

Department of Health/DDSD

Developmental Disability News

CMS to Propose Combining Waiver Populations, Defining HCBS Settings

The Centers for Medicare and Medicaid Services (CMS) has published an advance notice of proposed rulemaking (ANPRM) announcing the intention of CMS to publish proposed amendments to the regulations implementing Medicaid home and community-based services (HCBS) waivers under section 1915(c) of the Social Security Act (the Act). The proposed changes would provide states the option to combine or eliminate the existing three permitted waiver targeting groups, and would define home and community in the context of settings for services.

CMS specifically intends to “propose to change the regulations in 42 CFR subpart G [of the Act] to allow States the flexibility to combine any of the three target groups in one HCBS waiver, or possibly to choose to offer waiver services to groups defined differently from the pre-defined targeting groups.” Such a change would not be mandated, however, and “States would still have to determine that without the waiver, participants would require institutional level of care, in accordance with section 1915(c) of the Act.” Likewise, the intended proposal to provide additional targeting flexibility for States will not affect the cost-neutrality requirement inherent in section 1915(c) waivers. The new regulations will also “require that: (1) The service planning process be person-centered, and (2) the services specified in the plan of care be based upon the needs of the individual, not an average need among one target group.”

In the ANPRM, CMS expresses particular interest in “comments on how removal of the existing regulatory barrier regarding target groups may increase a State’s ability to design service packages based on need, rather than diagnosis or condition.” CMS also seeks input on how this change may affect “the State’s ability to serve individuals requiring an institutional level of care.” CMS says it is “intending to propose this change in an effort to remove barriers to person-centered, needs-based service delivery methods,” and invites “recommendations to strengthen person-centered principles and practices for the successful operation of any HCBS waiver program, including those that may serve individuals based upon identified needs, rather than diagnosis.”

CMS also indicates that, based on comments in response to their NPRM on the 1915 (i) HCBS State Plan Option benefit, which floated a definition of home and community-based settings, the agency is “contemplating publication of a proposed rule that would provide that States must define, and CMS approve, standards for home and community under HCBS waivers.” Many commenter’s, CMS says, asked for a deliberative stakeholder process for developing criteria for home and community standards. The intended proposed changes would “include methods that States may follow to identify appropriate financing mechanisms for reducing the size of existing larger residences, divesting themselves or helping their providers divest themselves of sizable properties, and assisting providers’ transition to smaller, more individualized settings.” New regulations would require that “individuals receiving HCBS waiver services must reside ... in a home or apartment not owned, leased or controlled by a provider of any health-related treatment or support services;” or, if they do live in such a residence, it must meet “standards for community living, as defined by the State and approved by the Secretary” of Health and Human Services (HHS). Living situations in which “a paid provider of services has opportunity to affect the degree of independence and choice” will trigger application of additional State-defined and CMS approved standards for community living.

Waiver Renewal Update

Time is neutral and does not change things. With courage and initiative, leaders change things.

- Jesse Louis Jackson

In the matters of style, swim with the current; in matters of principle stand like a rock.

- Thomas Jefferson

Important principles may and must be inflexible.

- Pres. Abraham Lincoln 1865

Renewal and Redesign Process for the Developmental Disabilities Waiver

New Mexico is a national leader in services to people with developmental disabilities. The majority of our services are funded through the Developmental Disabilities Waiver Program. The waiver provides an array of comprehensive services and supports to individuals with developmental disabilities in New Mexico. These services are intended to enable people with developmental disabilities to live as independently as possible in the community. However, current trends in service delivery and utilization indicate that in order to continue to achieve this goal our system needs to change.

In addition, funding for the program is not keeping up with demand. Over 4400 people have applied and are waiting for DD waiver services. Currently people may wait for up to seven years before being offered waiver services.

The cost to provide services to individuals on the waiver has increased significantly over the past three fiscal years. The projected cost to operate the waiver in FY 2010 to serve approximately four thousand individuals is \$302 million (state and federal funds). DDSD researched the average cost per individual in eight states that have similar waivers and New Mexico ranked number one with the highest cost per individual. If this trend is not reversed the state will not be able to maintain the waiver program.

What Can We Do?

DOH is proposing changes to make the program more cost effective. This will allow us to serve more people, more quickly.

New ways to determine a person's service needs will help make the best use of program funding. DOH is investigating the use of an independent clinical review for each individual. This approach will help us do a better job of matching services and funding to the person's needs. When the waiver is renewed services provided to people already in the program may change, but people will continue to get the support they need. Funding for services may be used differently in order to provide services to a larger number of people, but the amount of funding in the system will not be reduced.

We Need to Hear From You

The current DD Waiver will expire on June 30, 2011. The Department of Health is proposing to renew or amend the DD Waiver effective July 1, 2010. We have been working with the Advisory Council on Quality Services and Supports to Individuals with Developmental Disabilities and Families (ACQ) to learn from individuals in service, persons waiting, providers and advocates about what is working in the current waiver and what needs to change to provide needed support to more people. Public meetings are scheduled to gather additional input on the renewal and redesign of the waiver program in the following locations:

Santa Fe: August 31st at the Harold Runnels Building Auditorium from 1-3 p.m. and at the Department of Transportation from 6-8 p.m. (call 1-866-315-7123 or 575-758-5934 for directions)

Gallup: September 29th at the United Methodist Church from 6-8 p.m. (call 1-866-862-0448 or 505-863-9937 for directions)

Farmington: September 30th at the San Juan College (Zia Room) from 4-6:30 p.m. (call 1-866-862-0448 or 505-326-3890 for directions)

Albuquerque: August 24th and September 1st at the Savage Auditorium from 4:30 to 7:30 p.m. (call 1-800-283-5548 or 505-841-5500 for directions)

Roswell: September 16th at the Chamber of Commerce (131 West 2nd Street) from 6-8 p.m. (call 1-866-895-9138 or 575-624-6100 for directions)

Las Cruces: September 9th from 6-8 p.m., New Mexico Farm and Ranch Heritage Museum Auditorium, 4100 Dripping Springs Road (call 1-866-742-5226 or 575-528-5180 for directions)

HB920 - Securing Funding for the Future

The state Medicaid programs including the Developmental Disabilities and Medically Fragile Waivers are funded substantially with federal matching funds. Federal funds are matched with state dollars. The rate of federal to state funding is established by the federal government on a quarterly basis. Under the current stimulus package the federal share of Medicaid expenditures for Fiscal Year 2010 has increased. This temporary change in the "FMAP" reduces the amount of state funding needed to maintain current levels of Medicaid services. During the last legislative session, House Bill 920, created a special fund for the state money that will be saved as a result of the increased FMAP. This fund could help provide the state portion of Medicaid funding in future fiscal years when the enhanced match rate ends. Using balances in this way may help reduce projected deficits in program funding for FY11 and FY12, although the amounts from the fund will likely be limited and are authorized for use in other state programs as well. With this funding, in combination with planned cost containment strategies, the waiver programs can be managed so that the state can continue to provide these important services.

Statewide Directors Meeting

The 2009 DDSD Statewide Directors Meeting will be held on Wednesday, October 14th and Thursday, October 15th.

The location will be at the
CNM Workforce Training Center, 5600 Eagle Rock Avenue NE,
Albuquerque, NM.

Monies available for The Independent Living Transition Program

The Independent Living Transition Program began operation in June 2009. This is a program offering transitional support and stipends of up to \$3000 for individuals to move from family or supported living environments to apartments or homes of their own choosing. This program operates statewide.

To date, 2 persons have accessed funding and moved into their own homes, loving their independent environments.

Four persons are currently in the process of applying for funding through the program.

In the next few weeks, DDSD staff and the program administrator (Diane Nunn from The New Beginning) will be visiting the various regions of the state to provide additional information for providers.

To access the Independent Living Transition Program, contact The New Beginnings, LLC. at (505) 795-1126 or e-mail at ddahlnunn@aol.com