



Supports Waiver Provider Information Session

**Assistive Technology
Vehicle Modification
Environmental Modification
Non-Medical Transportation**



Objectives

- Review Supports Waiver Basics
- Overview of specific Supports Waiver Services and scope of service
- Discuss the provider application and Fast Track process
- Consider any questions that you have about the waiver

Questions

During the presentation

- Post in the SKYPE Comment Box throughout the presentation
- Post in the SKYPE Comment Box during the Q&A Session or ask a question when the group is unmuted.

After the presentation

E-mail Jennifer Roth at Jennifer.roth@state.nm.us

E-mail the supports waiver e-mail at supportswaiver.help@state.nm.us

Resources

- Supports Waiver Website

<https://nmhealth.org/about/ddsd/pgsv/csw/>

- Supports Waiver Federal Application to CMS

On the HSD Website/Communication and Public Information/Public Comment 2020 closed

- Draft Supports Waiver Standards

Supports Waiver Website/Resources

Supports Waiver

- Home and Community Based Services (HCBS) designed to provide an option to support individuals who are on the Developmental Disabilities (DD) Waiver Wait List
- Services are intended to complement unpaid supports that are provided to individuals by family and others
- Supports Waiver is a 1915(c) Waiver that is scheduled to start July 1, 2020 and is currently pending federal approval from the Centers for Medicare and Medicaid Services (CMS)

Supports Waiver

- There are ten Supports Waiver Services to mix and match within an annual \$10,000 budget per participant based a sample of the waitlist survey.
- ✓ Assistive Technology
- ✓ Behavior Support Consultation
- ✓ Customized Community Supports –Group
- ✓ Customized Community Supports – Individual
- ✓ Employment Supports
- ✓ Environmental Modifications
- ✓ Personal Care Services
- ✓ Non-Medical Transportation
- ✓ Respite
- ✓ Vehicle Modifications

*Community Supports Coordinator (Case Management Function) is selected by the participant and provided outside of the \$10,000 budget amount.

Supports Waiver Eligibility

- Individuals who are on the DD Waiver Wait List are eligible
- Individuals will keep their place on the DD Waiver Waitlist while they access the Supports Waiver

Supports Waiver Offer Process

- Supports Waiver “offers” rather than “allocations” to differentiate between the allocation process to the DD and Mi Via Waivers
- Support Waiver offers are based on annual legislative funding- The first-year projections are 2,000. The goal is to serve all that choose the Support Waiver on the waitlist.
- Support Waiver offers will be made based on the registration number overall and not by the registration number in each region
- Support Waiver offers will be made through a Primary Freedom of Choice and will be processed in the same way we currently process PFOCs.

Supports Waiver Dual Track Option

- Supports Waiver participants select between Agency Based Services and Participant Directed Services
- May choose to switch between service delivery models once eligibility has been established
- CSC will educate the SW participant about each track during the pre-eligibility phase
- Track selection will be processed through the Community Support Coordinator
 - Currently the selection between agency based and participant directed lands at about 60/40

Supports Waiver Pre-planning

- Circle of Support for both Agency Based and Participant Directed
- Supports Waiver education including MCO information, community resources
- Establishing Participant Directed Employer of Record
- Individual Service Plan (ISP)

Agency Based Services

- SW Participant works with their selected Circle of Support to identify services through the person-centered planning process. Participant determines what role each individual will have in their lives and in Support Waiver services
- Agency-based services are provided by a qualified provider agency with an approved agreement with DOH
- Agencies are selected through the Secondary Freedom of Choice Process

Participant Directed Services

- SW Participant works with their selected Circle of Support to identify services through the person-centered planning process. Participant determines what role each individual will have in their lives and in Support Waiver services
- A Supports Waiver participant is or designates an Employer of Record that will direct goods and service vendors, employees and work with the Financial Management Agent regarding the administrative functions of the plan
 - *The Employer of Record must be the participant or a legal representative of the participant.

Supports Waiver Rates

Proposed Rates – page 150 of Supports Waiver Application

Supports Waiver Proposed Rates are consistent for both tracks:

- ✓ Assistive Technology - \$5,000 every 5 Years
- ✓ Behavior Support Consultation - \$20.56 per 15 Minutes
- ✓ Customized Community Supports –Group - \$2.68 per 15 Minutes
- ✓ Customized Community Supports – Individual - \$7.18 per 15 Minutes
- ✓ Employment Supports - \$6.93 per 15 Minutes
- ✓ Environmental Modifications - \$5,000 every 5 Years
- ✓ Personal Care Services - \$14.60 per hour
- ✓ Non-Medical Transportation - \$.41 per mile/passes / hourly rate pending
- ✓ Respite - \$3.38 per 15 minutes
- ✓ Vehicle Modifications - \$5,000 every 5 Years

Supports Waiver Coordinating with MCO Services

- Supports Waiver participants are encouraged to engage in Care Coordination
- Coordination with Centennial Care is critical to the Supports Waiver participant to assist with identified needs

Individual Service Plan (ISP) and Budget

➤ Individual Service Plan Sections

- ✓ Supports at Home
- ✓ Community Membership Supports
- ✓ Health and Wellness Supports
- ✓ Other Supports
- ✓ Quality Assurance Criteria
- ✓ 24 Hour Emergency Back-up Plan

➤ All Individual Service Plan Sections have specific areas that are monitored on the monthly and quarterly CSC monitoring tool

➤ The ISP identifies both paid and unpaid supports

➤ Centennial Care services are essential to meeting identified health and wellness needs

➤ The use of **restraints, restrictive interventions and seclusion** is not permitted in the delivery of Support Waiver Services.

Individual Service Plan (ISP) Implementation

➤ Agency Based Services

- Community Service Coordinator will be responsible for all agency based initial and annual ISP implementation

➤ Participant Directed Services

- Employer of Record with the assistance of the Community Service Coordinator will be responsible for all participant directed initial and annual ISP implementation

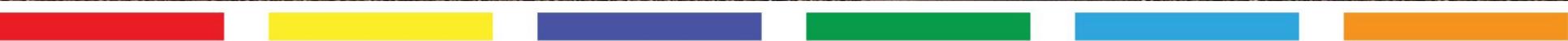
Making Changes to Meet Needs and Preferences

Supports Waiver participants are encouraged to exercise freedom of choice.

- Changing Service Delivery Model
 - Agency-Based or Participant-Directed
 - Changing Community Supports Coordinator
 - Changing Agency Providers
 - Secondary Freedom of Choice
 - Changing Employer of Record
 - Employees and Vendors must be processed through the FMA as a new employees and vendors
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- Changes to the Service Delivery Model will be documented by the CSC
 - Changes to the Community Supports Coordinator Agency will be documented by DDSD through CSC Agency change form

Supports Waiver Training

- Supports Waiver Training required training will primarily be done primarily on-line and available through the CDD training database. See training grid in the Supports Waiver Standards
- Agency based training will continue through the database. Participant Directed training will be through the database
- There will be additional service provider specific training, BSC required training is ANE, Indications of Illness and Injury and Discipline Specific on-boarding in June.
- Additional education is available through the Community Supports Coordinator
- Training requirements include anything identified by the participant in their ISP



How to Provide Services

Providers are able to provide services through both Supports Waiver tracks.

- All supports waiver eligible providers under the agency-based model of service delivery must be approved by the DOH or its designee and have an approved MAD and DOH provider agreement.
- All supports waiver eligible vendors under the participant-directed model of service delivery must be approved by the Employer of Record (EOR) and verified through the Financial Management Agency (FMA) process.

Provider Application and Fast Track Process

Providers Eligible for Fast Track

1. Current Developmental Disabilities, Medically Fragile or Mi Via Waiver providers (providing services parallel to Supports Waiver services)
2. Existing agency-based providers for Personal Care/Homemaker/Chore services
3. Providers in good standing with DDSD and/or the Human Services Department (HSD), who do not have any of the following:
 - Open IRC Case
 - State-Imposed Moratorium, Self-Imposed Moratorium
 - Quality Improvement Plan (Vendors)
 - Other (KPI data, QA-QI Plans)

Fast Track Steps

1. Once provider has confirmed that they are eligible for Fast Track, their Amendment will be processed by the Provider Enrollment Unit (PEU).
2. Once the Amendment has been processed, PEU will work with Conduent to obtain a new Medicaid number for the provider for the Supports Waiver.
3. Once Medicaid has provided PEU with a new Medicaid number for the provider, PEU will complete the fast track process and will notify the provider of their approval.

Supports Waiver Parallel Services

- **Assistive Technology:**
 - Assistive Technology
 - Personal Support Technology
- **Behavior Support Consultation:**
 - Behavior Support Consultation
- **Community Supports Coordinator:**
 - Case Management
 - Consultant Services
- **Customized Community Supports-Group and Customized Community Supports-Individual:**
 - Day habilitation
 - Customized Community Supports
 - Community Direct Support
- **Employment Supports:**
 - Community Integrated Employment
 - Employment Supports
- **Environmental Modifications:**
 - Environmental Modifications

Supports Waiver Parallel Services

➤ Personal Care and Respite Services:

- Home Maker Direct
- In Home Living Supports
- Family Living Services
- Supported Living Services
- Intensive Medical Living Services
- Customized In Home Supports
- Home Health Aid
- Respite
- Personal Care

➤ **Transportation:**

- **Non-Medical Transportation**

➤ Vehicle Modifications

Final Rule Requirement

- Any provider agency for the Supports Waiver must be in compliance with the CMS Settings Requirements *prior to* being approved. (If your agency has completed a Corrective Action Plan (CAP) related to validation activities for another waiver all areas outlined in the DDS approved CAP must be resolved *prior to* becoming approved to provide Supports Waiver services.)
- Providers will complete an attestation as part of the Supports Waiver provider process attesting that they are in compliance with the Final Rule.



Supports Waiver Services –Assistive Technology

Assistive Technology (AT) services allow individuals to purchase and maintain needed items to develop low-tech augmentative communication, environmental access, mobility systems and other functional AT not covered through the individual's State plan benefits

Supports Waiver Services – Assistive Technology

- AT includes Remote Personal Support Technology. Remote Personal Support Technology is an electronic device or system with remote monitoring component that supports individuals to be independent in their home or community
- This service may provide up to twenty-four (24) hour alert, monitoring or personal emergency response capability, prompting or in-home reminders, or monitoring for environmental controls for independence using technologies
- The service is intended to promote independence and quality of life, to offer opportunity to live safely and as independently as possible in one's home, and to ensure the health and safety of the individual in services.
- This service is not intended to provide for paid, in-person on-site response. On-site response must be planned through back up

How a Supports Waiver Participant will access Assistive Technology

➤ Agency-Based:

- 1) Participants arrange for AT through selection of an AT provider agency that acts as a purchasing agent for the technology
- 2) or acts as the direct vendor of any AT identified in the ISP. When the provider acts as a purchasing agent the approved budget must be inclusive of 15% administrative fee and the agency purchases the items directly. The purchasing agency does not reimburse for prior purchases.

➤ **Participant-Directed:** Participants will purchase technology through a vendor selected by the participant and approved through the FMA.

Supports Waiver Services –Vehicle Modification

Vehicle Modification Services are vehicle adaptations or alterations to an automobile or van that is the waiver participant's primary means of transportation in order to accommodate the special needs of the participant and must be identified in the participant's ISP.

Supports Waiver Services – Vehicle Modification

- Vehicle adaptations enable the participant to integrate more fully into the community and to ensure the health, welfare and safety of the participant.
- The vehicle that is adapted may be owned by the individual, a family member with whom the individual lives or has consistent and on-going contact, or a non-relative who provides primary long-term support to the individual and is not a paid provider of services.
- Payment may not be made to adapt the vehicles that are owned or leased by paid providers for services.
- Vehicle modification services include the purchase and/or installation of equipment, repair, maintenance, training on use of the modifications and extended warranties for the modifications that are necessary to ensure the health, welfare and safety of the participant or enhance the participant's level of independence and must be identified in the participant's ISP. All services shall be provided in accordance with applicable federal, state and local laws.

Supports Waiver Services – Environmental Modification

Environmental modification services include the purchase and/or installation of equipment and/or making physical adaptations to a participant's residence that are necessary to ensure the health, welfare, and safety of the participant or enhance the participant's level of independence and must be identified in the participant's ISP.

Supports Waiver Services – Non-Medical Transportation

- Non-Medical Transportation services are offered in order to enable participants to gain access to waiver and other community services, activities and resources, as specified by the ISP.
- Transportation services under Supports Waiver are non-medical in nature, whereas transportation services provided under the Medicaid state plan are to transport participants to medically necessary physical and behavioral health services.

How a Supports Waiver Participant will access Non-Medical Transportation

- **1. Agency-Based** -Participants purchase public or private transportation or reimbursement for mileage and by the hour through a provider agency that acts as a purchasing agent.

When the provider acts as a purchasing agent the approved budget must be inclusive of 10%. The agency purchases the items directly. The purchasing agency does not reimburse for prior purchases or prior mileage accrued.

- **2. Participant-Directed** -Participants purchase public or private transportation or reimbursement for mileage through a provider selected by the participant or through an individual transportation vendor.
- **3. Public and private transportation** includes private and public tickets or passes to local transportation systems and ride share systems.



- Question and Answer
 - SKYPE Questions in the comment box
 - Ask questions

THANK YOU

Questions after the presentation:

E-mail Jennifer Roth at Jennifer.roth@state.nm.us

E-mail the supports waiver e-mail at supportswaiver.help@state.nm.us

Survey link:

<https://www.surveymonkey.com/r/SupportsWaiver>

Presentation Survey

<https://www.surveymonkey.com/r/SupportsWaiverProvider>