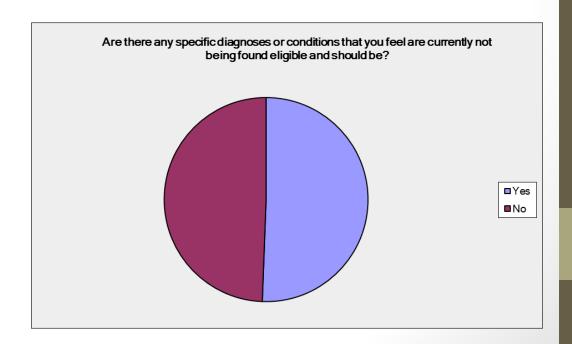
Resources

- Technical Guide
- HCBS Technical Assistance:
 - NASDDDS Member TA
 - CMS HCBS TA:
 - http://www.hcbs-ta.org/

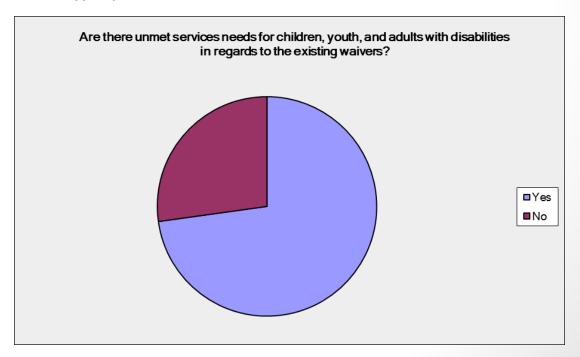
Summary of stakeholder survey

I am a		
Answer Options	Response Percent	Response Count
Client	0.9%	3
Family member/guardian	23.1%	75
Provider/professional	68.6%	223
Advocate	7.4%	24
	answered question	325
	skipped question	0

Are there any specific diagnoses or conditions that eligible and should be?	you feel are current	y not being found
Answer Options	Response Percent	Response Count
Yes	50.6%	157
No	49.4%	153
If "yes" please describe.		161
	answered question	310
	skipped question	15



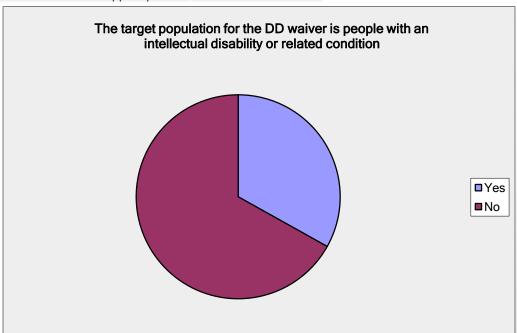
Are there unmet services needs for children, youth, and adults with disabilities in regards to the existing waivers?			
Answer Options	Response Percent	Response Count	
Yes No If "yes" please describe.	72.8% 27.2%	228 85 200	
	answered question skipped question	313 12	



Developmental Disabilities Technical Assistance Feedback

The target population for the DD waiver is people with an intellectual disability or related condition. The current eligibility process uses the same criteria for a 25 year old and a 4 year old. Some research states that IQ testing is not considered accurate before the age of 12. Do you recommend IQ testing to determine eligibility before the age of 12?

Answer Options	Response Percent	Response Count
Yes	33.1%	103
No	66.9%	208
If you selected "no", what would be the most consistent way of dete those age 3 -12?	150	
	answered question	311
	skipped question	14

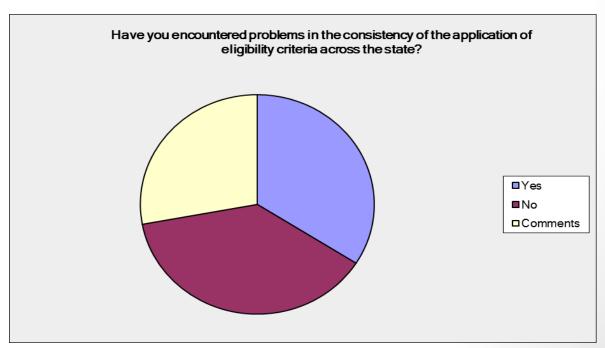


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Answer Options	Yes	No	Response Count
Autism Waiver - 47 slots	50	235	285
Tech Dependent Waiver - 3 slots	88	167	255
Aged and Disabled Home and Community Based Waiver - 496 slots	100	161	261
DD Traditional Waiver - 5575 slots	138	136	274
Medically Fragile Waiver - 25 slots	62	200	262
Hospice Waiver - 30 slots	109	146	255

	Question Totals
answered question	291
skipped question	34

Have you encountered problems in the consistency across the state?	of the application of	eligibility criteria
Answer Options	Response Percent	Response Count
Yes	34.0%	106
No	38.1%	119
Comments	27.9%	87
	answered question	312
	skipped question	13



- Expected outcomes & results
 - A detailed comparison across existing state programs, including a gap analysis for individuals found ineligible for I/DD services
 - TA on staff training and accuracy in the application of eligibility criteria
 - TA on provider capacity development
 - Person Centered Planning information and advice

Comments

Please contact the Developmental Disabilities Division if you have any questions

1237 W. Divide Ave. Ste 1A

Bismarck ND 58501

701-328-8930

1-800-755-8529

Relay ND TTY 1-800-366-6888